

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 08 01 2009 through 08 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer THOMAS CONWAY

Signature of Treasurer Electronically Filed by THOMAS CONWAY Date 09 15 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | 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>9</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 9 | | 943984.31 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 1091555.64 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 155919.13 | 1059353.78 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 1247474.77 | 2003338.09 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 105262.51 | 861125.83 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 1142212.26 | 1142212.26 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 142505.00 | 891424.00 |
| (ii) Unitemized | 13399.00 | 159908.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 155904.00 | 1051332.50 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 155904.00 | 1051332.50 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 5000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 15.13 | 3021.28 |
| 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)) | 155919.13 | 1059353.78 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 155919.13 | 1059353.78 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 41000.00 | 675000.00 |
| 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..... | 64262.51 | 186125.83 |
| 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)).. | 105262.51 | 861125.83 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 105262.51 | 861125.83 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 155904.00 | 1051332.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 155904.00 | 1051332.50 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 143 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) BASEM ABDELMALAK | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 |
| | Mailing Address FOUNDATION ANES. DEPT., E-31 9500 EUCLID AVE | Transaction ID: SA11AI.76945 |
| | City CLEVELAND State OH Zip Code 44195 | Amount of Each Receipt this Period 41.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer CLEVELAND CLINIC Occupation STAFF ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 328.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) DAVID ACKERMAN | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| | Mailing Address 1207 ASHMOORE CT. | Transaction ID: SA11AI.77494 |
| | City SOUTHLAKE State TX Zip Code 76092 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer PINNACLE PARTNERS 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) JOEL ACKERMAN | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| | Mailing Address 10301 HICKMAN MILLS DR STE 100 | Transaction ID: SA11AI.77423 |
| | City KANSAS CITY State MO Zip Code 64137 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer ANESTHESIA ASSOC OF KANSAS CITY PAIN M 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) | 541.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 143
(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)
DANIELA ALEXIANU

Mailing Address 1310 E BLACKWOOD LN

City State Zip Code
SPOKANE WA 99223

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

Name of Employer
PHYSICIAN ANESTHESIA GROU-
P. PS Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
328.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2009

Transaction ID: SA11AI.76925

Amount of Each Receipt this Period
41.00

B.

Full Name (Last, First, Middle Initial)
GUY ALIOTTA

Mailing Address 25 KENNEDY DRIVE

City State Zip Code
MERIDEN CT 06450

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

Name of Employer
MIDSTATE MEDICAL CENTER Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
664.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2009

Transaction ID: SA11AI.76956

Amount of Each Receipt this Period
83.00

C.

Full Name (Last, First, Middle Initial)
PATRICK ALLAIRE

Mailing Address 58991 290TH ST.

City State Zip Code
CAMBRIDGE IA 50046

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

Name of Employer
MCFARLAND CLINIC Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
328.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2009

Transaction ID: SA11AI.76924

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 8 / 143 |
| | (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) MARK ANDERSON | | Date of Receipt |
| | Mailing Address 837 N. LAKE SYBELIA DR. | | <input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | MAITLAND | FL | 32751 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer JLR MEDICAL GROUP | | Occupation ANESTHESIOLOGIST | Transaction ID: SA11AI.77037 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="500.00"/> | <input type="text" value="250.00"/> |

| | | | |
|---|--|-------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) JOHN ARNOLD | | Date of Receipt |
| | Mailing Address 4305 S. BOWEN RD. STE. 131 | | <input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | ARLINGTON | TX | 76016 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer PINNACLE ANESTH | | Occupation ANESTHESIOLOGIST | Transaction ID: SA11AI.77430 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="250.00"/> | <input type="text" value="250.00"/> |

| | | | |
|---|---|-------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) M. ASHFAQ ASSADI | | Date of Receipt |
| | Mailing Address 1009 SIR LANCELOT CIR. | | <input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | LEWISVILLE | TX | 75056 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS, PA | | Occupation ANESTHESIOLOGIST | Transaction ID: SA11AI.77496 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="250.00"/> | <input type="text" value="250.00"/> |

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

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 143 |
| | <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) MOEED AZAM | Date of Receipt MM / DD / YYYY 08 / 26 / 2009 |
| | Mailing Address 4317 NEW BROAD ST. | Transaction ID: SA11AI.77649 |
| | City State Zip Code ORLANDO FL 32814 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation JLR MEDICAL GROUP 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) SARA BACHMAN | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 |
| | Mailing Address 3338 W PENN ST | Transaction ID: SA11AI.77759 |
| | City State Zip Code SPRINGFIELD PA 19129 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation ASPA 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) DOUGLAS BACON | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 |
| | Mailing Address DEPARTMENT OF ANESTHESIOLOGY 200 FIRST STREET SW, CH1-140 | Transaction ID: SA11AI.76940 |
| | City State Zip Code ROCHESTER MN 55905 | Amount of Each Receipt this Period 83.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation MAYO CLINIC COLLEGE OF ME- DICINE ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 581.00 | |

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

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 143 |
| | <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) WILLIAM BAKER | Date of Receipt MM / DD / YYYY 08 / 30 / 2009 |
| | Mailing Address 4968 SPRING ROCK RD | Transaction ID: SA11AI.77852 |
| | City State Zip Code BIRMINGHAM AL 35223 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation UAB DEPT. OF ANESTHESIOLOGY ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) ARNA BANERJEE | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 |
| | Mailing Address DEPARTMENT OF ANESTHESIA CRITICAL | Transaction ID: SA11AI.76926 |
| | City State Zip Code NASHVILLE TN 37212 | Amount of Each Receipt this Period 83.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation VANDERBILT UNIVERSITY MEDICAL CENTER PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 664.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) SHAWN BANKS | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 |
| | Mailing Address 601 NE 36TH ST APT 3407 | Transaction ID: SA11AI.76910 |
| | City State Zip Code MIAMI FL 33137 | Amount of Each Receipt this Period 83.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation UNIVERSITY OF MIAMI PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 664.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 666.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 11 / 143

(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) EDWARD BANNER | | Date of Receipt |
| | Mailing Address 5523 CANDLEWOOD DR. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 03 / 2009 |
| | City | State | Zip Code |
| | HOUSTON | TX | 77056 |
| FEC ID number of contributing federal political committee. | | <input type="text"/> C <input type="text"/> | Transaction ID: SA11AI.77031 |
| Name of Employer GHA | | Occupation PHYSICIAN | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |
| | | <input type="text"/> 250.00 | |

| | | | |
|---|--|---|--|
| B. | Full Name (Last, First, Middle Initial) CAROLYN BANNISTER | | Date of Receipt |
| | Mailing Address 5102 CHASTLETON DRIVE | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2009 |
| | City | State | Zip Code |
| | STONE MOUNTAIN | GA | 30087 |
| FEC ID number of contributing federal political committee. | | <input type="text"/> C <input type="text"/> | Transaction ID: SA11AI.76930 |
| Name of Employer EMORY HEALTHCARE | | Occupation MD | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 83.00 |
| | | <input type="text"/> 664.00 | |

| | | | |
|---|---|---|--|
| C. | Full Name (Last, First, Middle Initial) JAMES BARNHART | | Date of Receipt |
| | Mailing Address 3711 TREEMONT CT. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 28 / 2009 |
| | City | State | Zip Code |
| | COLLEYVILLE | TX | 76034 |
| FEC ID number of contributing federal political committee. | | <input type="text"/> C <input type="text"/> | Transaction ID: SA11AI.77716 |
| Name of Employer PINNACLE PARTNERS | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 500.00 |
| | | <input type="text"/> 500.00 | |

SUBTOTAL of Receipts This Page (optional)

833.00

TOTAL This Period (last page this line number only)

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 143 |
| | <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) JEFFREY BAUMBACH | Date of Receipt MM / DD / YYYY 08 / 07 / 2009 |
| | Mailing Address 2008 KING STABLES RD | Transaction ID: SA11AI.77108 |
| | City State Zip Code BIRMINGHAM AL 35242 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation ANESTHESIA CONSULTANTS MEDICAL GROUP ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) L. JERALD BAYS | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| | Mailing Address 5101 LORRAINE DR. | Transaction ID: SA11AI.77497 |
| | City State Zip Code FRISCO TX 75034 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation PINNACLE PARTNERS ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) NEIL BENNETT | Date of Receipt MM / DD / YYYY 08 / 09 / 2009 |
| | Mailing Address 8606 CRESTGATE CIRCLE | Transaction ID: SA11AI.77138 |
| | City State Zip Code ORLANDO FL 32819 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation JLR MEDICAL MD 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) | 1750.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 13 / 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
SUZANNE BERRY

Mailing Address 27 COMMANDERS COVE

City State Zip Code
MISSOURI CITY TX 77459

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

Name of Employer GREATER HOUSTON ANESTHESIOLOGY Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2009

Transaction ID: SA11AI.77790

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DHIREN BHALODIA

Mailing Address 13601 PRESTON RD STE 1000W

City State Zip Code
DALLAS TX 75240

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

Name of Employer PINNACLE ANESTHESIA CONSULTANTS Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009

Transaction ID: SA11AI.77499

Amount of Each Receipt this Period
1000.00

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

Mailing Address 6501 TWIN OAKS DR.

City State Zip Code
PLANO TX 75024

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

Name of Employer PINNACLE PARTNERS Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009

Transaction ID: SA11AI.77493

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 143
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
TIMOTHY BITTENBINDER

Mailing Address 5014 ASCOT PARKWAY

City State Zip Code
TEMPLE TX 76502

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

Name of Employer SCOTT AND WHITE MEMORIAL HOSPITAL ANES
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 664.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 01 / 2009

Transaction ID: SA11AI.76951

Amount of Each Receipt this Period
83.00

B.

Full Name (Last, First, Middle Initial)
SUZANNE BLAYLOCK

Mailing Address 155 WILSON CT.

City State Zip Code
MUSCLE SHOALS AL 35661

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

Name of Employer ANESTHESIA MEDICAL CONSULTANTS
Occupation M.D.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 12 / 2009

Transaction ID: SA11AI.77228

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
RAJENDRA BOBBA

Mailing Address 39 BUELL HILL RD

City State Zip Code
KILLINGWORTH CT 06419

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

Name of Employer MILFORD ANESTHESIA ASSOCIATES ANESTHES
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
08 / 25 / 2009

Transaction ID: SA11AI.77641

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1333.00**

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 15 / 143 |
| | (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) KAREN BOLAND | | Date of Receipt |
| | Mailing Address 13110 W 60TH ST S | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 03 / 2009 |
| | City | State | Zip Code |
| | SAND SPRINGS | OK | 74063 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77027 |
| Name of Employer KAREN BOLAND PLLC | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |
| | | <input type="text"/> 250.00 | |

| | | | |
|---|---|--------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) JAMES BOYCE | | Date of Receipt |
| | Mailing Address 619 S. 19TH STREET | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 31 / 2009 |
| | City | State | Zip Code |
| | BIRMINGHAM | AL | 35249 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77940 |
| Name of Employer UAB, ANESTHESIOLOGY | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 500.00 |
| | | <input type="text"/> 500.00 | |

| | | | |
|---|---|--------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) DAN BRAJTBORD | | Date of Receipt |
| | Mailing Address 6635 MIMOSA LN. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 20 / 2009 |
| | City | State | Zip Code |
| | DALLAS | TX | 75230 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77501 |
| Name of Employer PINNACLE PARTNERS | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |
| | | <input type="text"/> 250.00 | |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1000.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 143 |
| | <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) BARBARA BRANDOM | | Date of Receipt |
| | Mailing Address 1118 KING AVE | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2009 |
| | City | State | Zip Code |
| | PITTSBURGH | PA | 15206 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.76914 |
| Name of Employer UNIVERSITY OF PITTSBURGH PHYSICIANS | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 125.00 |

| | | | |
|---|---|--------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) DEBORAH BRAUER | | Date of Receipt |
| | Mailing Address 1650 NE 115TH ST., #305 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 31 / 2009 |
| | City | State | Zip Code |
| | MIAMI | FL | 33181 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77863 |
| Name of Employer UNIVERSITY OF MIAMI | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |

| | | | |
|---|---|--------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) DAVID BREWSTER | | Date of Receipt |
| | Mailing Address 15 JOCELYN PL. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 30 / 2009 |
| | City | State | Zip Code |
| | WALNUT CREEK | CA | 94597 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77857 |
| Name of Employer KAISER WALNUT CREEK ANES. DEPT. | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |

| | |
|--|--------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 625.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 143 |
| | <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 BRIDGES | Date of Receipt MM / DD / YYYY 08 / 09 / 2009 |
| | Mailing Address 1537 DUNBAR CT | Transaction ID: SA11AI.77147 |
| | 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 ANESTHESIA ASSOC OF EAST ALABAMA | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) MARK BROWN | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| | Mailing Address 1304 OAK ST. | Transaction ID: SA11AI.77413 |
| | City State Zip Code MELBOURNE FL 32901 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer BREVARD ANES SERV | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) DAVID BRYANT | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| | Mailing Address 13601 PRESTON RD STE 900W | Transaction ID: SA11AI.77503 |
| | City State Zip Code DALLAS TX 75240 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer PINNACLE ANES. CONSULTANTS | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 143
(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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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

A.

Full Name (Last, First, Middle Initial)
KEITH BURBERRY

Mailing Address 823 CINDY BLAIR WAY

City State Zip Code
LEXINGTON KY 40503

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

Name of Employer ANESTHESIA ASSOCIATES, P.-S.C. Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2009

Transaction ID: SA11AI.77612

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
NANCY BURK

Mailing Address 729 HARVARD ST.

City State Zip Code
WILMETTE IL 60091

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

Name of Employer UIC Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: SA11AI.77936

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
WILLIAM BURRIS

Mailing Address 4305 S. BOWEN RD., #131

City State Zip Code
ARLINGTON TX 76016

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

Name of Employer PINNACLE ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009

Transaction ID: SA11AI.77432

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 143
(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) LYNDON BUSCH | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| Mailing Address 3921 OVERTON PK. EAST | | Transaction ID: SA11AI.77481 |
| City FORT WORTH | State TX | Zip Code 76109 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer PINNACLE ANESTHESIA | 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) TROY CALDWELL | | Date of Receipt MM / DD / YYYY 08 / 09 / 2009 |
| Mailing Address 1704 NW 179TH TER | | Transaction ID: SA11AI.77145 |
| City EDMOND | State OK | Zip Code 73012 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer AFFILIATED ANESTHESIOLOGI- STS INC | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) NICHOLAS CAPONE | | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| Mailing Address 9146 BAY POINT DRIVE | | Transaction ID: SA11AI.77598 |
| City ORLANDO | State FL | Zip Code 32819 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer JLR MEDICAL GROUP | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 20 / 143 |
| | (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) CHRISTEL CARLSON | | Date of Receipt |
| | Mailing Address 10710 S SHERMAN RD | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2009 |
| | City | State | Zip Code |
| | SPOKANE | WA | 99224 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.76916 |
| Name of Employer PHYSICIAN ANESTHESIA GROUP | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 498.00 | <input type="text"/> 83.00 |

| | | | |
|---|---|------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) KAREN CARLSON | | Date of Receipt |
| | Mailing Address 1301 TWELVE OAKS CIR NW | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 07 / 2009 |
| | City | State | Zip Code |
| | ATLANTA | GA | 30327 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77130 |
| Name of Employer EMORY HEALTHCARE | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | <input type="text"/> 250.00 |

| | | | |
|---|---|------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) SHEILA CARLSON | | Date of Receipt |
| | Mailing Address 151 N ROCK ISLAND ST APT 2C | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 17 / 2009 |
| | City | State | Zip Code |
| | WICHITA | KS | 67202 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77323 |
| Name of Employer SELF-EMPLOYED | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | <input type="text"/> 500.00 |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 833.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 143
(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)
SCOTT CARPENTER

Mailing Address 850 HUNTERS GLEN TRL

City State Zip Code
FORT WORTH TX 76120

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

Name of Employer PINNACLE ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009

Transaction ID: SA11AI.77434

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
NICHOLAS CARRAS

Mailing Address 21 STATION RD

City State Zip Code
GREAT NECK NY 11023

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

Name of Employer NORTH SHORE UNIV. HOSPITAL ANES. DEPT. Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2009

