FEC FORM 3X	AND	ORT OF RE DISBURSE	MENTS	e	Office Use Only
1. NAME OF COMMITTEE (in fi		C MAILING LABEL	Example:If typing, over the lines	type	
AMERICAN SOCI ADDRESS (number and Check if differ	street)	Siologists Politica			
than previousl reported. (AC		RIDGE			60068
2. FEC IDENTIFICAT			k	STATE	ZIPCODE 🔺
C00255752		3. IS TH REP) OR	AMENDED (A)
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Onl	Report(Q1) (c Report(Q2) 15 Report(Q3) 31 Report(YE) 16-Year on-election (c	PRE-Election Report for the:	(M3) Ju (M4) Ju Primary (12P) Convention (12 n General (30G)	un 20 (M6) S ul 20 (M7) X C Gener 2C) Speci	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Dct 20 (M10) Jan 31 (YE) ral (12G) Runoff (12R) al (12S) in the State of if (30R) Special (30S) in the State of In the
Type or Print Name of T Signature of Treasurer	ined this Report and reasurer <u>THO</u> Ele <u>ctronically File</u>	·	/AY	Date 1	2 0 1 0 ete. 0 1 8 2 0 1 0 the penalties of 2 U.S.C 437g.
Office Use Only					FEC FORM 3X (Rev. 12/2004)

Image# 10991432008

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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FEC Form 3X (Rev. 02/2003)

F	Report Covering the Period: From:	0 1 Y Y Y Y 0 1 2 0 1 0	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y		1495220.03
	(b) Cash on Hand at Begining of Reporting Period	1402354.40	
	(c) Total Receipts (from Line 19)	322994.62	1103288.91
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1725349.02	2598508.94
	Total Disbursements (from Line 31)	220681.76	1093841.68
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1504667.26	1504667.26
).	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00]
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00]

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

For further information contact:

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

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

FE6AN026

Image# 10991432009

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Re	Report Covering the Period:From: $M = M = 0$ $D = D = 0$ $Y = Y = Y = Y$ $Y = Y$ $Y = Y = Y$ $Y = Y$ $Y = Y$ $Y = Y = Y$ $Y = Y = Y$ $Y = Y$ Y = Y $Y = Y$ <th< th=""></th<>						
	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)	279291.00	926941.00				
	(ii) Unitemized	43664.50	176184.51				
	(iii) TOTAL (add Lines 11(a)(i) and (ii) 🕨	322955.50	1103125.51				
	(b) Political Party Committees	0.00	0.00				
	 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00				
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ►	322955.50	1103125.51				
	Transfers From Affiliated/Other Party Committees	0.00	0.00				
13.	All Loans Received	0.00	0.00				
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00				
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00				
	to Federal candidates and Other Political Committees	0.00	0.00				
	Other Federal Receipts (Dividends, Interest, etc.)	39.12	163.40				
	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				
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	322994.62	1103288.91				
	Total Federal Receipts (subtract Line 18(c) from Line 19)	322994.62	1103288.91				

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FE6AN026

Image# 10991432010

DETAILED SUMMARY PAGE

of Disbursements

0.00

0.00

0.00

0.00

220681.76

4 / 25	58
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COLUMN B

		FEC Form 3X (Rev. 02/2003)	of Disbursements
		II. DISBURSEMENTS	COLUMN A
21.		erating Expenditures:	Total This Period
	(a)	Shared Federal/Non-Federal Activity (from Schedule H4)	
		(i) Federal Share	0.00
		(ii) New Federal Observ	0.00
	(1-)	(ii) Non-Federal Share	0.00
	(b)	Other Federal Operating	2181.76
	(c)	Expenditures Total Operating Expenditures	
	(0)	(add 21(a)(i), (a)(ii) and (b))	2181.76
22.	Tra	nsfers to Affiliated/Other Party	
		nmittees	0.00
23.		ntributions to	
	Fec	leral Candidates/Committees	213500.00
24.		ependent Expenditure	
		e Schedule E)	0.00
25.	Cor	provinated Expenditures Made by Party	0.00
	(us	nmittees (2 U.S.C. 441a(d)) e Schedule F)	0.00
~~		- Developments Made	0.00
26.	LOa	n Repayments Made	
27.	Loa	ns Made	0.00
28.		unds of Contributions To:	
	(a)	Individuals/Persons Other	0.00
		Than Political Committees	
	(b)	Political Party Committees	0.00
	(C)	Other Political Committees	
		(such as PACs)	0.00
	(d)	Total Contribution Refunds	
		(add Lines 28(a), (b), and (c)) 🕨	0.00
29.	Oth	er Disbursements	5000.00
30.	Feo	deral Election Activity (2 U.S.C 431(20))	
		Shared Federal Election Activity	
	()	(from Schedule H6)	
		(i) Federal Share	0.0
		(ii) "Levin" Share	0.0
	(1-)		
	(D)	Federal Election Activity Paid Entirely With Federal Funds	0.0
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.0
31.	То	tal Disbursements (add Lines 21(c), 22,	
	23	, 24, 25, 26, 27, 28(d), 29 and 30(c))	220681.7
32.	Т	otal Federal Disbursements	
02.			