Transaction ID: SA11AI.77796

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
STEVEN CARSON

Mailing Address 7781 COLDSTREAM WOODS DR

City State Zip Code
CINCINNATI OH 45255

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

Name of Employer AAC Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2009

Transaction ID: SA11AI.77839

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 143 |
| | <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) CHRISTOPHER CARY | | Date of Receipt MM / DD / YYYY 08 / 23 / 2009 | | |
| | Mailing Address 4 ALEXANDER DR | | Transaction ID: SA11AI.77614 | | |
| | City CAPE ELIZABETH | State ME | Zip Code 04107 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer MAINE MEDICAL CENTER | Occupation PHYSICIAN | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

Aggregate Year-to-Date ▼
500.00

| | | | | | |
|-----------|---|-------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) WILLARD CHAMBERLIN | | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 | | |
| | Mailing Address 457 ALVERSTON CT | | Transaction ID: SA11AI.77941 | | |
| | City BALLWIN | State MO | Zip Code 63021 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer METRO-WEST ANESTHESIA GRO-UP | Occupation PHYSICIAN | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

Aggregate Year-to-Date ▼
250.00

| | | | | | |
|-----------|---|--------------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) JOHN CHATELAIN | | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 | | |
| | Mailing Address 1319 S.9TH ST. | | Transaction ID: SA11AI.76938 | | |
| | City FARGO | State ND | Zip Code 58103 | Amount of Each Receipt this Period 41.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer MERITCARE MEDICAL GROUP | Occupation ANESTHESIOLOGIST | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

Aggregate Year-to-Date ▼
328.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 791.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 143 |
| | <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) SAMUEL CHERRY | | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 | | |
| | Mailing Address 149 LUCERNE BLVD. | | Transaction ID: SA11AI.76953 | | |
| | City BIRMINGHAM | State AL | Zip Code 35209 | Amount of Each Receipt this Period 83.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer UNIVERSITY OF ALABAMA MEDICAL CENTER D | Occupation ANESTHESIOLOGIST - ASST PROF | Aggregate Year-to-Date 664.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|--------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) CONRAD CHEUNG | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 | | |
| | Mailing Address 953 TERRACOTTA DR | | Transaction ID: SA11AI.77505 | | |
| | City ALLEN | State TX | Zip Code 75013 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINNACLE PARTNERS IN MEDICINE DELTA DI | Occupation ANESTHESIOLOGIST | Aggregate Year-to-Date 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|--------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) KATHERINE CLINCH | | Date of Receipt MM / DD / YYYY 08 / 03 / 2009 | | |
| | Mailing Address 3717 FAIRWAY PT. | | Transaction ID: SA11AI.77010 | | |
| | City WOODBURY | State MN | Zip Code 55124 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer ASSOCIATED ANESTHESIOLOGISTS | Occupation ANESTHESIOLOGIST | Aggregate Year-to-Date 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 583.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 143
(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) PAUL COHEN | | Date of Receipt MM / DD / YYYY 08 / 11 / 2009 |
| Mailing Address 1819 DENVER W DR BLDG 26 #200 | | Transaction ID: SA11AI.77211 |
| City GOLDEN | State CO | Zip Code 80401 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer PHYS ANES SERV | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) STEVEN COHEN | | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 |
| Mailing Address 8 THE HUNT | | Transaction ID: SA11AI.77916 |
| City ST. JAMES | State NY | Zip Code 11780 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer SUFFOLK ANESTHESIOLOGY AS-SOC | 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) RICHARD COLAVITA | | Date of Receipt MM / DD / YYYY 08 / 19 / 2009 |
| Mailing Address 94 ANNIN RD | | Transaction ID: SA11AI.77360 |
| City FAR HILLS | State NJ | Zip Code 07931 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer ANESTHESIA CONSULTANTS OF NJ, LLC | 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) | ▶ | 1050.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 25 / 143 |
| | (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) SEAN CONROY | | Date of Receipt MM / DD / YYYY 08 / 07 / 2009 | | |
| | Mailing Address 947 MITCHELL CT | | Transaction ID: SA11AI.77104 | | |
| | City BLOOMFIELD HILLS | State MI | Zip Code 48304 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer SOUTH OAKLAND ANES ASSOC | 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) MELISSA CONTE | | Date of Receipt MM / DD / YYYY 08 / 25 / 2009 | | |
| | Mailing Address 9219 CROMWELL WOODS SQ. | | Transaction ID: SA11AI.77637 | | |
| | City ORLANDO | State FL | Zip Code 32827 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer JLR MEDICAL GROUP | Occupation ANESTHESIOLOGIST | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) LISA CORSTVET | | Date of Receipt MM / DD / YYYY 08 / 03 / 2009 | | |
| | Mailing Address 2400 HIGHLANDS LANDING | | Transaction ID: SA11AI.77041 | | |
| | City EDMOND | State OK | Zip Code 73013 | 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 | | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 143

(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) ANDREW COTTINGHAM | | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 | | |
| | Mailing Address 800 W ARBROOK BLVD STE 120 | | Transaction ID: SA11AI.77714 | | |
| | City ARLINGTON | State TX | Zip Code 76015 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 250.00 | | |
| Name of Employer PINNACLE ANESTHESIA CONSULTANTS ADVANC | | 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) RICHARD COTTRILL | | Date of Receipt MM / DD / YYYY 08 / 19 / 2009 | | |
| | Mailing Address 475 JOHNSTON DR. | | Transaction ID: SA11AI.77362 | | |
| | City WATCHUNG | State NJ | Zip Code 07069 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 500.00 | | |
| Name of Employer ACNJ | | Occupation ANESTHESIOLOGIST | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) JASON COUCH | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 | | |
| | Mailing Address 2104 CHEYENNE PARK LN | | Transaction ID: SA11AI.77436 | | |
| | City SOUTHLAKE | State TX | Zip Code 76092 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 250.00 | | |
| Name of Employer PINNACLE ANESTHESIA | | Occupation ANESTHESIOLOGIST | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 143
(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) JON COWAN | | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 |
| Mailing Address 1861 MORNINGSIDE DRIVE SE | | Transaction ID: SA11AI.77912 |
| City GRAND RAPIDS | State MI | Zip Code 49506 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer ANESTHESIA MEDICAL CONSULTANTS, P.C. | 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) BRIAN CROSS | | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 |
| Mailing Address P.O. BOX 3010 | | Transaction ID: SA11AI.77927 |
| City TUSTIN | State CA | Zip Code 92781 |
| 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 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) THERESA CUDA | | Date of Receipt MM / DD / YYYY 08 / 11 / 2009 |
| Mailing Address 2600 STRATFORD RD | | Transaction ID: SA11AI.77200 |
| City COLUMBIA | State SC | Zip Code 29204 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer CRITICAL HLTH SYS SC | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 28 / 143 |
| | (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) MICHAEL DAUGHETY | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| | Mailing Address 4412 CAESAR LANE | Transaction ID: SA11AI.77483 |
| | City State Zip Code IRVING TX 75038 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation PINNACLE ANES CONSULT 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) BRAD DAVIS | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| | Mailing Address 104 WELFORD LN | Transaction ID: SA11AI.77507 |
| | City State Zip Code SOUTHLAKE TX 76092 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation PINNACLE ANES. CONSULTANTS 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) DAVID DAVIS | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| | Mailing Address 2013 CROWN KNOLL LN. | Transaction ID: SA11AI.77509 |
| | City State Zip Code PLANO TX 75093 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation PINNACLE PARTNERS ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 / 143 |
| | <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) STEPHEN DAVIS | | Date of Receipt MM / DD / YYYY 08 / 02 / 2009 | | |
| | Mailing Address 1355 N. CLASSIC CT. | | Transaction ID: SA11AI.76998 | | |
| | City LONGWOOD | State FL | Zip Code 32779 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer JLR MEDICAL GROUP | Occupation ANESTHESIOLOGIST | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) JOHN DELANEY | | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 | | |
| | Mailing Address 3260 SOMERSET ST., S.W. | | Transaction ID: SA11AI.77908 | | |
| | City ROANOKE | State VA | Zip Code 24014 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer ANES CONSUL OF VA | Occupation PHYSICIAN | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) STEVEN DENTZ | | Date of Receipt MM / DD / YYYY 08 / 25 / 2009 | | |
| | Mailing Address 2828 CHICAGO AVE S STE 300 | | Transaction ID: SA11AI.77639 | | |
| | City MINNEAPOLIS | State MN | Zip Code 55407 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer NORTHWEST ANESTHESIA, P.A. | Occupation PHYSICIAN | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

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

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 143 |
| | <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) STEVEN DICKERSON | | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 | | |
| | Mailing Address 93 VICTORIA PARK | | Transaction ID: SA11AI.77712 | | |
| | City NASHVILLE | State TN | Zip Code 37205 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer ANESTHESIA SERVICES ASSOCIATES | | 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) CHRISTIAN DIEZ | | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 | | |
| | Mailing Address 3000 BIRD AVE UNIT 1 | | Transaction ID: SA11AI.76909 | | |
| | City COCONUT GROVE | State FL | Zip Code 33133 | Amount of Each Receipt this Period 83.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer UNIVERSITY OF MIAMI | | Occupation ANESTHESIOLOGIST | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 664.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) DAVID DIGIOVANNI | | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 | | |
| | Mailing Address 13601 PRESTON RD STE 900W | | Transaction ID: SA11AI.77878 | | |
| | City DALLAS | State TX | Zip Code 75240 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINACLE ANESTHESIA CONSULTANTS, P.A. | | Occupation ANESTHESIOLOGIST | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 143 |
| | <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 DIRTING | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 | | |
| | Mailing Address 9558 WINDY KNOLL | | Transaction ID: SA11AI.77510 | | |
| | City DALLAS | State TX | Zip Code 75243 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINNACLE PARTNERS | 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) WILLIAM DOMINGUEZ | | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 | | |
| | Mailing Address 3205 LA MANCHA DR., N.W. | | Transaction ID: SA11AI.77780 | | |
| | City ALBUQUERQUE | State NM | Zip Code 87104 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer ANES ASSOC OF NM | Occupation PHYSICIAN | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) LISA DRAKE | | Date of Receipt MM / DD / YYYY 08 / 10 / 2009 | | |
| | Mailing Address 655 COLEBROOK CT. N.W. | | Transaction ID: SA11AI.77165 | | |
| | City ATLANTA | State GA | Zip Code 30327 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer AMBULATORY ANES SPEC | Occupation ANESTHESIOLOGIST | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

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

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

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

FOR LINE NUMBER: PAGE 32 / 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JONATHAN EASH

Mailing Address 3101 ROBINHOOD LN

City State Zip Code
SOUTH BEND IN 46614

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

Name of Employer Occupation
MIZHIARA ANESTHESIA CARE 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
08 / 20 / 2009

Transaction ID: SA11AI.77419

Amount of Each Receipt this Period
250.00

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

Mailing Address 13601 PRESTON SUITE 900W

City State Zip Code
DALLAS TX 75240

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

Name of Employer Occupation
PINNACLE ANESTHESIA CONSU- LTANTS 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
08 / 20 / 2009

Transaction ID: SA11AI.77512

Amount of Each Receipt this Period
250.00

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

Mailing Address 1338 FOREST LN.

City State Zip Code
SOUTHLAKE TX 76092

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

Name of Employer Occupation
PINNACLE ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 20 / 2009

Transaction ID: SA11AI.77438

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 143
(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)
DENISE ELLIOTT

Mailing Address 920 RISER ROAD

City RUSTON State LA Zip Code 71270

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

Name of Employer PARISH ANESTHESIA OF MONROE SAINT FRAN Occupation ANESTHESIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 02 / 2009

Transaction ID: SA11AI.77002

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
BENTON ELLIS

Mailing Address 13601 PRESTON RD STE 900W

City DALLAS State TX Zip Code 75240

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

Name of Employer PINNACLE PARTNERS Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 20 / 2009

Transaction ID: SA11AI.77514

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
MATTHEW ENGELS

Mailing Address 13601 PRESTON RD STE 1000W

City DALLAS State TX Zip Code 75240

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

Name of Employer PINNACLE ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2009

Transaction ID: SA11AI.77516

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) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 34 / 143 |
| | (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) NITA ENGINEER | | Date of Receipt MM / DD / YYYY 08 / 19 / 2009 | | |
| | Mailing Address 49 ROCK RD E | | Transaction ID: SA11AI.77364 | | |
| | City GREEN BROOK | State NJ | Zip Code 08812 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer ACNJ | Occupation PHYSICIAN | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) GREGORY ERB | | Date of Receipt MM / DD / YYYY 08 / 15 / 2009 | | |
| | Mailing Address 14905 W. 60TH ST | | Transaction ID: SA11AI.77299 | | |
| | City SHAWNEE | State KS | Zip Code 66216 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer MIDWEST ANESTHESIA ASSOCI- ATES | Occupation ANESTHESIOLOGIST | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) CHRISTOPHER ESPINOSA | | Date of Receipt MM / DD / YYYY 08 / 29 / 2009 | | |
| | Mailing Address 25 N WINFIELD RD | | Transaction ID: SA11AI.77792 | | |
| | City WINFIELD | State IL | Zip Code 60190 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer WEST CENTRAL ANESTHESIOLO- GY GROUP, LTD | Occupation PHYSICIAN | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

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

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

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

FOR LINE NUMBER: PAGE 35 / 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
SCOTT FIELDEN
 Mailing Address 3010 W CHARLESTON BLVD STE 150
 City State Zip Code
 LAS VEGAS NV 89102
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 03 / 2009
Transaction ID: SA11AI.77034
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANESTHESIOLOGY CONSULTANT-S. INC. CREDE
 Occupation PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 504.00

B. Full Name (Last, First, Middle Initial)
JAMES FLETCHER
 Mailing Address 1001 JOHNSON FERRY ROAD NE
 City State Zip Code
 ATLANTA GA 30342
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 14 / 2009
Transaction ID: SA11AI.77269
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHILDRENS HEALTHCARE OF ATLANTA
 Occupation ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

C. Full Name (Last, First, Middle Initial)
RICHARD FLOWERDEW
 Mailing Address 38 HEDGEROW DR.
 City State Zip Code
 FALMOUTH ME 04105
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 01 / 2009
Transaction ID: SA11AI.76937
 Amount of Each Receipt this Period
 83.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPECTRUM MEDICAL GROUP
 Occupation ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 664.00

SUBTOTAL of Receipts This Page (optional) ► **1583.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 36 / 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
LLOYD FOSTER

Mailing Address 600 FORREST LN.

City State Zip Code
JOSHUA TX 76058

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

Name of Employer Occupation
PAA, L.L.P. 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
0 8 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.77440

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
L. GEORGE FOX

Mailing Address 715 S. WHITE CHAPEL BLVD.

City State Zip Code
SOUTHLAKE TX 76092

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

Name of Employer Occupation
PINNACLE ANES. CONSULTANTS 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
0 8 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.77517

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
TODD FRENCH

Mailing Address 6709 BLAKE DR

City State Zip Code
ARLINGTON TX 76001

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

Name of Employer Occupation
PINNACLE PARTNERS 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
0 8 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.77519

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 143
(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)
PATRICK FUJIMOTO

Mailing Address 733 FILBERT ST APT 1

City State Zip Code
SAN FRANCISCO CA 94133

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

Name of Employer Occupation
NCAP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2009

Transaction ID: SA11AI.77285

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
JAN GAJEWSKI

Mailing Address 148 HIGH OAKS DR

City State Zip Code
WARREN NJ 07059

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

Name of Employer Occupation
ANESTHESIA CONSULTANTS OF NJ PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2009

Transaction ID: SA11AI.77784

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
JOSEPH GALLO

Mailing Address 8753 LAKE TIBET CT.

City State Zip Code
ORLANDO FL 32836

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

Name of Employer Occupation
JLR MEDICAL GROUP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: SA11AI.77110

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 143
(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)
SCOTT GARBER

Mailing Address 18 CHERRY FARM LN

City State Zip Code
WEST CHESTER PA 19382

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

Name of Employer Occupation
WEST CHESTER ANESTHESIA ASSOCIATES PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2009

Transaction ID: SA11AI.77810

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
BRADLEY GAWEY

Mailing Address 611 N.W. 15TH ST.

City State Zip Code
OKLAHOMA CITY OK 73103

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

Name of Employer Occupation
SELF ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2009

Transaction ID: SA11AI.77055

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
JOSEPH GEIGER

Mailing Address 4305 S BOWEN RD STE 131

City State Zip Code
ARLINGTON TX 76016

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

Name of Employer Occupation
PINNACLE ANESTHESIA ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009

Transaction ID: SA11AI.77442

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 143
(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)
JENELLE GERMANY

Mailing Address 2009 THAMES TRL

City State Zip Code
COLLEYVILLE TX 76034

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

Name of Employer Occupation
METRO ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2009

Transaction ID: SA11AI.77850

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
JAMES GILL

Mailing Address 4840 HOLLY TREE

City State Zip Code
DALLAS TX 75287

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

Name of Employer Occupation
PINNACLE ANESTHESIA CONSU- LTANTS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009

Transaction ID: SA11AI.77521

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 130 TREETOPS DRIVE

City State Zip Code
STATE COLLEGE PA 16801

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

Name of Employer Occupation
STATE COLLEGE ANESTHESIA ASSOCIATES PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2009

Transaction ID: SA11AI.77821

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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 / 143 |
| | <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) GANDHI GONDI | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 |
| | Mailing Address 1410 BLANDING ST., SUITE 1 | Transaction ID: SA11AI.77778 |
| | City State Zip Code COLUMBIA SC 29201 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation CRITICAL HLTH SYS SC ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) MARK GOODMAN | Date of Receipt MM / DD / YYYY 08 / 12 / 2009 |
| | Mailing Address 14813 HOLLYHOCK DR | Transaction ID: SA11AI.77244 |
| | City State Zip Code OKLAHOMA CITY OK 73142 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation AFFILIATED ANESTHESIOLOGI- STS, INC. ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) PETER GOOTOS | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| | Mailing Address 3245 PARR RD. | Transaction ID: SA11AI.77522 |
| | City State Zip Code GRAPEVINE TX 76051 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation PINNACLE PARTNERS 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) | 1750.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 41 / 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DANIEL GOSDIN
 Mailing Address 561 LAKE COLONY DR.
 City State Zip Code
 BIRMINGHAM AL 35242
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 0 / 2 0 0 9
Transaction ID: SA11AI.77426
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AAPC ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

B. Full Name (Last, First, Middle Initial)
CARLOS GRACIA
 Mailing Address 4166 CHARRON LN
 City State Zip Code
 FORT WORTH TX 76116
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 8 / 2 0 0 9
Transaction ID: SA11AI.77710
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PINNACLE PARTNERS ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
M. MARIE GRAHAM
 Mailing Address 3408 SUBLETT RD.
 City State Zip Code
 ARLINGTON TX 76017
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 8 / 2 0 0 9
Transaction ID: SA11AI.77757
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PINNACLE PARTNERS ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 143
(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)
DAVID GRANT

Mailing Address 2620-H EAST BARNETT ROAD

City MEDFORD State OR Zip Code 97504

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

Name of Employer ANESTHESIA ASSOC. OF MEDF-ORD, P.C. Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 25 / 2009
Transaction ID: SA11AI.77635
Amount of Each Receipt this Period: 500.00

B.

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

Mailing Address 725 STURGES WAY

City ALPHARETTA State GA Zip Code 30022

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

Name of Employer NORTHSIDE ANESTHESIOLOGY CONSULTANTS Occupation PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 28 / 2009
Transaction ID: SA11AI.77698
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
THOMAS GUNNING

Mailing Address 6855 LAKESHORE

City DALLAS State TX Zip Code 75214

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

Name of Employer PINNACLE PARTNERS Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 20 / 2009
Transaction ID: SA11AI.77524
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 143
(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)
JANE GUNSENHOUSER

Mailing Address 4979 KINGSWOOD DR.

City State Zip Code
CARMEL IN 46033

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

Name of Employer Occupation
NORTHSIDE ANES SERV ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: SA11AI.77919

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
SHAWN HALL

Mailing Address 900 PEELER ST

City State Zip Code
KALAMAZOO MI 49008

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

Name of Employer Occupation
KALAMAZOO ANESTHESIOLOGY, P.C. ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2009

Transaction ID: SA11AI.77057

Amount of Each Receipt this Period
500.00

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

Mailing Address 520 S HIGH ST

City State Zip Code
DENVER CO 80209

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

Name of Employer Occupation
METRO DENVER ANESTHESIA,PC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2009

Transaction ID: SA11AI.77749

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JAMES HARPER
Mailing Address 1009 HIDDEN RD.
City State Zip Code
FORT WORTH TX 76107
FEC ID number of contributing federal political committee. **C**
Name of Employer PINNACLE PARTNERS Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 08 / 20 / 2009
Transaction ID: SA11AI.77525
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
JEFFRY HARPER
Mailing Address 201 OAKLAWN DR.
City State Zip Code
COLLEYVILLE TX 76034
FEC ID number of contributing federal political committee. **C**
Name of Employer PINNACLE ANESTHESIA Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 08 / 20 / 2009
Transaction ID: SA11AI.77444
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
CATHERINE HARRIS
Mailing Address 304 SPALDING RD.
City State Zip Code
WILMINGTON DE 19803
FEC ID number of contributing federal political committee. **C**
Name of Employer ANESTHESIA SERVICES Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 08 / 07 / 2009
Transaction ID: SA11AI.77121
Amount of Each Receipt this Period 250.00

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 / 143 |
| | <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) GEORGE HARRIS | Date of Receipt MM / DD / YYYY 08 / 14 / 2009 |
| | Mailing Address 979 HARDING DR. | Transaction ID: SA11AI.77273 |
| | City State Zip Code NEW ORLEANS LA 70119 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation PARISH ANES ASSOC 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) MONTGOMERY HARRISON | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 |
| | Mailing Address 10768 KNIGHT DR | Transaction ID: SA11AI.77733 |
| | City State Zip Code CARMEL IN 46032 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation NORTHSIDE ANESTH 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) STEVEN HATTAMER | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 |
| | Mailing Address 8 PROSPECT STREET | Transaction ID: SA11AI.76923 |
| | City State Zip Code NASHUA NH 03060 | Amount of Each Receipt this Period 83.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation NASHUA ANESTHESIA PARTNERS PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 498.00 | |

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

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 / 143 |
| | <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) W BRENDAN HAYES | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 | | |
| | Mailing Address 4617 BRIARHAVEN RD. | | Transaction ID: SA11AI.77526 | | |
| | City FORT WORTH | State TX | Zip Code 76109 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINNACLE ANESTHESIA | 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) PETER HAYNAL | | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 | | |
| | Mailing Address 1711 RIVER RIDGE DR. | | Transaction ID: SA11AI.76936 | | |
| | City SPRING VALLEY | State OH | Zip Code 45370 | Amount of Each Receipt this Period 41.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer KETTERING ANESTHESIA ASSO- CIATES | Occupation PHYSICIAN | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 328.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) JAMES HEABERLIN | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 | | |
| | Mailing Address 2218 HIGH POINT DR | | Transaction ID: SA11AI.77446 | | |
| | City CARROLLTON | State TX | Zip Code 75007 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINNACLE 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) | ▶ | 791.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 143
(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)
ROBERT HEFLIN

Mailing Address #6 FAIRVIEW HEIGHTS

City State Zip Code
PARKERSBURG WV 26101

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

Name of Employer Occupation
UNITED ANESTHESIA INC. PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2009

Transaction ID: SA11AI.77808

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
WILLIAM HENGLEIN

Mailing Address 916 NW 41ST ST

City State Zip Code
OKLAHOMA CITY OK 73118

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

Name of Employer Occupation
NORTHWEST ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: SA11AI.77949

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
STEVEN HENSEL

Mailing Address 5302 COTTONWOOD CT

City State Zip Code
COLLEYVILLE TX 76034

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

Name of Employer Occupation
PINNACLE PARTNERS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: SA11AI.77871

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 / 143 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) ANDREW HERLICH | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 |
| | Mailing Address 116 HAVERFORD CIRCLE | Transaction ID: SA11AI.76942 |
| | City State Zip Code PITTSBURGH PA 15228 | Amount of Each Receipt this Period 83.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation MERCY HOSPITAL OF PITTSBURGH ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 664.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) GARY HINDIN | Date of Receipt MM / DD / YYYY 08 / 18 / 2009 |
| | Mailing Address 2120 NW 107TH TERRACE | Transaction ID: SA11AI.77348 |
| | City State Zip Code SUNRISE FL 33322 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation MILLENNIUM ANESTHESIA ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) MAGGIE HO | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 |
| | Mailing Address 9 CARLEYS WAY | Transaction ID: SA11AI.77926 |
| | City State Zip Code ROCKAWAY NJ 07866 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation MORRIS ANEST GRP/ST CLARES HOSP 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) | 833.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 143
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MICHAEL HOGER

Mailing Address 6003 MACON CT SE

City State Zip Code
HUNTSVILLE AL 35802

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

Name of Employer
COMPREHENSIVE ANESTHESIA SERVICES

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.77601

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
GLEN HOLLEY

Mailing Address 2104 PENINSULA DR.

City State Zip Code
FLOWER MOUND TX 75022

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

Name of Employer
PINNACLE ANESTHESIA

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009

Transaction ID: SA11AI.77448

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
MICHAEL HOLMES

Mailing Address 305 CHRISTOPHER CIRCLE

City State Zip Code
MURPHY TX 75094

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

Name of Employer
PINNACLE ANESTHESIA CONSU-
LTANTS

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009

Transaction ID: SA11AI.77449

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 143
(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)
SUZETTE HONG

Mailing Address 4503 CRESTHAVEN

City State Zip Code
COLLEYVILLE TX 76034

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

Name of Employer PINNACLE ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 20 / 2009

Transaction ID: SA11AI.77451

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address P.O. BOX 162026

City State Zip Code
ALTAMONTE SPRINGS FL 32716

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

Name of Employer JLR MEDICAL GROUP Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 07 / 2009

Transaction ID: SA11AI.77098

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
JEFFREY HOUSE

Mailing Address 3440 ROSE MALLOW LOOP

City State Zip Code
OVIEDO FL 32766

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

Name of Employer JLR MED GRP 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
08 / 14 / 2009

Transaction ID: SA11AI.77271

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 / 143 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) JOSEPH HOUSER | | Date of Receipt |
| | Mailing Address 3604 PARK LANE SOUTH | | <input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | BIRMINGHAM | AL | 35213 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77428 |
| Name of Employer ANES. ASSOC., P.C. | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="500.00"/> | <input type="text" value="500.00"/> |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) RORY HOWARD | | Date of Receipt |
| | Mailing Address 3357 NW 172ND TER | | <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | EDMOND | OK | 73012 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77195 |
| Name of Employer R. LANCE HOWARD, M.D., PL-LC | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="250.00"/> | <input type="text" value="250.00"/> |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) JOSEPH HUGHES | | Date of Receipt |
| | Mailing Address 5968 TEMPLE DR | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | PLANO | TX | 75093 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77872 |
| Name of Employer PINNACLE PARTNERS | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="250.00"/> | <input type="text" value="250.00"/> |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="1000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 / 143 |
| | <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 HUGHES | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 |
| | Mailing Address 27 WEST LANE APT 2A | Transaction ID: SA11AI.77737 |
| | City State Zip Code RIDGEFIELD CT 06877 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer ANES ASSOC SO CT Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) STEPHEN HUGHES | Date of Receipt MM / DD / YYYY 08 / 05 / 2009 |
| | Mailing Address 2932 ROSS CLARK CIR APT 141 | Transaction ID: SA11AI.77070 |
| | City State Zip Code DOTHAN AL 36301 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer FLOWERS HOSPITAL Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) ASADULLAH HUSSAIN | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| | Mailing Address 2045 DOVE CREEK CT | Transaction ID: SA11AI.77529 |
| | City State Zip Code LEWISVILLE TX 75077 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer PINNACLE PAIN 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) | 1750.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 53 / 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MIR HUSSAIN

Mailing Address 2933 SUN MEADOW DR.

City State Zip Code
FLOWER MOUND TX 75022

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

Name of Employer PINNACLE PARTNERS Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: SA11AI.77880

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
PHILIP ISAAC

Mailing Address 801 E 6TH ST STE 205

City State Zip Code
PANAMA CITY FL 32401

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

Name of Employer PANHANDLE ANESTHESIOLOGIS- TS, INC. Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2009

Transaction ID: SA11AI.77295

Amount of Each Receipt this Period
250.00

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

Mailing Address 100 BUCK HILL RD.

City State Zip Code
EASTON CT 06612

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

Name of Employer BRIDGEPORT ANESTHESIA ASS-OCIATES Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2009

Transaction ID: SA11AI.77766

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JAY JAFFEE

Mailing Address 3809 SILVER FALLS CT.

City PLANO State TX Zip Code 75093

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

Name of Employer PINNACLE PARTNERS Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2009

Transaction ID: SA11AI.77530

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
JAY JAFFEE

Mailing Address 3809 SILVER FALLS CT.

City PLANO State TX Zip Code 75093

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

Name of Employer PINNACLE PARTNERS Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 31 / 2009

Transaction ID: SA11AI.77873

Amount of Each Receipt this Period 250.00

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

Mailing Address 302 37TH ST.

City DES MOINES State IA Zip Code 50312

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

Name of Employer ASSOCIATED ANESTHESIOLOGISTS, P.C. Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 06 / 2009

Transaction ID: SA11AI.77072

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 143
(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)
JOHN JAMES

Mailing Address 920 PARLIAMENT RD.

City State Zip Code
MAITLAND FL 32751

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

Name of Employer Occupation
JLR MEDICAL GROUP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2009

Transaction ID: SA11AI.77014

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
ZEEYOUNG JANG

Mailing Address 4009 LEWIS LANE, #A

City State Zip Code
AUSTIN TX 78756

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

Name of Employer Occupation
AUSTIN ANESTHESIOLOGY GRO-UP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2009

Transaction ID: SA11AI.77310

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
DANIEL JANIK

Mailing Address 15605 E. PRENTICE DR.

City State Zip Code
CENTENNIAL CO 80015

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

Name of Employer Occupation
UNIVERSITY OF COLORADO, DENVER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 581.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2009

Transaction ID: SA11AI.76941

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ▶ **583.00**

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 56 / 143 |
| | (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) CURBY JENKINS | | Date of Receipt |
| | Mailing Address 654 EMILY LN. | | <input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | HASLETT | MI | 48840 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer LANSING ANESTHESIOLOGISTS, PC | | Occupation PHYSICIAN | Transaction ID: SA11AI.77226 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="250.00"/> | <input type="text" value="250.00"/> |

| | | | |
|---|--|-------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) DAVID JOHNS | | Date of Receipt |
| | Mailing Address 900 48TH STREET | | <input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | WEST DES MOINES | IA | 50265 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer ASSOCIATED ANESTHESIOLOGISTS, PC | | Occupation ANESTHESIOLOGIST | Transaction ID: SA11AI.77000 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="250.00"/> | <input type="text" value="250.00"/> |

| | | | |
|---|--|-------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) R. JOHNS | | Date of Receipt |
| | Mailing Address 732 MONTANA RD., N.W. | | <input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | ATLANTA | GA | 30327 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer GEORGIA PERIOPERATIVE CONSULTANTS, LLC | | Occupation MD | Transaction ID: SA11AI.77803 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="500.00"/> | <input type="text" value="500.00"/> |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="1000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 / 143 |
| | <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) JOSEPH JOHNSON | | Date of Receipt |
| | Mailing Address 2113 SMOKETREE TRAIL | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 27 / 2009 |
| | City | State | Zip Code |
| | HUNTSVILLE | AL | 35811 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77650 |
| Name of Employer HUNTSVILLE ANESTHESIOLOGY CONSULTANTS | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 1000.00 |

| | | | |
|---|---|--------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) WILLIAM JORDAN | | Date of Receipt |
| | Mailing Address 1859 RIDGE AVE | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 31 / 2009 |
| | City | State | Zip Code |
| | MONTGOMERY | AL | 36106 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77924 |
| Name of Employer MONTGOMERY ANESTH | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 500.00 |

| | | | |
|---|---|--------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) PAUL JUDSON | | Date of Receipt |
| | Mailing Address 2158 BROOK HIGHLAND RDG | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 31 / 2009 |
| | City | State | Zip Code |
| | BIRMINGHAM | AL | 35242 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77951 |
| Name of Employer SOUTHERN PERIOPERATIVE SERVICES | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 500.00 |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 2000.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 / 143 |
| | <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) IAN KALLMEYER | Date of Receipt MM / DD / YYYY 08 / 12 / 2009 |
| | Mailing Address 4632 E. SUNSET DR, | Transaction ID: SA11AI.77248 |
| | City State Zip Code PHOENIX AZ 85028 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer VALLEY ANESTHESIOLOGY CONSULTANTS 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) GEETHA KANNAN | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| | Mailing Address 5372 CYPRESS RESERVE PLACE | Transaction ID: SA11AI.77603 |
| | City State Zip Code WINTER PARK FL 32792 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer ANESTHESIOLOGISTS OF GREATER ORLANDO Occupation STAFF ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) ERIC KAPUSTKA | Date of Receipt MM / DD / YYYY 08 / 10 / 2009 |
| | Mailing Address 505 N. LAKE SHORE DR.,#4208 | Transaction ID: SA11AI.77163 |
| | City State Zip Code CHICAGO IL 60611 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer PARK RIDGE ANESTHESIA ASSOCIATES 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 143
(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) TRIPTI KATARIA | | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 |
| Mailing Address 2015 SPRING RD STE 510 | | Transaction ID: SA11AI.76944 |
| City OAK BROOK | State IL | Zip Code 60523 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 83.00 |
| Name of Employer WITT KIEFFER | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 664.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) STEVEN KATZ | | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 |
| Mailing Address 241 OGDEN AVE | | Transaction ID: SA11AI.76913 |
| City SWARTHMORE | State PA | Zip Code 19081 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer CHRISTIANA HOSPITAL | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) MARC KAUFMAN | | Date of Receipt MM / DD / YYYY 08 / 04 / 2009 |
| Mailing Address 2401 S. DUNDEE ST. | | Transaction ID: SA11AI.77051 |
| City TAMPA | State FL | Zip Code 33629 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer ANESTHESIA ASSOCIATES OF PINELLAS COUN | Occupation ANESTHESIOLOGISTS | |
| 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) | 583.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 60 / 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
REHANA KAUSAR