Calendar Year-to-Date				
	0.00			
	0.00			
	5623.94			
	5623.94			
	0.00			
	881510.00			
	0.00			
	0.00			
	0.00			
	0.00			
	0.00			
	0.00			
	0.00			
	0.00			
	206707.74			

			 0.00
			 0.00
			 0.00
			 0.00

1093841.68

220681.76

1093841.68

(subtract Line 21(a)(ii) and Line 30(a)(ii)

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

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	FEC Form 3X (Rev. 02/2003)		5 / 258
	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)	322955.50	1103125.51
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	322955.50	1103125.51
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2181.76	5623.94
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2181.76	5623.94

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 258 (check only one) 11c 12 X 11a 11b 15 12			
	Any information copied from such Reports and Stat or for commercial purposes, other than using the na	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI					
A .	Full Name (Last, First, Middle Initial) BASEM ABDELMALAK			Date of Receipt			
	Mailing Address 9500 EUCLID AVE DEPT OF ANES E-31			M · M / D · D / Y · Y · Y · Y Y Y · Y Y			
	City	State	Zip Code	Transaction ID: SA11AI.89477			
	CLEVELAND FEC ID number of contributing federal political committee.	OH C	44195	Amount of Each Receipt this Period 41.00			
	Name of Employer CLEVELAND CLINIC FOUNDATI-	Occupatio	n IESIOLOGIST	_			
	ON Receipt For: Primary General		Year-to-Date ▼	1			
	Other (specify)	0 0	369.00				
B.	Full Name (Last, First, Middle Initial) AMR ABOULEISH			Date of Receipt			
	Mailing Address 4303 EVERGREEN ELM	1 CT		M M / D D / Y Y Y Y 09 01 2010			
	City	State	Zip Code	Transaction ID: SA11AI.89465			
	HOUSTON	TX	77059	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		41.00			
	Name of Employer UNIVERSITY OF TEXAS MEDIC- AL BRANCH Receipt For:	-	n IESIOLOGIST 2 Year-to-Date 🔻	_			
	Primary General Other (specify) ▼	Aggregate	369.00]			
с.	Full Name (Last, First, Middle Initial) AMR ABOULEISH			Date of Receipt			
	Mailing Address 4303 EVERGREEN ELM	1 CT		09 15 YYYYY 009 15			
	City	State	Zip Code	Transaction ID: SA11AI.90190			
	HOUSTON FEC ID number of contributing federal political committee.	TX C	77059	Amount of Each Receipt this Period 8.00			
	Name of Employer UNIVERSITY OF TEXAS MEDIC- AL BRANCH	Occupatio ANESTH	n IESIOLOGIST				
	Receipt For:	1	e Year-to-Date 🔻	_			
	 Primary General Other (specify) ▼ 	0 0	377.00				
	SUBTOTAL of Receipts This Page (optional)		••••••	90.00			
	TOTAL This Period (last page this line number on	nly)					