Mailing Address 704 TIMBERVIEW CT NORTH

City State Zip Code
FORT WORTH TX 76112

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

Name of Employer PINNACLE PARTNERS Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 20 / 2009

Transaction ID: SA11AI.77532

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RENAE KAVLOCK

Mailing Address 1501 S. 42ND STREET

City State Zip Code
WEST DES MOINES IA 50265

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

Name of Employer ASSOCIATED ANESTHESIOLOGISTS, P.C. Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 03 / 2009

Transaction ID: SA11AI.77018

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
SEAN KELLEY

Mailing Address 3420 E HEFNER RD

City State Zip Code
OKLAHOMA CITY OK 73131

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

Name of Employer CENTRAL OKC ANES Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2009

Transaction ID: SA11AI.77275

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 / 143 |
| | <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) RANDALL KERR | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 | | |
| | Mailing Address PO BOX 1177 | | Transaction ID: SA11AI.77545 | | |
| | City PLACERVILLE | State CA | Zip Code 95667 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer EL DORADO ANESTHESIA MEDICAL GROUP | Occupation ANESTHESIOLOGIST | Aggregate Year-to-Date 250.00 | | |

| | | | | | |
|-----------|---|-------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) ATTILA KETT | | Date of Receipt MM / DD / YYYY 08 / 19 / 2009 | | |
| | Mailing Address 24 BELVIDERE RD | | Transaction ID: SA11AI.77366 | | |
| | City ATLANTIC HIGHLANDS | State NJ | Zip Code 07716 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer ACNJ | Occupation PHYSICIAN | Aggregate Year-to-Date 500.00 | | |

| | | | | | |
|-----------|---|-------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) HAROLD KIAMZON | | Date of Receipt MM / DD / YYYY 08 / 19 / 2009 | | |
| | Mailing Address 100 LUKE ST | | Transaction ID: SA11AI.77368 | | |
| | City SOUTH AMBOY | State NJ | Zip Code 08879 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY | Occupation PHYSICIAN | Aggregate Year-to-Date 500.00 | | |

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 62 / 143 |
| | (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) JEFFREY KIDD | | Date of Receipt |
| | Mailing Address 4565 OLD CARRIAGE TRAIL | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 14 / 2009 |
| | City | State | Zip Code |
| | OVIEDO | FL | 32765 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77256 |
| Name of Employer KIDD ANESTHESIA SERVICES, INC | | Occupation PHYSICIAN | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |

| | | | |
|---|---|--------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) DEREK KIETA | | Date of Receipt |
| | Mailing Address 221 WEST COLORADO BLVD. PAVILION 2, SUITE 845 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 04 / 2009 |
| | City | State | Zip Code |
| | DALLAS | TX | 75208 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77063 |
| Name of Employer ANESTHESIA CONSULTANTS OF DALLAS | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |

| | | | |
|---|---|--------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) CHARLES KIM | | Date of Receipt |
| | Mailing Address 1209 FOX TRAIL CT. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 01 / 2009 |
| | City | State | Zip Code |
| | NAPERVILLE | IL | 60540 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.76907 |
| Name of Employer DUPAGE VALLEY ANESTHESIOLOGISTS | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 664.00 |

| | |
|--|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 583.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 / 143 |
| | <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) F. KING | | Date of Receipt | |
| | Mailing Address 936 WINGATE RD. | | M M / D D / Y Y Y Y Y 08 / 18 / 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.77350 |
| | KNOXVILLE | TN | 37919 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 500.00 | |
| Name of Employer AMAET | | Occupation ANAESTHESIOLOGIST | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | | |
|---|---|------------------------------------|---|-------------------------------------|
| B. | Full Name (Last, First, Middle Initial) RUSSELL KLEIN | | Date of Receipt | |
| | Mailing Address 14250 FOOTHILL LN. | | M M / D D / Y Y Y Y Y 08 / 11 / 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.77209 |
| | GOLDEN | CO | 80401 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 300.00 | |
| Name of Employer PHYS ANES SERV | | Occupation ANESTHESIOLOGIST | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | | |

| | | | | |
|---|---|------------------------------------|---|-------------------------------------|
| C. | Full Name (Last, First, Middle Initial) DAVID KRHOVSKY | | Date of Receipt | |
| | Mailing Address 2248 SHAWNEE S.E. | | M M / D D / Y Y Y Y Y 08 / 01 / 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.76934 |
| | GRAND RAPIDS | MI | 49506 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 41.00 | |
| Name of Employer ANESTHESIA MEDICAL CONSULTANTS, P.C. | | Occupation ANESTHESIOLOGIST | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 328.00 | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 841.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 143
(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)
ANDREA ZU-MEN KU

Mailing Address 13601 PRESTON RD STE 900W

City State Zip Code
DALLAS TX 75240

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

Name of Employer PINNACLE PARTNERS Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 20 / 2009

Transaction ID: SA11AI.77534

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
JAMES KU

Mailing Address 726 RIVER RD.

City State Zip Code
HILLSBOROUGH NJ 08844

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

Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 19 / 2009

Transaction ID: SA11AI.77371

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 21 CORNELL TRL

City State Zip Code
HILLSBOROUGH NJ 08844

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

Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 19 / 2009

Transaction ID: SA11AI.77373

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 / 143 |
| | <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) WARREN LAND | | Date of Receipt | |
| | Mailing Address 78 PRINCETON AVE | | M M / D D / Y Y Y Y Y 08 / 19 / 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.77374 |
| | ROCKY HILL | NJ | 08553 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 200.00 | |
| Name of Employer ACNJ | | Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | | |

| | | | | |
|---|---|------------------------------------|---|-------------------------------------|
| B. | Full Name (Last, First, Middle Initial) ROMEO WILDON LAROYA | | Date of Receipt | |
| | Mailing Address 307 DEEP CREEK DRIVE | | M M / D D / Y Y Y Y Y 08 / 11 / 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.77192 |
| | SEAFORD | DE | 19973 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 250.00 | |
| Name of Employer ANESTHESIA SERVICES, PA | | 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) NATHAN LASITER | | Date of Receipt | |
| | Mailing Address 18904 SHILSTONE WAY | | M M / D D / Y Y Y Y Y 08 / 28 / 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.77768 |
| | EDMOND | OK | 73003 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 250.00 | |
| Name of Employer NORTHWEST ANESTHESIA | | Occupation ANESTHESIOLOGIST | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 700.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 / 143 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| A. | Full Name (Last, First, Middle Initial) MICHAEL LATHEM | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| | Mailing Address 3104 BLUE LAKE DR., #110 | Transaction ID: SA11AI.77424 |
| | City State Zip Code BIRMINGHAM AL 35243 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation ANES. ASSOC., P.C. ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) MARK LAURNEN | Date of Receipt MM / DD / YYYY 08 / 11 / 2009 |
| | Mailing Address 29483 FIRETHORNE CT. | Transaction ID: SA11AI.77213 |
| | City State Zip Code EVERGREEN CO 80439 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation PHYS ANES SERV ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) JOHN LAUZON | Date of Receipt MM / DD / YYYY 08 / 09 / 2009 |
| | Mailing Address 5019 WIGTON DR. | Transaction ID: SA11AI.77142 |
| | City State Zip Code HOUSTON TX 77096 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation GREATER HOUSTON ANES. PHYSICIAN 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) | ▶ | 1050.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 143
(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)
JAMES LAYDEN

Mailing Address 1 CLIFF TRAIL

City State Zip Code
FRISCO TX 75034

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

Name of Employer PINNACLE PARTNERS Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: SA11AI.77874

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
WILLIAM LEE

Mailing Address 1 PAWNEE RD.

City State Zip Code
EAST BRUNSWICK NJ 08816

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

Name of Employer ANESTHESIA CONSULTANTS OF NJ Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2009

Transaction ID: SA11AI.77376

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 3104 BLUE LAKE DR., #110

City State Zip Code
BIRMINGHAM AL 35243

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

Name of Employer ANES. ASSOCIATED, P.C. Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: SA11AI.77096

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 68 / 143 |
| | <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) DOYLE LIM | | Date of Receipt MM / DD / YYYY 08 / 19 / 2009 | | |
| | Mailing Address 11 LIBERTY WAY | | Transaction ID: SA11AI.77378 | | |
| | City SOUTH BOUND BROOK | State NJ | Zip Code 08880 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer ACNJ | Occupation PHYSICIAN | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) XIULING LIU | | Date of Receipt MM / DD / YYYY 08 / 23 / 2009 | | |
| | Mailing Address 251 N.W. 104TH AVE. | | Transaction ID: SA11AI.77622 | | |
| | City CORAL SPRINGS | State FL | Zip Code 33071 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer SHERATON HEALTH CORP. | Occupation M.D. | | | |
| 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) PAUL LOUBSER | | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 | | |
| | Mailing Address 302 LAKEGLEN CT. | | Transaction ID: SA11AI.77753 | | |
| | City SUGAR LAND | State TX | Zip Code 77478 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer BAYSHORE ANESTHESIOLOGY GROUP | Occupation ANESTHESIOLOGIST | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

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

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 69 / 143 |
| | <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) BRIT LOVVORN | | Date of Receipt MM / DD / YYYY 08 / 24 / 2009 | | |
| | Mailing Address 107 CAVEL LN | | Transaction ID: SA11AI.77633 | | |
| | City DOTHAN | State AL | Zip Code 36305 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer ANESTHESIA CONSULTANTS MEDICAL GROUP | | Occupation ANESTHESIOLOGIST | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) KEVIN LOWE | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 | | |
| | Mailing Address 1648 OAK RIDGE DR | | Transaction ID: SA11AI.77453 | | |
| | City CORINTH | State TX | Zip Code 76210 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINNACLE ANESTHESIA | | Occupation ANESTHESIOLOGIST | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) YA-TSENG LU | | Date of Receipt MM / DD / YYYY 08 / 16 / 2009 | | |
| | Mailing Address PO BOX 6852 | | Transaction ID: SA11AI.77303 | | |
| | City BRIDGEWATER | State NJ | Zip Code 08807 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer SUNRISE ANESTHESIA ASSOCIATES, P.C. | | Occupation ANESTHESIOLOGIST | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 70 / 143 |
| | <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) STEVEN LUKE | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| | Mailing Address 3404 HIGHTIMBER | Transaction ID: SA11AI.77535 |
| | City State Zip Code GRAPEVINE TX 76051 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation PINNACLE PARTNERS ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) JOHN LUNDELL | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| | Mailing Address 105 LIBERTY LN. | Transaction ID: SA11AI.77537 |
| | City State Zip Code ROCKWALL TX 75032 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation PINNACLE PARTNERS ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) BRADLEY LYMAN | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| | Mailing Address 3202 WINTERGREEN | Transaction ID: SA11AI.77455 |
| | City State Zip Code GRAPEVINE TX 76051 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation PINNACLE 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) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 143
(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)
LOWELL MANKIN

Mailing Address 2709 MESQUITE LANE

City State Zip Code
GRAPEVINE TX 76051

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

Name of Employer PINNACLE PARTNERS Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009

Transaction ID: SA11AI.77539

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
JOSEPH MARGIOTTA

Mailing Address 64 MINE BROOK ROAD

City State Zip Code
FAR HILLS NJ 07931

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

Name of Employer ACNJ Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2009

Transaction ID: SA11AI.77380

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 3663 MCKINLEY AVE

City State Zip Code
FORT MYERS FL 33901

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

Name of Employer MEDICAL ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 664.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2009

Transaction ID: SA11AI.76928

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ► **1083.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 72 / 143 |
| | <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 MARSHALL | | Date of Receipt |
| | Mailing Address 5 BRIDGEWATER COURT | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 04 / 2009 |
| | City | State | Zip Code |
| | RENO | NV | 89509 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77065 |
| Name of Employer ASSOC. ANESTHESIOLOGISTS OF RENO | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | <input type="text"/> 500.00 |

| | | | |
|---|---|------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) THOMAS MARTIN | | Date of Receipt |
| | Mailing Address 6 MONTEVALLO TERRACE | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 29 / 2009 |
| | City | State | Zip Code |
| | BIRMINGHAM | AL | 35213 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77814 |
| Name of Employer SOUTHERN PERIOPERATIVE SERVICES | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | <input type="text"/> 500.00 |

| | | | |
|---|---|------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) ALEXANDER MATVEEVSKII | | Date of Receipt |
| | Mailing Address 10305 SOUTHWEST 27TH PL | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 28 / 2009 |
| | City | State | Zip Code |
| | GAINESVILLE | FL | 32608 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77706 |
| Name of Employer SHANDS HOSP U OF FL | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | <input type="text"/> 250.00 |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1250.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 73 / 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
BILL MAUPIN

Mailing Address 801 N.W. 145TH CIR.

City State Zip Code
EDMOND OK 73013

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

Name of Employer: AFFILIATED ANESTHESIOLOGISTS
Occupation: PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 08 / 11 / 2009
Transaction ID: SA11AI.77190
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
AUBREY MAZE

Mailing Address 1850 N CENTRAL AVE STE 1600

City State Zip Code
PHOENIX AZ 85004

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

Name of Employer: VALLEY ANESTHESIA CONSULTANTS, LTD.
Occupation: ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 08 / 28 / 2009
Transaction ID: SA11AI.77693
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 2140 WHITE OAK LN

City State Zip Code
AUBURN AL 36830

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

Name of Employer: ANES ASSOC E AL
Occupation: ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 08 / 28 / 2009
Transaction ID: SA11AI.77763
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 143
(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)
STACEY MCCLARTY

Mailing Address 8505 RAMBLING ROSE DR

City State Zip Code
OOLTEWAH TN 37363

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

Name of Employer
ACE ANESTHESIOLOGY DEPT OF ANESTHESIOLOGISTS
Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
587.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2009

Transaction ID: SA11AI.76963

Amount of Each Receipt this Period
83.00

B.

Full Name (Last, First, Middle Initial)
AARON MCCLURE

Mailing Address 2421 HUGO ST APT 904

City State Zip Code
DALLAS TX 75204

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

Name of Employer
PINNACLE ANESTHESIA
Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009

Transaction ID: SA11AI.77457

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
JOSEPH MCCOMB

Mailing Address 104 CETON COURT

City State Zip Code
BROOMALL PA 19008

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

Name of Employer
UNITED ANESTHESIA SERVICES
Occupation
PEDIATRIC ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
328.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2009

Transaction ID: SA11AI.76927

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional) ► **374.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 143
(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)
STEVEN MCCORD

Mailing Address 13601 PRESTON RD STE 900W

City State Zip Code
DALLAS TX 75240

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

Name of Employer PINNACLE ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 20 / 2009
Transaction ID: SA11AI.77459
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
HOA MCLEAN

Mailing Address 230 WHITE TAIL LANE

City State Zip Code
MEDIA PA 19063

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

Name of Employer ANES. SERVICES PA Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: SA11AI.77157
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
RICHARD MCNEER

Mailing Address 18340 SW 122 ST.