SCHEDULE A (FEO ITEMIZED RECEIP	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 258 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
Any information copied from s or for commercial purposes, o	such Reports and Statements other than using the name and	son for the purpose of soliciting contributions o solicit contributions from such committee.	
AMERICAN SOCIETY	(In Full) YOF ANESTHESIOLOGI	MITTEE	
Full Name (Last, First, Mic EDWARD ABRAHAM	ddle Initial)	Date of Receipt	
Mailing Address 6700 \$	SW 74TH AVE		09 / 23 / Y Y Y 09 23 2010
City	State	e Zip Code	Transaction ID: SA11AI.90980
MIAMI FEC ID number of contribution federal political committee		33143	Amount of Each Receipt this Period 250.00
Name of Employer SHERIDAN HEALTHCAF	RE Occup ANES	ation STHESIOLOGIST	
Receipt For: Primary Ge Other (specify) ▼	eneral Aggre	gate Year-to-Date ▼ 250.00	
Full Name (Last, First, Mic JONATHAN ABRAMS	ddle Initial)		Date of Receipt
Mailing Address 5 FOF	REST DRIVE		09 / D D / Y Y Y Y 020 2010
City	State		Transaction ID: SA11AI.90589
SHORT HILLS FEC ID number of contrib federal political committee		07078	Amount of Each Receipt this Period
Name of Employer SUMMIT ANESTHESIA A	ASSOC. Occup PHYS	ation SICIAN	
Receipt For: Primary Ge Other (specify) ▼	eneral Aggre	gate Year-to-Date ▼ 250.00	
Full Name (Last, First, Mic	ddle Initial)		Date of Receipt
Mailing Address 807 M	ILTON PLACE SW		09 27 2010
City	State	1	Transaction ID: SA11AI.91266
DECATUR FEC ID number of contribing federal political committee		35603	Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA SERVICE	CE DE Occup	ation STHESIOLOGIST	
Receipt For:	I !	gate Year-to-Date ▼ 500.00	
	s Page (optional)		1000.00

	SCHEDULE A (FEC Form 3X)			1	FOR LINE NUMBER: PAGE 8 / 258		
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the		(check only one)		
I			Detailed Summ		X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	ay not be sold or use dress of any politic	ed by any perso al committee to	n for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)						
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL A		MITTEE		
Α.	Full Name (Last, First, Middle Initial) JASON ADAMS	Date of Receipt					
	Mailing Address 55 GUNTHER CT.				09 / 22 / Y Y Y Y 2010		
		State	Zip Code		Transaction ID: SA11AI.90812		
	SALINE	MI	48176		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer ANESTHESIA ASSOCIATES OF ANN ARBOR	Occupatio ANESTH	on HESIOLOGIST				
	Receipt For:	Aggregat	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0		250.00			
- B.	Full Name (Last, First, Middle Initial) BRUCE AISTRUP				Date of Receipt		
	Mailing Address 10907 W 120TH TER				M · M / D · D / Y · Y · Y · Y Y 0 9 1 6 2 0 1 0 2 0 1 0 10		
	City	State	Zip Code		Transaction ID: SA11AI.90275		
	OVERLAND PARK	KS	66213		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			300.00		
	Name of Employer MIDWEST ANESTHESIA	Occupatio MDA	on				
	Receipt For:	Aggregat	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0.0		300.00			
- C.	Full Name (Last, First, Middle Initial) MOSES ALBERT	1			Date of Receipt		
	Mailing Address 10800 MIDLOTHIAN T SUITE 265	FURNPIKE			0 9 / 0 1 / Y Y Y Y 0 9 / 0 1 / 2 0 1 0		
	City	State	Zip Code		Transaction ID: SA11AI.89532		
	RICHMOND	VA	23235		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			41.00		
	Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES	Occupation	on HESIOLOGIST				
	Receipt For:	Aggregat	e Year-to-Date 🔻				
	 Primary General Other (specify) ▼ 	0 0		336.00			
ſ	SUBTOTAL of Receipts This Page (optional)	I		_	591.00		
┝							
	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 9 / 258 (check only one) X X 11a 11b 11c 12						
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)								
A.	Full Name (Last, First, Middle Initial) NORM ALEKS								
	Mailing Address 958 CAROLINA ST.		M M / D D / Y Y Y Y 09 / 17 / 2010						
	City	State Zip Code	Transaction ID: SA11AI.90404						
	SAN FRANCISCO	CA 94107	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		500.00						
	Name of Employer THE PERMANENTE MEDICAL GR- OUP	Occupation PHYSICIAN							
	Receipt For:	Aggregate Year-to-Date ▼							
	 Primary General Other (specify) ▼ 	500.00							
В.	Full Name (Last, First, Middle Initial) ERICK ALLEN	1	Date of Receipt						
	Mailing Address 6802 EDGEFIELD DF	ł	0 9 / D D / Y Y Y Y 0 9 / 0 8 2 0 1 0						
	City	State Zip Code	Transaction ID: SA11AI.89863						
	AUSTIN	TX 78731	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	500.00						
	Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation MD							
	Receipt For:	Aggregate Year-to-Date 🔻							
	 Primary General Other (specify) ▼ 	500.00							
С.	Full Name (Last, First, Middle Initial) AMRAT ANAND	1	Date of Receipt						
	Mailing Address 4124 CAUSEWAY VIS	STA DR.	09 / 22 / Y Y Y Y 09 / 22 / 2010						
	City	State Zip Code	Transaction ID: SA11AI.90730						
	TAMPA FEC ID number of contributing federal political committee.	FL 33615	Amount of Each Receipt this Period 500.00						
	Name of Employer FLORIDA GULF-TO-BAY ANEST-	Occupation							
	HESIA Receipt For:	ANESTHESIOLOGIST, M.D.	_						
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00							
[SUBTOTAL of Receipts This Page (optional)	<u> </u>	1500.00						
	TOTAL This Period (last page this line number								
	INTEL THIS I CHOU (IAST PAYE THIS IN CHUITIDE								