City State Zip Code
MIAMI FL 33196

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

Name of Employer UNIVERSITY OF MIAMI DEPT OF ANESTHESIO Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 664.00

Date of Receipt: 08 / 01 / 2009
Transaction ID: SA11AI.76908
Amount of Each Receipt this Period: 83.00

SUBTOTAL of Receipts This Page (optional) ► 583.00

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 76 / 143 |
| | <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) GREGORY MCWHORTER | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| | Mailing Address 5516 WEATHERBY LN. | Transaction ID: SA11AI.77461 |
| | City State Zip Code PLANO TX 75903 | Amount of Each Receipt this Period 4250.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer PINNACLE ANESTHESIA CONSULTANTS | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 4250.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) CATHERINE MEREDITH | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 |
| | Mailing Address 360 ELDEN DR. | Transaction ID: SA11AI.76906 |
| | City State Zip Code ATLANTA GA 30342 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer NORTHSIDE ANESTHESIOLOGY CONSULTANTS | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) SCOTT MERIL | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| | Mailing Address 7317 BLUEFIELD DR | Transaction ID: SA11AI.77541 |
| | City State Zip Code DALLAS TX 75248 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer PINNACLE ANESTHESIA CONSULTANTS, PA | 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) | 5500.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 77 / 143 |
| | <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) PRAXEDIZ MEZA | | Date of Receipt MM / DD / YYYY 08 / 14 / 2009 | | |
| | Mailing Address 7249 CAMDEN CT. | | Transaction ID: SA11AI.77283 | | |
| | City BLOOMFIELD TOWNSHI | State MI | Zip Code 48301 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer SOAA | Occupation ANESTHESIOLOGIST | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) GREGORY MILLER | | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 | | |
| | Mailing Address 7127 LEAMEADOW DR. | | Transaction ID: SA11AI.77547 | | |
| | City DALLAS | State TX | Zip Code 75248 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINNACLE PARTNERS | 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) CHRISTOPHER MILLSON | | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 | | |
| | Mailing Address 2400 WIMBLEDON WAY | | Transaction ID: SA11AI.76935 | | |
| | City LAS VEGAS | State NV | Zip Code 89107 | Amount of Each Receipt this Period 83.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer DESERT ANESTHESIOLOGISTS | Occupation PHYSICIAN | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 664.00 | | | |

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|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 833.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 78 / 143 |
| | <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) MITCHELL MINANA | | Date of Receipt MM / DD / YYYY 08 / 07 / 2009 | | |
| | Mailing Address 1306 E WELDEN DR | | Transaction ID: SA11AI.77122 | | |
| | City SPOKANE | State WA | Zip Code 99223 | Amount of Each Receipt this Period 100.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PHYS ANESTH GRP | | Occupation ANESTHESIOLOGIST | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 600.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) DANIEL MOCHIZUKI | | Date of Receipt MM / DD / YYYY 08 / 30 / 2009 | | |
| | Mailing Address 153 LOMA ALTA AVE. | | Transaction ID: SA11AI.77829 | | |
| | City LOS GATOS | State CA | Zip Code 95030 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer LOMA LINDA UNIVERSITY | | 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) JOE MONK | | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 | | |
| | Mailing Address 6713 LAKEWOOD | | Transaction ID: SA11AI.77549 | | |
| | City DALLAS | State TX | Zip Code 75214 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINNACLE PARTNERS | | 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) | ▶ | 850.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 79 / 143 |
| | <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) TRE MONTIGUE | | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 | | |
| | Mailing Address 700 LAMAR CT. | | Transaction ID: SA11AI.77551 | | |
| | City IRVING | State TX | Zip Code 75038 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINNACLE PARTNERS | Occupation ANESTHESIOLOGIST | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) GERALD MOODY | | Date of Receipt MM / DD / YYYY 08 / 02 / 2009 | | |
| | Mailing Address P.O. BOX 1721 | | Transaction ID: SA11AI.76988 | | |
| | City CUMMING | State GA | Zip Code 30028 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer NORTH FULTON ANESTHESIA ASSOCIATES | Occupation ANESTHESIOLOGIST | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) RICHARD MORGAN | | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 | | |
| | Mailing Address 1000 CARONDELET DR | | Transaction ID: SA11AI.77865 | | |
| | City KANSAS CITY | State MO | Zip Code 64114 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer ST. JOSEPH MED CTR | Occupation ANESTHESIOLOGIST | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 / 143 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) JOSEPH MORRIS | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| | Mailing Address PO BOX 650426 | Transaction ID: SA11AI.77552 |
| | City State Zip Code DALLAS TX 75265 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer PINNACLE ANESTHESIA CONSULTANTS 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) MAHMOOD MOSADDEGHI | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 |
| | Mailing Address 99 CROSS RD | Transaction ID: SA11AI.77782 |
| | City State Zip Code BASKING RIDGE NJ 07920 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer ANESTHESIA CONSULTANTS OF NJ Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) WILLIAM MOSS | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 |
| | Mailing Address 3142 ROCK PARK DR | Transaction ID: SA11AI.77890 |
| | City State Zip Code FORT COLLINS CO 80528 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer NORTHERN CO ANESTH. PROF. CONSULTANTS Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

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

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

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

FOR LINE NUMBER: PAGE 81 / 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JIANLONG MU
Mailing Address 5 HARVEST LN.
City HOCKESSIN State DE Zip Code 19707
FEC ID number of contributing federal political committee. **C**
Name of Employer ANESTHESIA SERVICES Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 08 / 10 / 2009
Transaction ID: SA11AI.77155
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
MICHAEL MUELLER
Mailing Address 1520 CHANDLER RD SE
City HUNTSVILLE State AL Zip Code 35801
FEC ID number of contributing federal political committee. **C**
Name of Employer COMPREHENSIVE ANESTHESIA SERVICES Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 08 / 03 / 2009
Transaction ID: SA11AI.77023
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
MARK MULVIHILL
Mailing Address 16 CELESTIAL WAY
City NEWARK State DE Zip Code 19711
FEC ID number of contributing federal political committee. **C**
Name of Employer ANESTHESIA SERVICES PA Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 08 / 01 / 2009
Transaction ID: SA11AI.76904
Amount of Each Receipt this Period 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 82 / 143 |
| | <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) JOEL MUMFORD | | Date of Receipt |
| | Mailing Address 221 ELM HILL RD. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2009 |
| | City | State | Zip Code |
| | SPRINGFIELD | VT | 05156 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.76952 |
| Name of Employer V A MEDICAL CENTER | | Occupation PHYSICIAN | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 664.00 | <input type="text"/> 83.00 |

| | | | |
|---|---|------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) SERGIO MURILLO | | Date of Receipt |
| | Mailing Address 2118 ESTES PARK DR | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 21 / 2009 |
| | City | State | Zip Code |
| | ALLEN | TX | 75013 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77554 |
| Name of Employer PINNACLE PARTNERS | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | <input type="text"/> 250.00 |

| | | | |
|---|---|------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) GERALD MURPHY | | Date of Receipt |
| | Mailing Address 3826 DEXHAM RD. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 21 / 2009 |
| | City | State | Zip Code |
| | ROWLETT | TX | 75088 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77555 |
| Name of Employer PINNACLE PARTNERS | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | <input type="text"/> 250.00 |

| | |
|--|--------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 583.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 83 / 143 |
| | <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) ROSS MUSUMECI | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 |
| | Mailing Address 9 LINCOLN STREET | Transaction ID: SA11AI.76911 |
| | City State Zip Code WESTON MA 02493 | Amount of Each Receipt this Period 41.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer ANES. ASSOC. OF MASSACHUSETTS Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 328.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) PETER NAGI | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 |
| | Mailing Address 3924 FOREST AVE | Transaction ID: SA11AI.77687 |
| | City State Zip Code BIRMINGHAM AL 35213 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer UNIV. OF ALABAMA AT BIRMINGHAM DEPT OF Occupation ACADEMIC ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) GARY NALAVANY | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 |
| | Mailing Address 1603 CARLISLE PIKE | Transaction ID: SA11AI.76947 |
| | City State Zip Code HANOVER PA 17331 | Amount of Each Receipt this Period 83.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer HANOVER ANESTHESIA AND PA-IN MEDICINE Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 664.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 624.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 84 / 143 |
| | <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) AJAY NATH | | Date of Receipt | |
| | Mailing Address 23 BARCLAY CT. | | M M / D D / Y Y Y Y Y 08 / 19 / 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.77382 |
| | SOMERSET | NJ | 08873 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 500.00 | |
| Name of Employer ACNJ | | Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 500.00 | | |

| | | | | |
|---|---|--------------------------------|---|-------------------------------------|
| B. | Full Name (Last, First, Middle Initial) MICHAEL NEBEN | | Date of Receipt | |
| | Mailing Address 7033 ALLEN PLACE CT. | | M M / D D / Y Y Y Y Y 08 / 21 / 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.77557 |
| | FORT WORTH | TX | 76116 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 250.00 | |
| Name of Employer PINNACLE PARTNERS | | Occupation ANESTHESIOLOGIST | | |
| Receipt For: <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) MICHAEL NEED | | Date of Receipt | |
| | Mailing Address 7632 TIMBER SPRINGS DR. | | M M / D D / Y Y Y Y Y 08 / 01 / 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.76949 |
| | FISHERS | IN | 46038 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 83.00 | |
| Name of Employer SOUTHEAST ANESTHESIOLOGIS- TS | | Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 581.00 | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 833.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 85 / 143 |
| | <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) STEVEN NEEDLEMAN | | Date of Receipt |
| | Mailing Address 719 LOVE HENRY CT. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 21 / 2009 |
| | City | State | Zip Code |
| | SOUTHLAKE | TX | 76092 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77559 |
| Name of Employer PINNACLE PARTNERS | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |

| | | | |
|---|---|--------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) MARK NELSON | | Date of Receipt |
| | Mailing Address 5500 HEATHROW DR | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 09 / 2009 |
| | City | State | Zip Code |
| | KNOXVILLE | TN | 37919 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77134 |
| Name of Employer ANESTHESIA MEDICAL ALLIANCE OF E. TN | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 350.00 |

| | | | |
|---|---|--------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) JOSEPH NICHOLSON | | Date of Receipt |
| | Mailing Address 1708 INDIAN CREEK DR. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 28 / 2009 |
| | City | State | Zip Code |
| | BIRMINGHAM | AL | 35243 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77735 |
| Name of Employer SO PERIOP SERV | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 500.00 |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1100.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 143
(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) PATRICK NOUD | | Date of Receipt MM / DD / YYYY 08 / 07 / 2009 |
| Mailing Address 6914 NW 126TH AVE | | Transaction ID: SA11AI.77111 |
| City PARKLAND | State FL | Zip Code 33076 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer ANESCO NORTH BROWARD | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) PAUL O'LEARY | | Date of Receipt MM / DD / YYYY 08 / 11 / 2009 |
| Mailing Address 1174 LAKESIDE DRIVE | | Transaction ID: SA11AI.77219 |
| City BIRMINGHAM | State MI | Zip Code 48009 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer S OAKLAND 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 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) GARY OKUM | | Date of Receipt MM / DD / YYYY 08 / 29 / 2009 |
| Mailing Address 241 S. 6TH STREET APT 1112 | | Transaction ID: SA11AI.77812 |
| City PHILADELPHIA | State PA | Zip Code 19106 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer TENET PHYSICIAN SERVICES, LLC | 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) | ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 143
(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)
KATHLEEN OLEARY

Mailing Address 81 LEXINGTON AVE

City State Zip Code
BUFFALO NY 14222

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

Name of Employer Occupation
ROSWELL PARK CANCER INSTITUTE ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 328.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2009

Transaction ID: SA11AI.76950

Amount of Each Receipt this Period
41.00

B.

Full Name (Last, First, Middle Initial)
ANDREW OSBORNE

Mailing Address 8 HAMPTON WAY

City State Zip Code
DOTHAN AL 36305

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

Name of Employer Occupation
DOTHAN ANESTHESIOLOGY ASSOCIATES ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.77069

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
KENNETH OSWALT

Mailing Address 2500 NORTH STATE STREET

City State Zip Code
JACKSON MS 39216

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

Name of Employer Occupation
UNIV. ANESTHESIA SERVICES, PLLC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 581.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2009

Transaction ID: SA11AI.76918

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ▶ **624.00**

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

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 88 / 143 |
| | <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) CENK OZDOGAN | Date of Receipt MM / DD / YYYY 08 / 11 / 2009 |
| | Mailing Address 317 LINDENWOOD DR | Transaction ID: SA11AI.77193 |
| | City State Zip Code HOUSTON TX 77024 | Amount of Each Receipt this Period 150.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer GREATER HOUSTON ANESTHESIOLOGY 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) MICHAEL PACKMAN | Date of Receipt MM / DD / YYYY 08 / 29 / 2009 |
| | Mailing Address 58 BRIDLE PATH DR. | Transaction ID: SA11AI.77806 |
| | City State Zip Code SOUTHINGTON CT 06489 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer BRIDGEPORT ANESTHESIA ASSOCIATES, PC Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) UDAYA PADAKANDLA | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| | Mailing Address 4449 YOUNG DR. | Transaction ID: SA11AI.77561 |
| | City State Zip Code CARROLLTON TX 75010 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer PINNACLE ANESTHESIA CONSULTANTS 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) | 650.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 143
(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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <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)
MARC PARADIS

Mailing Address 4 WHITMAN POND RD.

City State Zip Code
SIMSBURY CT 06070

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

Name of Employer Occupation
UCONN HEALTH CENTER ANES. ANESTHESIOLOGIST
DEPT.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 28 / 2009

Transaction ID: SA11AI.77719

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
DANTE PARAS

Mailing Address 2608 MEANDERING COURT

City State Zip Code
COLLEYVILLE TX 76034

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

Name of Employer Occupation
P.A.A., L.L.P. 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
08 / 20 / 2009

Transaction ID: SA11AI.77463

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
ANDREA PARDE

Mailing Address 5900 THE KNOLLS

City State Zip Code
LINCOLN NE 68512

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

Name of Employer Occupation
LINCOLN ANES 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
08 / 10 / 2009

Transaction ID: SA11AI.77171

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 90 / 143 |
| | <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) C. LEE PARMLEY | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 |
| | Mailing Address 1211 21ST AVE S DEPARTMENT OF ANESTHESIOLOGY AND C | Transaction ID: SA11AI.76917 |
| | City State Zip Code NASHVILLE TN 37212 | Amount of Each Receipt this Period 83.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation VANDERBILT UNIVERSITY MEDICAL CENTER PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 498.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) HARRY PARR | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 |
| | Mailing Address 4725 TULLY RD. | Transaction ID: SA11AI.76946 |
| | City State Zip Code BLOOMFIELD HILLS MI 48302 | Amount of Each Receipt this Period 83.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation SOUTH OAKLAND ANESTHESIA ASSOCIATES ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 664.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) KATHLEEN PARR | Date of Receipt MM / DD / YYYY 08 / 03 / 2009 |
| | Mailing Address 5008 ILCHESTER RD | Transaction ID: SA11AI.77036 |
| | City State Zip Code ELLICOTT CITY MD 21043 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation PARKWAY ANESTHESIA ASSOCIATES 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) | 666.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 91 / 143 |
| | <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) REBECCA PATCHIN | | Date of Receipt | |
| | Mailing Address 18195 KROSS RD. | | M M / D D / Y Y Y Y Y 08 / 01 / 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.76948 |
| | RIVERSIDE | CA | 92508 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 83.00 | |
| Name of Employer SELF | | Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 664.00 | | |

| | | | | |
|---|---|------------------------------------|---|-------------------------------------|
| B. | Full Name (Last, First, Middle Initial) AJITKUMAR PATEL | | Date of Receipt | |
| | Mailing Address 12 BURNISTON COURT | | M M / D D / Y Y Y Y Y 08 / 19 / 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.77384 |
| | HILLSBOROUGH | NJ | 08844 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 500.00 | |
| Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY | | Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | | |
|---|---|------------------------------------|---|-------------------------------------|
| C. | Full Name (Last, First, Middle Initial) ANKIT PATEL | | Date of Receipt | |
| | Mailing Address 8301 CHOCTAW LN | | M M / D D / Y Y Y Y Y 08 / 31 / 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.77876 |
| | MC KINNEY | TX | 75070 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 250.00 | |
| Name of Employer PINNACLE PARTNERS | | Occupation ANESTHESIOLOGIST | | |
| Receipt For: <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) | 833.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 92 / 143 |
| | <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) TUSHAR PATEL | | Date of Receipt |
| | Mailing Address 4383 E. PINNACLE RIDGE PL. | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 11 / 2009 |
| | City | State | Zip Code |
| | TUCSON | AZ | 85718 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77183 |
| Name of Employer SOUTHERN ARIZONA ANES. SE-RVICES | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | <input type="text"/> 250.00 |

| | | | |
|---|---|------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) DAVID PAUL | | Date of Receipt |
| | Mailing Address 2505 BELMONT AVE | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 31 / 2009 |
| | City | State | Zip Code |
| | ARDMORE | PA | 19003 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77906 |
| Name of Employer ANESTHESIA SERVICES | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | <input type="text"/> 250.00 |

| | | | |
|---|---|------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) JOEL PAYABYAB | | Date of Receipt |
| | Mailing Address 5294 VISTA CLUB RUN | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 09 / 2009 |
| | City | State | Zip Code |
| | SANFORD | FL | 32771 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77144 |
| Name of Employer JLR MEDICAL GROUP | | Occupation PHYSICIAN | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | <input type="text"/> 250.00 |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 143
(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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <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) WILLIAM PEDERSON | | Date of Receipt MM / DD / YYYY 08 / 24 / 2009 |
| Mailing Address 1819 DENVER WEST DRIVE #200 | | Transaction ID: SA11AI.77630 |
| City GOLDEN | State CO | Zip Code 80401 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer PHYSICIAN ANESTHESIA SERVICES | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) CHAD PEDLEY | | Date of Receipt MM / DD / YYYY 08 / 06 / 2009 |
| Mailing Address 3103 BROADMEAD DR. | | Transaction ID: SA11AI.77078 |
| City HOUSTON | State TX | Zip Code 77025 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer GHA | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) MANUEL PEREZ | | Date of Receipt MM / DD / YYYY 08 / 19 / 2009 |
| Mailing Address 34 COUNTRY OAKS RD. | | Transaction ID: SA11AI.77385 |
| City LEBANON | State NJ | Zip Code 08833 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer ACNJ | 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) | 750.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 94 / 143 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) MICHAEL PETTIBON | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| | Mailing Address 13601 PRESTON RD., #900W | Transaction ID: SA11AI.77563 |
| | City State Zip Code DALLAS TX 75240 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer PINNACLE PARTNERS Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) LANG-HA PHAM | Date of Receipt MM / DD / YYYY 08 / 15 / 2009 |
| | Mailing Address 10015 PETRA CT NE | Transaction ID: SA11AI.77297 |
| | City State Zip Code ALBUQUERQUE NM 87122 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer PRESBYTERIAN HOSPITAL Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) MICHAEL PICONE | Date of Receipt MM / DD / YYYY 08 / 19 / 2009 |
| | Mailing Address PO BOX 363 | Transaction ID: SA11AI.77387 |
| | City State Zip Code THREE BRIDGES NJ 08887 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer ACNJ Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00 | |

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

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

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

FOR LINE NUMBER: PAGE 95 / 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
EDGAR PIERRE

Mailing Address 1800 NW 10TH AVE., T244

City State Zip Code
MIAMI FL 33137

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

Name of Employer Occupation
RYDER TRAUMA CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 664.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2009

Transaction ID: SA11AI.76957

Amount of Each Receipt this Period
83.00

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

Mailing Address 4305 S BOWEN RD STE 131

City State Zip Code
ARLINGTON TX 76016

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

Name of Employer Occupation
PINNACLE ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009

Transaction ID: SA11AI.77465

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
SELVI POHAR

Mailing Address 7600 BRADFORD PEAR DR

City State Zip Code
IRVING TX 75063

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

Name of Employer Occupation
PINNACLE PARTNERS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.77565

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **583.00**

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 96 / 143 |
| | (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) LINDA POLLEY | Date of Receipt MM / DD / YYYY 08 / 07 / 2009 |
| | Mailing Address 12 RIDGEWAY ST | Transaction ID: SA11AI.77093 |
| | City State Zip Code ANN ARBOR MI 48104 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation UNIVERSITY OF MICHIGAN HEALTH SYSTEM ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) DAVID POWELL | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 |
| | Mailing Address P.O. BOX 5587 | Transaction ID: SA11AI.76915 |
| | City State Zip Code BEAUMONT TX 77726 | Amount of Each Receipt this Period 83.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation ANESTHESIA ASSOCIATES PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 664.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) ROBERT PURNELL | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| | Mailing Address 5000 TIMBER CIRCLE DR | Transaction ID: SA11AI.77567 |
| | City State Zip Code MCKINNEY TX 75070 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation PINNACLE ANESTHESIA 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) | 1583.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 97 / 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOHN EDWARD PYEATT
 Mailing Address 13601 PRESTON RD STE 1000W
 City State Zip Code
 DALLAS TX 75240
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 8 / 2 0 0 9
Transaction ID: SA11AI.77700
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PINNACLE ANESTHESIA CONSULTANTS ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
JAMES PYRON
 Mailing Address 9332 STRATFORD WAY
 City State Zip Code
 DALLAS TX 75220
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 1 / 2 0 0 9
Transaction ID: SA11AI.77569
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PINNACLE PARTNERS ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
THOMAS RADEMACHER
 Mailing Address 3122 W 21ST AVE
 City State Zip Code
 SPOKANE WA 99224
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 9
Transaction ID: SA11AI.77884
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PHYSICIAN ANESTHESIA GROUP ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00
TOTAL This Period (last page this line number only) ►

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 98 / 143 |
| | <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) ATTIQUE RAHMAN | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 | | |
| | Mailing Address 1705 BARCLAY BLVD | | Transaction ID: SA11AI.77392 | | |
| | City PRINCETON | State NJ | Zip Code 08540 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY | | Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) RICKY RAMOS | | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 | | |
| | Mailing Address 2314 CLEARSPRING DR. N. | | Transaction ID: SA11AI.77755 | | |
| | City IRVING | State TX | Zip Code 75063 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINNACLE PARTNERS | | 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) KRISHNA RAO | | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 | | |
| | Mailing Address 13601 PRESTON RD., #900-W | | Transaction ID: SA11AI.77571 | | |
| | City DALLAS | State TX | Zip Code 75240 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINNACLE PARTNERS | | Occupation ANESTHESIOLOGIST | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 99 / 143 |
| | <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) SCOTT REED | | Date of Receipt |
| | Mailing Address 261 LYNSIE DR | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 21 / 2009 |
| | City | State | Zip Code |
| | COPPELL | TX | 75019 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77573 |
| Name of Employer PINNACLE PARTNERS | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |
| | | <input type="text"/> 250.00 | |

| | | | |
|---|---|--------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) MARK REUSCHE | | Date of Receipt |
| | Mailing Address 13601 PRESTON RD STE 1000W | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 21 / 2009 |
| | City | State | Zip Code |
| | DALLAS | TX | 75240 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77575 |
| Name of Employer PINNACLE ANESTHESIA P.A. | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |
| | | <input type="text"/> 250.00 | |

| | | | |
|---|---|--------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) RICHARD RICHTER | | Date of Receipt |
| | Mailing Address 222 S. HERLONG AVE. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 18 / 2009 |
| | City | State | Zip Code |
| | ROCK HILL | SC | 29732 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77341 |
| Name of Employer ANESTHESIA ASSOCIATES OF ROCK HILL, PA | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 500.00 |
| | | <input type="text"/> 500.00 | |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1000.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 100 / 143 |
| | (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) DAVID RITTER | | Date of Receipt MM / DD / YYYY 08 / 15 / 2009 | | |
| | Mailing Address 6234 NW 23RD TER | | Transaction ID: SA11AI.77301 | | |
| | City BOCA RATON | State FL | Zip Code 33496 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer DAVID RITTER, MD, PA | 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) L. CLAYTON ROBERTS | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 | | |
| | Mailing Address 6226 MIMOSA LANE | | Transaction ID: SA11AI.77467 | | |
| | City DALLAS | State TX | Zip Code 75230 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINNACLE ANESTHESIA | Occupation ANESTHESIOLOGIST | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) MICHAEL RODRICKS | | Date of Receipt MM / DD / YYYY 08 / 07 / 2009 | | |
| | Mailing Address 291 SOUTHALL LANE | | Transaction ID: SA11AI.77126 | | |
| | City MAITLAND | State FL | Zip Code 32751 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer JLR 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) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 101 / 143 |
| | <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) ANNE ROGERS | | Date of Receipt |
| | Mailing Address 6005 RIVER RD | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 31 / 2009 |
| | City | State | Zip Code |
| | NORFOLK | VA | 23505 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77909 |
| Name of Employer ATLANTIC ANESTHESIA | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | 100.00 |

| | | | |
|---|---|------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) MIKHAIL RONDEL | | Date of Receipt |
| | Mailing Address 9 CANDLE LN. | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 20 / 2009 |
| | City | State | Zip Code |
| | EAST BRUNSWICK | NJ | 08816 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77394 |
| Name of Employer ANESTHESIA CONSULTANTS OF NJ | | Occupation PHYSICIAN | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | 500.00 |

| | | | |
|---|---|------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) JAIME RONDEROS | | Date of Receipt |
| | Mailing Address 6024 PEDERNALES RIDGE | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 21 / 2009 |
| | City | State | Zip Code |
| | NORTH RICHLAND HIL | TX | 76180 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77577 |
| Name of Employer PINNACLE ANESTHESIA CONSUL-TANTS | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | 250.00 |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 850.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 143
(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)
THOMAS ROOKE

Mailing Address 3005 HEDGEROW LN

City State Zip Code
SPRINGFIELD IL 62704

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

Name of Employer Occupation
SPRINGFIELD CLINIC MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2009

Transaction ID: SA11AI.77846

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
JAMES ROSENBAUM

Mailing Address 9140 EL DORADO AVE

City State Zip Code
KALAMAZOO MI 49009

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

Name of Employer Occupation
KALAMAZOO ANESTHESIOLOGY, P.C. ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2009

Transaction ID: SA11AI.76990

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
RANDY ROSETT

Mailing Address 13611 ELENA GALLEGOS PL NE

City State Zip Code
ALBUQUERQUE NM 87111

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

Name of Employer Occupation
UNIVERSITY OF NEW MEXICO ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2009

Transaction ID: SA11AI.77620

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 103 / 143 |
| | <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) LAWRENCE ROY | Date of Receipt |
| | Mailing Address 2420 FREEMAN MANOR DR. | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2009 |
| | City State Zip Code JONES OK 73049 | Transaction ID: SA11AI.76921 |
| | FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> | Amount of Each Receipt this Period <input type="text"/> 83.00 |
| | Name of Employer Occupation OKLAHOMA ANESTHESIA CONSULTANTS ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text"/> 664.00 | |

| | | |
|---|--|--|
| B. | Full Name (Last, First, Middle Initial) STEPHEN RUBIN | Date of Receipt |
| | Mailing Address 4997 OAKHURST LANE | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 21 / 2009 |
| | City State Zip Code FRISCO TX 75034 | Transaction ID: SA11AI.77578 |
| | FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> | Amount of Each Receipt this Period <input type="text"/> 500.00 |
| | Name of Employer Occupation PINNACLE PARTNERS ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text"/> 500.00 | |

| | | |
|---|--|--|
| C. | Full Name (Last, First, Middle Initial) WILLIAM RUDA | Date of Receipt |
| | Mailing Address 60 TWIN OAKS RD. | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 20 / 2009 |
| | City State Zip Code BRIDGEWATER NJ 08807 | Transaction ID: SA11AI.77396 |
| | FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> | Amount of Each Receipt this Period <input type="text"/> 500.00 |
| | Name of Employer Occupation ACNJ PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text"/> 500.00 | |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1083.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 104 / 143 |
| | <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) J. VICTOR RYCKMAN | | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 | | |
| | Mailing Address 9500 EUCLID AVE # E-3 | | Transaction ID: SA11AI.77751 | | |
| | City CLEVELAND | State OH | Zip Code 44195 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer CLEVELAND CLINIC FOUNDATION | Occupation ANESTHESIOLOGIST | Aggregate Year-to-Date 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|--------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) THOMAS RYMELL | | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 | | |
| | Mailing Address 6417 LAGO VISTA DR | | Transaction ID: SA11AI.77580 | | |
| | City BENBROOK | State TX | Zip Code 76132 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINNACLE PARTNERS | Occupation ANESTHESIOLOGIST | Aggregate Year-to-Date 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|--------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) SAMMY SABRI | | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 | | |
| | Mailing Address 3104 BLUE LAKE DR STE 110 | | Transaction ID: SA11AI.77774 | | |
| | City BIRMINGHAM | State AL | Zip Code 35243 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer ANES. ASSOCIATES, P.C. | Occupation ANESTHESIOLOGIST | Aggregate Year-to-Date 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 105 / 143 |
| | <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) OSCAR SALAZAR | | Date of Receipt MM / DD / YYYY 08 / 10 / 2009 | | |
| | Mailing Address 975 E 3RD ST | | Transaction ID: SA11AI.77169 | | |
| | City CHATTANOOGA | State TN | Zip Code 37403 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer ERLANGER HOSPITAL ANESTHESIOLOGY | Occupation PHYSICIAN | Aggregate Year-to-Date 500.00 | | |

| | | | | | |
|-----------|---|--------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) PAUL SALCIDO | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 | | |
| | Mailing Address 4316 ST. ANDREWS | | Transaction ID: SA11AI.77469 | | |
| | City IRVING | State TX | Zip Code 75038 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINNACLE ANESTHESIA | Occupation ANESTHESIOLOGIST | Aggregate Year-to-Date 250.00 | | |

| | | | | | |
|-----------|---|--------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) PATRICK SANDELL | | Date of Receipt MM / DD / YYYY 08 / 10 / 2009 | | |
| | Mailing Address 15849 KANE RD | | Transaction ID: SA11AI.77153 | | |
| | City PLAINWELL | State MI | Zip Code 49080 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer KALAMAZOO ANESTH | Occupation ANESTHESIOLOGIST | Aggregate Year-to-Date 500.00 | | |

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 106 / 143 |
| | <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) RAGHURAM SANGA | | Date of Receipt |
| | Mailing Address 15745 SEABOLT PL. | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 21 / 2009 |
| | City | State | Zip Code |
| | ADDISON | TX | 75001 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77582 |
| Name of Employer PINNACLE PARTNERS | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |
| | | <input type="text"/> 250.00 | |

| | | | |
|---|---|--------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) KEITH SCHRADER | | Date of Receipt |
| | Mailing Address 1304 OAK ST | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 06 / 2009 |
| | City | State | Zip Code |
| | MELBOURNE | FL | 32901 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77080 |
| Name of Employer BREVARD ANESTHESIA SERVIC-ES, PA | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 500.00 |
| | | <input type="text"/> 500.00 | |

| | | | |
|---|---|--|---|
| C. | Full Name (Last, First, Middle Initial) MARK SCHROEDER | | Date of Receipt |
| | Mailing Address 306 CHEYENNE TRAIL | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 30 / 2009 |
| | City | State | Zip Code |
| | MADISON | WI | 53705 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77855 |
| Name of Employer UNIVERSITY OF WISCONSIN MEDICAL FOUNDA | | Occupation PHYSICIAN ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 500.00 |
| | | <input type="text"/> 500.00 | |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1250.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 107 / 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MICHAEL SCHUR

Mailing Address 1304 OAK ST.

City MELBOURNE State FL Zip Code 32901

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

Name of Employer BREVARD ANES SERV Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 14 / 2009
Transaction ID: SA11AI.77267
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
KRISTIN SEARS

Mailing Address 1625 HEATHERMORE

City COLLEYVILLE State TX Zip Code 76034

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

Name of Employer PINNACLE PARTNERS Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 21 / 2009
Transaction ID: SA11AI.77584
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 215 ASPHODEL DR.