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 258 (check only one)			
Any information copied from such Reports or for commercial purposes, other than us	Any information copied from such Reports and Statements may not be sold or used by any person to be sold or used by any person to for commercial purposes, other than using the name and address of any political committee to so					
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANES	STHESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE			
Full Name (Last, First, Middle Initial) GREGORY ANDERSON						
Mailing Address 3200 TROUP HV	M M / D D / Y Y Y Y 09 16 2010					
City	State	Zip Code	Transaction ID: SA11AI.90301			
TYLER FEC ID number of contributing federal political committee.	TX C	75701	Amount of Each Receipt this Period			
Name of Employer E TEXAS ANES ASSOC	Occupation PHYSICI					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]			
Full Name (Last, First, Middle Initial) JACK ANDERSON						
Mailing Address 7149 WYNLAKE	09 28 YYYY 2010					
	State	Zip Code	Transaction ID: SA11AI.91324			
MONTGOMERY FEC ID number of contributing federal political committee.	AL	36117	Amount of Each Receipt this Period			
Name of Employer AMBULATORY ASSOCIATES OF MONTGOMERY Receipt For: Primary General Other (specify) ▼		n ESIOLOGIST Year-to-Date 1000.00]			
Full Name (Last, First, Middle Initial) THOMAS ANDREWS			Date of Receipt			
Mailing Address 1821 ALAQUA E						
City	State	Zip Code	0 9 0 1 2 0 1 0 Transaction ID: SA11AI.89523			
LONGWOOD FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 41.00			
Name of Employer JLR MEDICAL GROUP, MAITLA- ND, FLORIDA	Occupation ANESTH	n ESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 295.00]			
SUBTOTAL of Receipts This Page (opti	nnal)		1291.00			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11/258 (check only one) X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma	y not be sold or used by any perso	13 14 15 16 17
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
∠ A.	Full Name (Last, First, Middle Initial) GINO ANG			Date of Receipt
	Mailing Address 58 BITTERSWEET LN	I		M M / D D / Y Y Y Y 09 07 2010
	City	State	Zip Code	Transaction ID: SA11AI.89735
	HAMDEN FEC ID number of contributing federal political committee.	CT	06518	Amount of Each Receipt this Period 250.00
	Name of Employer MILFORD ANESTHESIA ASSOCI-	Occupatio	HESIOLOGIST	-
	ATES Receipt For:	1 · · · · · · · · · · · · · · · · · · ·	e Year-to-Date V	-
	Primary General Other (specify) ▼		250.00]
— В.	Full Name (Last, First, Middle Initial) DAVID ANNAND			Date of Receipt
	Mailing Address 6600 COLONIAL FOR	09 20 Y Y Y Y 2010		
	City	State	Zip Code	Transaction ID: SA11AI.90530
	KNOXVILLE FEC ID number of contributing federal political committee.	TN C	37919	Amount of Each Receipt this Period
	Name of Employer ANES MED ALLI E TN	, I – –	IESIOLOGIST	-
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
– C.	Full Name (Last, First, Middle Initial) MARK APPLEGATE			Date of Receipt
	Mailing Address 7097 SHADY GROVE	WAY		09 22 2010
	City	State	Zip Code	Transaction ID: SA11AI.90749
	TALLAHASSEE FEC ID number of contributing federal political committee.	FL	32312	Amount of Each Receipt this Period 1000.00
	Name of Employer ANESTHESIOLOGY ASSOCIATES OF TALLAHASS	Occupation RESIDE		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1000.00]
Γ	SUBTOTAL of Receipts This Page (optional)	I	\	1500.00
F	TOTAL This Period (last page this line number		•	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/258				
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)				
				X 11a 11b 11c 12 13 14 15 16 17				
	Any information copied from such Reports and St or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.						
	/	AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI						
Α.	Full Name (Last, First, Middle Initial) ANTHONY ARELLANO-KRUSE	Date of Receipt						
	Mailing Address ANESTHESIA MEDICA 3330 LOMITA BLVD	L GROUP		M M / D D / Y				
	City	State	Zip Code	Transaction ID: SA11AI.90833				
	TORRANCE	CA	90505	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1000.00				
	Name of Employer TORRANCE MEMORIAL MEDICAL CENTER	Occupatio ANESTH	n IESIOLOGIST	-				
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Other (specify) ▼	0 0	1000.00					
В.	Full Name (Last, First, Middle Initial) KAYVAN ARIANI			Date of Receipt				
	Mailing Address 4007 BERMUDA GRO		09 / 12 / Y Y Y Y 09 / 12 / 2010					
	City	State	Zip Code	Transaction ID: SA11AI.90012				
	LONGWOOD	FL	32779	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer JLR MEDICAL GROUP	Occupatio PHYSIC		-				
			e Year-to-Date 🔻					
	Other (specify) ▼	0 0	500.00					
C.	Full Name (Last, First, Middle Initial) LEE ARTHUR			Date of Receipt				
	Mailing Address 504 MEDICAL CENTER							
	City	State	Zip Code	Transaction ID: SA11AI.89493				
	CONROE	TX	77304	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		25.00				
	Name of Employer NORTH HOUSTON ANESTHESIOL- OGISTS	Occupatio PHYSIC						
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻					
	Other (specify) ▼	0 0	225.00					
	SUBTOTAL of Receipts This Page (optional)		•••••	1525.00				
	TOTAL This Period (last page this line number of	only)	>					