City DOTHAN State AL Zip Code 36303

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

Name of Employer DOTHAN ANESTHESIOLOGY ASSOCIATES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 11 / 2009
Transaction ID: SA11AI.77188
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 108 / 143 |
| | <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) BRENCHE SELL | Date of Receipt MM / DD / YYYY 08 / 04 / 2009 |
| | Mailing Address 4770 BUCKHEAD COURT | Transaction ID: SA11AI.77059 |
| | City State Zip Code TALLAHASSEE FL 32309 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer AA OF T Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) CHARLES SEWELL | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| | Mailing Address 604 CROWN COLONY DR | Transaction ID: SA11AI.77471 |
| | City State Zip Code ARLINGTON TX 76006 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer PINNACLE ANESTHESIA Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) ARYEH SHANDER | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 |
| | Mailing Address 12 LOIS AVE | Transaction ID: SA11AI.77704 |
| | City State Zip Code DEMAREST NJ 07627 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer ENGLEWOOD HOSP & MED CTR 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) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 109 / 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
EDWARD SHERREN

Mailing Address 5249 NORTH SHORE

City State Zip Code
FRISCO TX 75034

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

Name of Employer PINNACLE ANESTHESIA Occupation ANESTHESIOLOGIST

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

Date of Receipt

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

Transaction ID: SA11AI.77473

Amount of Each Receipt this Period
250.00

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

Mailing Address 14 CARRIAGE WAY

City State Zip Code
SUDBURY MA 01776

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

Name of Employer ST. ELIZABETHS MEDICAL CTR Occupation ANESTHESIOLOGIST

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

Date of Receipt

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

Transaction ID: SA11AI.77786

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
UPINDERJIT SIDHU

Mailing Address 85 GEORGETOWN RD

City State Zip Code
WESTON CT 06883

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

Name of Employer MILFORD ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST

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

Date of Receipt

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

Transaction ID: SA11AI.76981

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 110 / 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOSEPH SIMPSON
Mailing Address 1524 AGAWELA AVE.
City KNOXVILLE State TN Zip Code 37919
FEC ID number of contributing federal political committee. **C**
Name of Employer UNIVERSITY ANESTHESIOLOGISTS Occupation PHYSICIAN ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 08 / 30 / 2009
Transaction ID: SA11AI.77853
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
REYMOND SIO
Mailing Address 4 WEST GATE DR.
City ANNANDALE State NJ Zip Code 08801
FEC ID number of contributing federal political committee. **C**
Name of Employer ACNJ Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 08 / 20 / 2009
Transaction ID: SA11AI.77398
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
STEPHEN SLAUGHTER
Mailing Address 5806 OVERTON DR.
City ALLEN State TX Zip Code 75002
FEC ID number of contributing federal political committee. **C**
Name of Employer APEX DIVISION - PINNACLE Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 08 / 21 / 2009
Transaction ID: SA11AI.77586
Amount of Each Receipt this Period 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 143
(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) ALAN SMITH | | Date of Receipt MM / DD / YYYY 08 / 30 / 2009 |
| Mailing Address 3563 GRANITE WAY | | Transaction ID: SA11AI.77833 |
| City MARTINEZ | State GA | Zip Code 30907 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer ANESTHESIA CONSULTANTS OF AUGUSTA | 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) DANIEL SMITH | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| Mailing Address 16 N 9TH AVE | | Transaction ID: SA11AI.77400 |
| City HIGHLAND PARK | State NJ | Zip Code 08904 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) FLOYD SMITH | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| Mailing Address 3410 OVERHOLSER DR. | | Transaction ID: SA11AI.77409 |
| City BETHANY | State OK | Zip Code 73008 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 400.00 |
| Name of Employer AFFIL 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) | ▶ | 1150.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 112 / 143 |
| | <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) JEREMY SMITH | | Date of Receipt |
| | Mailing Address 103 RESEDA LN. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2009 |
| | City | State | Zip Code |
| | DOTHAN | AL | 36305 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.76943 |
| Name of Employer ANESTHESIA CONSULTANTS ME-D. GROUP | | Occupation STAFF ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 664.00 | <input type="text"/> 83.00 |

| | | | |
|---|---|-------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) JOSHUA SMITH | | Date of Receipt |
| | Mailing Address 505 LANSLOWNE PL. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 14 / 2009 |
| | City | State | Zip Code |
| | BIRMINGHAM | AL | 35226 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77254 |
| Name of Employer UNIV OF ALABAMA MEDICAL CENTER | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1440.00 | <input type="text"/> 1440.00 |

| | | | |
|---|---|------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) PERRY SMITH | | Date of Receipt |
| | Mailing Address 4017 OLD LEEDS RIDGE | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 27 / 2009 |
| | City | State | Zip Code |
| | BIRMINGHAM | AL | 35213 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77653 |
| Name of Employer UAB | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | <input type="text"/> 250.00 |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1773.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 113 / 143 |
| | <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) EDWARD SMYTH | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| | Mailing Address 308 CHESTNUT BEND | Transaction ID: SA11AI.77588 |
| | City State Zip Code COLLEYVILLE TX 76034 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer PINNACLE ANES. FORT WORTH DIVISION | 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) STEVEN SOLBY | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| | Mailing Address 3407 LAKE CREEK TRL | Transaction ID: SA11AI.77590 |
| | City State Zip Code MANSFIELD TX 76063 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer ARLINGTON DIVISION-PINNACLE ANESTHESIA | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) SHANNON SORAH | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 |
| | Mailing Address 11743 COUCH MILL ROAD | Transaction ID: SA11AI.76979 |
| | City State Zip Code KNOXVILLE TN 37932 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer METHODIST MED. CTR. ANES. GR. | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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

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

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

FOR LINE NUMBER: PAGE 114 / 143
(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) JAMES SPERRAZZA | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 | | |
| | Mailing Address 28 BROOKHILL ROAD | | Transaction ID: SA11AI.77402 | | |
| | City EAST BRUNSWICK | State NJ | Zip Code 08816 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer ACNJ | Occupation PHYSICIAN | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|---|-------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) RICHARD STARK | | Date of Receipt MM / DD / YYYY 08 / 03 / 2009 | | |
| | Mailing Address 915 E. EAGLE LAKE DR. | | Transaction ID: SA11AI.77021 | | |
| | City KALAMAZOO | State MI | Zip Code 49009 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer KALAMAZOO ANESTHESIOLOGY, PC | Occupation PHYSICIAN | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) WILLIAM STEGALL | | Date of Receipt MM / DD / YYYY 08 / 11 / 2009 | | |
| | Mailing Address 2422 PARK RUN DR | | Transaction ID: SA11AI.77186 | | |
| | City ARLINGTON | State TX | Zip Code 76016 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINNACLE ANESTHESIA | 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) | ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 115 / 143 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | | | |
|---|---|------------------------------------|---|---|--|
| A. | Full Name (Last, First, Middle Initial) RICHARD STERN | | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 | | |
| | Mailing Address 46 SPRINGBROOK LN. | | Transaction ID: SA11AI.76976 | | |
| | City NEWARK | State DE | Zip Code 19711 | Amount of Each Receipt this Period 25.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer ANESTHESIA SERVICES, P.A. | Occupation ANESTHESIOLOGIST | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 275.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) SHANE STIDHAM | | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 | | |
| | Mailing Address 13005 ANDUIN AVE. | | Transaction ID: SA11AI.77776 | | |
| | City OKLAHOMA CITY | State OK | Zip Code 73170 | Amount of Each Receipt this Period 300.00 | |
| | 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 ▼ 300.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) KENNETH STONE | | Date of Receipt MM / DD / YYYY 08 / 29 / 2009 | | |
| | Mailing Address 317 LAURELWOOD RD. | | Transaction ID: SA11AI.77799 | | |
| | City ORANGE | State CT | Zip Code 06477 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer BRIDGEPORT ANESTHESIA ASS-OC. | 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) | ▶ | 575.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 116 / 143 |
| | <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) WILLIAM STRUTHERS | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| | Mailing Address 5716 WHITECLIFF CIRCLE | Transaction ID: SA11AI.77591 |
| | City State Zip Code PLANO TX 75093 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer PINNACLE PARTNERS 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) GEORGE SULLIVAN | Date of Receipt MM / DD / YYYY 08 / 04 / 2009 |
| | Mailing Address 2321 BUTLER BAY DR. N. | Transaction ID: SA11AI.77061 |
| | City State Zip Code WINDERMERE FL 34786 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer JLR ANESTHESIA Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) TIMOTHY SWIFT | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| | Mailing Address 2937 THOMAS AVE | Transaction ID: SA11AI.77592 |
| | City State Zip Code DALLAS TX 75204 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer PINNACLE PARTNERS 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) | 800.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 117 / 143 |
| | <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) STEVEN SYKES | Date of Receipt MM / DD / YYYY 08 / 06 / 2009 |
| | Mailing Address 1118 ROSS CLARK CIRCLE,SUITE 700 | Transaction ID: SA11AI.77089 |
| | City State Zip Code DOTHAN AL 36301 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer ANESTHESIA CONSULTANTS MEDICAL GROUP Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) JAMES SZOCIK | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 |
| | Mailing Address DEPARTMENT OF ANESTHESIOLOGY 1500 E. MEDICAL CTRCENTER DRIVE, | Transaction ID: SA11AI.77867 |
| | City State Zip Code ANN ARBOR MI 48109 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer UNIVERSITY OF MICHIGAN 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) NICHOLAS TANGRETI | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 |
| | Mailing Address 9 WITHERSPOON LANE | Transaction ID: SA11AI.77765 |
| | City State Zip Code BASKING RIDGE NJ 07920 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY 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) | 1750.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 118 / 143 |
| | (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 TAYLOR | | Date of Receipt |
| | Mailing Address 305 HARPOLE RD E | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 8 / 2 0 0 9 |
| | City | State | Zip Code |
| | ARGYLE | TX | 76226 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77661 |
| Name of Employer PINNACLE PARTNERS | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |

| | | | |
|---|---|--------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) MOIRAE TAYLOR | | Date of Receipt |
| | Mailing Address PO BOX 2068 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 8 / 2 0 0 9 |
| | City | State | Zip Code |
| | FRISCO | TX | 75034 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77663 |
| Name of Employer PINNACLE PARTNERS | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 500.00 |

| | | | |
|---|---|--------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) LEY TAYLOR-JONES | | Date of Receipt |
| | Mailing Address 6474 LONE GROVE CT | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 8 / 2 0 0 9 |
| | City | State | Zip Code |
| | FRISCO | TX | 75034 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77665 |
| Name of Employer PINNACLE ANESTHESIA | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1000.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 119 / 143 |
| | <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) KEVIN THOMAS | | Date of Receipt |
| | Mailing Address 13601 PRESTON RD., SUITE #900-W | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 28 / 2009 |
| | City | State | Zip Code |
| | DALLAS | TX | 75240 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77667 |
| Name of Employer PINNACLE ANESTHESIA | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |

| | | | |
|---|---|--------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) MARCY THOMAS | | Date of Receipt |
| | Mailing Address 10615 WOODPECKER RD | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 01 / 2009 |
| | City | State | Zip Code |
| | CHESTERFIELD | VA | 23838 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.76931 |
| Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATIS | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 83.00 |

| | | | |
|---|---|--------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) JEFFREY THUE | | Date of Receipt |
| | Mailing Address 120 33RD STREET | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 29 / 2009 |
| | City | State | Zip Code |
| | MANHATTAN BEACH | CA | 90266 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77816 |
| Name of Employer AMBULATORY ANESTHESIA ASSOCIATES, INC | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 500.00 |

| | |
|--|--------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 833.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 120 / 143 |
| | <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) EVERT WILLIAM TJIN-A-TSOI | | Date of Receipt |
| | Mailing Address 2800 VIDERE DR | | <input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | WILMINGTON | DE | 19808 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77115 |
| Name of Employer ANESTHESIA SERVICES, PA | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="250.00"/> | <input type="text" value="250.00"/> |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) JAMES TOMLINSON | | Date of Receipt |
| | Mailing Address 8221 CASTLEHILL RD. | | <input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | BIRMINGHAM | AL | 35242 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77421 |
| Name of Employer ANESTHESIOLOGISTS ASSOCIATED, P.C. | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="500.00"/> | <input type="text" value="500.00"/> |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) RONALD TORLINE | | Date of Receipt |
| | Mailing Address 14109 KESSLER | | <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | OVERLAND PARK | KS | 66221 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.77249 |
| Name of Employer KUAF | | Occupation ANESTHESIOLOGIST | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="500.00"/> | <input type="text" value="500.00"/> |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="1250.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 121 / 143 |
| | <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) WILLIAM TRONOLONE | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| Mailing Address 11 HEATH RD. | | Transaction ID: SA11AI.77404 |
| City WHITEHOUSE STATION | State NJ | Zip Code 08889 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer ACNJ | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) CRAIG TROOP | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| Mailing Address 4701 AUGUSTA DR. | | Transaction ID: SA11AI.77475 |
| City FRISCO | State TX | Zip Code 75034 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer PINNACLE ANESTHESIA CONSU- LTANT | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) JO TU | | Date of Receipt MM / DD / YYYY 08 / 14 / 2009 |
| Mailing Address 4503 HABERSHAM COURT | | Transaction ID: SA11AI.77265 |
| City MISSOURI CITY | State TX | Zip Code 77459 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer GREATER HOUSTON ANESTHESI- OLOGY | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 122 / 143 |
| | (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) LANCE TURNER | | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 | | |
| | Mailing Address 55 IRVING DR | | Transaction ID: SA11AI.77917 | | |
| | City WOODBURY | State NY | Zip Code 11797 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 250.00 | | |
| | Name of Employer SUFFOLK ANES ASSOC | | Occupation ANESTHESIOLOGIST | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|-------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) JAMES TYLKE | | Date of Receipt MM / DD / YYYY 08 / 22 / 2009 | | |
| | Mailing Address 8517 SE MERRITT WAY | | Transaction ID: SA11AI.77605 | | |
| | City JUPITER | State FL | Zip Code 33458 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 500.00 | | |
| | Name of Employer REGAL MARKETING INC | | Occupation ANESTHESIOLOGIST | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|-------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) MARIA UFBERG | | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 | | |
| | Mailing Address 8 ALDHAM CT. | | Transaction ID: SA11AI.77770 | | |
| | City WILMINGTON | State DE | Zip Code 19803 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 250.00 | | |
| | Name of Employer ANESTHESIA SERVICES | | Occupation ANESTHESIOLOGIST | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 / 143
(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) GREGORY UMPHREY | | Date of Receipt MM / DD / YYYY 08 / 30 / 2009 |
| Mailing Address 121 PEACHTREE RD | | Transaction ID: SA11AI.77823 |
| City BIRMINGHAM | State AL | Zip Code 35213 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer SOUTHERN PERIOPERATIVE SERVICES | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) WILLIAM UNCAPHER | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| Mailing Address 3844 SPRING VALLEY ROAD | | Transaction ID: SA11AI.77425 |
| City BIRMINGHAM | State AL | Zip Code 35223 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer ANESTHESIOLOGISTS ASSOCIATED, P.C. | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) BENJAMIN UNGER | | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 |
| Mailing Address 622 WEST 168TH ST., PH5-505 | | Transaction ID: SA11AI.76932 |
| City NEW YORK | State NY | Zip Code 10032 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 41.00 |
| Name of Employer COLUMBIA UNIVERSITY MEDICAL CENTER DEP | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 328.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1041.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 124 / 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DOUGLAS UNGER

Mailing Address 2975 MAGNOLIA HILL COURT

City State Zip Code
DALLAS TX 75201

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

Name of Employer PINNACLE PARTNERS Occupation ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI.77669

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
REUBEN UNIAT

Mailing Address PO BOX 50025

City State Zip Code
DENTON TX 76206

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

Name of Employer PINNACLE ANES CONSULT Occupation ANESTHESIOLOGIST

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

Date of Receipt

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

Transaction ID: SA11AI.77477

Amount of Each Receipt this Period
250.00

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

Mailing Address 1303 BAYSHORE BLVD.

City State Zip Code
TAMPA FL 33606

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

Name of Employer UNICOM ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 415.00

Date of Receipt

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

Transaction ID: SA11AI.76922

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ► **733.00**

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 125 / 143 |
| | <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) J. MICHAEL VOLLERS | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2009 | | |
| | Mailing Address 800 MARSHALL ST. SLOT 203, S-319 | | Transaction ID: SA11AI.76919 | | |
| | City LITTLE ROCK | State AR | Zip Code 72202 | Amount of Each Receipt this Period 83.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI | Occupation PROFESSOR OF ANESTHESIOLOGY | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 664.00 | | | |

| | | | | | |
|---|---|------------------------------------|--|--|--|
| B. | Full Name (Last, First, Middle Initial) JOE VOTO | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 10 / 2009 | | |
| | Mailing Address 528 HIGHLAND HILLS CIR | | Transaction ID: SA11AI.77167 | | |
| | City NORMAN | State OK | Zip Code 73026 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer SELF-EMPLOYED | Occupation PHYSICIAN | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|---|------------------------------------|--|--|--|
| C. | Full Name (Last, First, Middle Initial) PHAT VU | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 28 / 2009 | | |
| | Mailing Address 13601 PRESTON RD STE 900 | | Transaction ID: SA11AI.77671 | | |
| | City DALLAS | State TX | Zip Code 75240 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINNACLE PARTNERS | 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) | ▶ | 833.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 143
(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)
DAVID WAGNER

Mailing Address 19 PILGRIM DR.

City BEDFORD State NH Zip Code 03110

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

Name of Employer ANESTHESIA CARE GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 28 / 2009
Transaction ID: SA11AI.77697
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
GULAM WAHEED

Mailing Address 1601 THORNBERRY DR

City WYLIE State TX Zip Code 75098

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

Name of Employer PINNACLE PARTNERS OF MEDICINE Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 28 / 2009
Transaction ID: SA11AI.77702
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
BENJAMIN WALKER

Mailing Address 2009 COUNTRY RIDGE CIR.

City BIRMINGHAM State AL Zip Code 35243

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

Name of Employer SPS,PC. Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 29 / 2009
Transaction ID: SA11AI.77794
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 / 143
(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) JOHN WALKER | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 |
| Mailing Address 10 AMMERMAN WAY | | Transaction ID: SA11AI.77406 |
| City CHESTER | State NJ | Zip Code 07930 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer ACNJ | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) JANICE WALKER-FILLMORE | | Date of Receipt MM / DD / YYYY 08 / 10 / 2009 |
| Mailing Address 3724 MALONEY RD. | | Transaction ID: SA11AI.77173 |
| City KNOXVILLE | State TN | Zip Code 37920 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer ANES MED ALLI E TN | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) AIMEE WALSH | | Date of Receipt MM / DD / YYYY 08 / 04 / 2009 |
| Mailing Address 619 S. 19TH ST., J862 | | Transaction ID: SA11AI.77053 |
| City BIRMINGHAM | State AL | Zip Code 35249 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer UNIV. OF ALABAMA AT BIRMI-NGHAM DEPT. O | 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) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 128 / 143
(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)
AIMEE WALSH

Mailing Address 619 S. 19TH ST., J862

City BIRMINGHAM State AL Zip Code 35249

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

Name of Employer UNIV. OF ALABAMA AT BIRMI-NGHAM DEPT. O Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 28 / 2009
Transaction ID: SA11AI.77761
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
LUCY WASKELL

Mailing Address 2204 DEVONSHIRE ROAD

City ANN ARBOR State MI Zip Code 48104

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

Name of Employer RESEARCH SERVICE 11R Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2009
Transaction ID: SA11AI.77896
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
JEFF WASSERMAN

Mailing Address 7988 W. VIRGINIA DR., #100

City DALLAS State TX Zip Code 75237

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

Name of Employer PINNACLE PARTNERS Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 28 / 2009
Transaction ID: SA11AI.77673
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 129 / 143 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | | | |
|---|--|------------------------------------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) RICHARD WEDGEWORTH | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 | | |
| | Mailing Address 9904 CLIFFSIDE CT. | | Transaction ID: SA11AI.77485 | | |
| | City IRVING | State TX | Zip Code 75063 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINNACLE ANESTHESIA | 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) CHRISTOPHER WESTERHEIDE | | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 | | |
| | Mailing Address 4848 LEMMON AVE STE 100 | | Transaction ID: SA11AI.77675 | | |
| | City DALLAS | State TX | Zip Code 75219 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINNACLE PARTNERS | 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) PHILLIP WHITAKER | | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 | | |
| | Mailing Address 3612 SHANTARA LN. | | Transaction ID: SA11AI.77677 | | |
| | City PLANO | State TX | Zip Code 75093 | Amount of Each Receipt this Period 1000.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINNACLE PARTNERS | 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) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 130 / 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1819 DENVER WEST DRIVE #200

City State Zip Code
GOLDEN CO 80401

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

Name of Employer Occupation
PHYSICIAN ANES SERV ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 11 / 2009
Transaction ID: SA11AI.77206
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
JANE WILLIAMS

Mailing Address 40 FAIRWAY DR.

City State Zip Code
BIRMINGHAM AL 35213

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

Name of Employer Occupation
SPS PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 29 / 2009
Transaction ID: SA11AI.77798
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
MURRAY WILLIS

Mailing Address 12963 W. HARVARD AVE.

City State Zip Code
LAKEWOOD CO 80228

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

Name of Employer Occupation
PHYS ANES SERV ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 11 / 2009
Transaction ID: SA11AI.77202
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 131 / 143
(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)
EDWIN WILSON

Mailing Address 150 W. READING WAY

City State Zip Code
WINTER PARK FL 32789

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

Name of Employer Occupation
JLR MEDICAL GROUP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2009

Transaction ID: SA11AI.76982

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
KARL WINTERS

Mailing Address 2561 LAKEVIEW CT

City State Zip Code
PROSPER TX 75078

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

Name of Employer Occupation
PINNACLE ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009

Transaction ID: SA11AI.77479

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
MICHELLE WONG

Mailing Address 422 HUMBOLDT

City State Zip Code
DENVER CO 80218

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

Name of Employer Occupation
PHYS ANES SERV ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2009

Transaction ID: SA11AI.77204

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 132 / 143 |
| | <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) THEODORE WYNNYCHENKO | | Date of Receipt MM / DD / YYYY 08 / 07 / 2009 | | |
| | Mailing Address 1215 ELM ST | | Transaction ID: SA11AI.77119 | | |
| | City WINNETKA | State IL | Zip Code 60093 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer EVANSTON NORTHWESTERN HEALTHCARE | Occupation ANESTHESIOLOGIST | Aggregate Year-to-Date 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|-------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) CHAHINE YAMINE | | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 | | |
| | Mailing Address 1227 EARNESTINE STREET | | Transaction ID: SA11AI.76958 | | |
| | City MC LEAN | State VA | Zip Code 22101 | Amount of Each Receipt this Period 83.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer DOMINION ANESTHESIA PLLC | Occupation PHYSICIAN | Aggregate Year-to-Date 664.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|--------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) ELIZABETH YASIK | | Date of Receipt MM / DD / YYYY 08 / 07 / 2009 | | |
| | Mailing Address 10 EVANS DR | | Transaction ID: SA11AI.77106 | | |
| | City LANDENBERG | State PA | Zip Code 19350 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer ANESTHESIA SERVICES PA | Occupation ANESTHESIOLOGIST | Aggregate Year-to-Date 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 833.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 133 / 143 |
| <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) ASSUMPTA YAU | | Date of Receipt MM / DD / YYYY 08 / 20 / 2009 | | |
| | Mailing Address P.O. BOX 1514 | | Transaction ID: SA11AI.77408 | | |
| | City HIGHLAND PARK | State NJ | Zip Code 08904 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer ACNJ | Occupation PHYSICIAN | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) WILLIAM YOUNG | | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 | | |
| | Mailing Address 13601 PRESTON RD STE 1000W | | Transaction ID: SA11AI.77679 | | |
| | City DALLAS | State TX | Zip Code 75240 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PINNACLE PARTNERS | 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) ZACHARY ZANOWIAK | | Date of Receipt MM / DD / YYYY 08 / 07 / 2009 | | |
| | Mailing Address 725 TABER LANE | | Transaction ID: SA11AI.77124 | | |
| | City EDMOND | State OK | Zip Code 73003 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer NORTHWEST 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 134 / 143 |
| | <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) FERNANDO ZEPEDA | Date of Receipt MM / DD / YYYY 08 / 12 / 2009 |
| | Mailing Address 216 STRAWBERRY FIELD DR | Transaction ID: SA11AI.77230 |
| | City State Zip Code JOHNSON CITY TN 37604 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer ANESTHESIA AND PAIN CONSULTANTS, PC | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) JONATHAN ZUCKER | Date of Receipt MM / DD / YYYY 08 / 01 / 2009 |
| | Mailing Address 1612 SAINT GREGORY DRIVE | Transaction ID: SA11AI.76939 |
| | City State Zip Code LAS VEGAS NV 89117 | Amount of Each Receipt this Period 83.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer UNITEDHEALTH | Occupation ANESTHESIOLOGIST | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 581.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) MARK ZUKAITIS | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 |
| | Mailing Address 2204 CROSS CREEK DR. | Transaction ID: SA11AI.77892 |
| | City State Zip Code GASTONIA NC 28056 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer PAIN MGMT & ANES 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) | 833.00 |
| TOTAL This Period (last page this line number only) | 142505.00 |

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

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

FOR LINE NUMBER: PAGE 135 / 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
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 ▼
3009.46

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2009

Transaction ID: SA17.77956

Amount of Each Receipt this Period
3.31

INTEREST INCOME

B. 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 ▼
3021.28

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2009

Transaction ID: SA17.77957

Amount of Each Receipt this Period
11.82

DIVIDEND INCOME

SUBTOTAL of Receipts This Page (optional) ► **15.13**

TOTAL This Period (last page this line number only) ► **15.13**

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

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) BACHUS FOR CONGRESS <hr/> Mailing Address PO BOX 131134 <hr/> City BIRMINGHAM State AL Zip Code 35213 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.76897 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 9 |
| | Amount of Each Disbursement this Period <input type="text" value="4000.00"/> |
| | Category/ Type <input type="text"/> |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) BARNETT FOR CONGRESS <hr/> Mailing Address PO BOX 1937 <hr/> City EMPORIA State KS Zip Code 66801 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.76885 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 9 |
| | Amount of Each Disbursement this Period <input type="text" value="2500.00"/> |
| | Category/ Type <input type="text"/> |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS <hr/> Mailing Address 3069 CONQUISTA CT <hr/> City LAS VEGAS State NV Zip Code 89121 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.77961 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 9 |
| | Amount of Each Disbursement this Period <input type="text" value="1500.00"/> |
| | Category/ Type <input type="text"/> |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| A. | Full Name (Last, First, Middle Initial) BOB CORKER FOR SENATE Mailing Address PO BOX 848 City CHATTANOOGA State TN Zip Code 37401 Purpose of Disbursement 2006 GENERAL DEBT RETIREMENT Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.76891 Date of Disbursement <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>8</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 2 | 4 | | 2 | 0 | 0 | 9 | 5000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | | 2 | 4 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| B. | Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS Mailing Address PO BOX 2106 City MONTGOMERY State AL Zip Code 36102 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.76902 Date of Disbursement <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>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 3 | 1 | | 2 | 0 | 0 | 9 | 2000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | | 3 | 1 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) CASTOR FOR CONGRESS Mailing Address 301 W PLATT ST #385 City TAMPA State FL Zip Code 33606 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.76863 Date of Disbursement <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>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">4000.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 0 | 5 | | 2 | 0 | 0 | 9 | 4000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | | 0 | 5 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | |
| 4000.00 | | | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

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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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) COFFMAN FOR CONGRESS</p> <p>Mailing Address 9249 S BROADWAY #200-501</p> <p>City HIGHLANDS RANCH State CO Zip Code 80129</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.76866 Date of Disbursement: 08 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) COMM TO ELECT CHRIS MURPHY</p> <p>Mailing Address PO BOX 127</p> <p>City CHESHIRE State CT Zip Code 06410</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.76881 Date of Disbursement: 08 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) DAVE WU FOR CONGRESS</p> <p>Mailing Address 818 SW THIRD AVE #1182</p> <p>City PORTLAND State OR Zip Code 97204</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.76876 Date of Disbursement: 08 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) DAVID VITTER FOR US SENATE | Transaction ID: SB23.76873 Date of Disbursement 08 / 12 / 2009 |
| | Mailing Address PO BOX 8175 | Amount of Each Disbursement this Period 1000.00 |
| | City METAIRIE State LA Zip Code 70011 | |
| | Purpose of Disbursement | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial) DONALD A MANZULLO FOR CONGRESS | Transaction ID: SB23.76859 Date of Disbursement 08 / 05 / 2009 |
| | Mailing Address PO BOX 7783 | Amount of Each Disbursement this Period 2000.00 |
| | City ROCKFORD State IL Zip Code 61126 | |
| | Purpose of Disbursement | Category/Type |
| | Candidate Name | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial) DONALD A MANZULLO FOR CONGRESS | Transaction ID: SB23.76861 Date of Disbursement 08 / 05 / 2009 |
| | Mailing Address PO BOX 7783 | Amount of Each Disbursement this Period 500.00 |
| | City ROCKFORD State IL Zip Code 61126 | |
| | Purpose of Disbursement | Category/Type |
| | Candidate Name | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 3500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

| | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|---|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN | Transaction ID: SB23.76868 Date of Disbursement | <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>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 1 | 2 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | | 1 | 2 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | |
| | Mailing Address PO BOX 44369 250 PRAIRIE CENTER DR | | Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">1500.00</td> </tr> </table> | 1500.00 | | | | | | | | | | | | | | | | | | | |
| 1500.00 | | | | | | | | | | | | | | | | | | | | | | | |
| | City EDEN PRAIRIE State MN Zip Code 55344 | | | | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Candidate Name | | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| B. | Full Name (Last, First, Middle Initial) FRIENDS OF JEB HENSARLING | Transaction ID: SB23.76865 Date of Disbursement | <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>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 0 | 5 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | | 0 | 5 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | |
| | Mailing Address P.O. BOX 820504 | | Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| | City DALLAS State TX Zip Code 75382 | | | | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Candidate Name | | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS | Transaction ID: SB23.76895 Date of Disbursement | <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>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 2 | 6 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | | 2 | 6 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | |
| | Mailing Address PO BOX 2916 | | Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> | 2000.00 | | | | | | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| | City HUNTSVILLE State AL Zip Code 35804 | | | | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Candidate Name | | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | <table border="1"> <tr> <td style="text-align: center;">4500.00</td> </tr> </table> | 4500.00 |
| 4500.00 | | |
| TOTAL This Period (last page this line number only) ▶ | <table border="1"> <tr> <td style="text-align: center;"> </td> </tr> </table> | |
| | | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) MARTIN HEINRICH FOR CONGRESS | Transaction ID: SB23.76858 Date of Disbursement 08 / 05 / 2009 |
| | Mailing Address 2118 CENTRAL AVE SE #71 | Amount of Each Disbursement this Period 1500.00 |
| | City ALBUQUERQUE State NM Zip Code 87106 | |
| | Purpose of Disbursement | Category/Type |
| | Candidate Name | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial) MCCAUL FOR CONGRESS INC | Transaction ID: SB23.76870 Date of Disbursement 08 / 12 / 2009 |
| | Mailing Address 815-A BRAZOS ST, PMB 230 | Amount of Each Disbursement this Period 2000.00 |
| | City AUSTIN State TX Zip Code 78701 | |
| | 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: 10 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial) MCCAUL FOR CONGRESS INC | Transaction ID: SB23.76872 Date of Disbursement 08 / 12 / 2009 |
| | Mailing Address 815-A BRAZOS ST, PMB 230 | Amount of Each Disbursement this Period 1500.00 |
| | City AUSTIN State TX Zip Code 78701 | |
| | 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: 10 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 142 / 143

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STIVERS FOR CONGRESS

Mailing Address 81 S FIFTH ST

City State Zip Code
COLUMBUS OH 43215

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: OH District: 15

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.76883

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

4100.00

**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 143 / 143

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) IOWA SOC OF ANESTHESIOLOGISTS PAC</p> <p>Mailing Address 525 SW 5TH ST, SUITE A</p> <p>City DES MOINES State IA Zip Code 50309</p> <p>Purpose of Disbursement 09 NON-FEDERAL CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.76889</p> <p>Date of Disbursement 08 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 50000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) MCDONNELL FOR GOVERNOR</p> <p>Mailing Address 1314 NOTTOWAY AVE</p> <p>City RICHMOND State VA Zip Code 23227</p> <p>Purpose of Disbursement 09 NON-FEDERAL CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.76900</p> <p>Date of Disbursement 08 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 10000.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) NORTHERN TRUST CO</p> <p>Mailing Address 50 S LASALLE</p> <p>City CHICAGO State IL Zip Code 60675</p> <p>Purpose of Disbursement BANK FEES/CREDIT CARD FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.77958</p> <p>Date of Disbursement 08 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 4262.51</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 64262.51 |
| TOTAL This Period (last page this line number only) | 64262.51 |