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 258 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	AME OF COMMITTEE (In Full)	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
∡ 4.	Full Name (Last, First, Middle Initial) SCOTT ASHCRAFT	Date of Receipt		
	Mailing Address 3717 BELL ST.			09 / D D / Y Y Y Y 09 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.90254
	KANSAS CITY	MO	64111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer MIDWEST ANESTHESIA ASSOCI- ATES	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00	
-	Full Name (Last, First, Middle Initial) ROBERT ATWATER			Date of Receipt
	Mailing Address 988 ROSEBAY CT	M M / D D / Y		
	City	State	Zip Code	Transaction ID: SA11AI.91409
	TALLAHASSEE	FL	32312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTHESIOLOGY ASSOCIATES OF TALLAHASS	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
-	Full Name (Last, First, Middle Initial) JENNIFER AUNSPAUGH			Date of Receipt
•	Mailing Address CHILDRENS WAY, SI DEPT OF ANES	M M / D D / Y Y Y Y 09 01 2010		
	City	State	Zip Code	Transaction ID: SA11AI.89431
		AR	72202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer ARKANSAS CHILDRENS HOSPIT- AL	Occupatio ASSISTA	n ANT PROFESSOR PEDIATF	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		1275.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 258 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	MITTEE	
۷ A.	Full Name (Last, First, Middle Initial) GLENN AVIDON	Date of Receipt	
	Mailing Address P.O. BOX 2206		M = M / D = D / Y = Y = Y Y 0 9 2 4 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.91114
		FL 32704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer G. STEVEN AVIDON MDPA	Occupation MEDICAL DOCTOR	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
– В.	Full Name (Last, First, Middle Initial) MOEED AZAM		Date of Receipt
	Mailing Address 4317 NEW BROAD ST	09 22 2010	
	City	State Zip Code	Transaction ID: SA11AI.90810
	ORLANDO	FL 32814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer JLR MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	500.00	
– C.	Full Name (Last, First, Middle Initial) OLESH BABIAK	1	Date of Receipt
	Mailing Address 8 MINSHALL CIRCLE		M M / D D / Y Y Y Y 09 27 2010
	City	State Zip Code	Transaction ID: SA11AI.91254
	<u>GLEN MILLS</u>	PA 19342	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		400.00
	Name of Employer ASSOC IN ANESTH	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	400.00	
	SUBTOTAL of Receipts This Page (optional)		1150.00
	TOTAL This Period (last page this line number	only)	

				1 					
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/258					
			for each category of the	(check only one)					
	IT EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12					
г				13 14 15 16 17					
	Any information copied from such Reports and S	Statements ma	y not be sold or used by any pers	on for the purpose of soliciting contributions					
	or for commercial purposes, other than using the	r for commercial purposes, other than using the name and address of any political committee to s							
	NAME OF COMMITTEE (In Full)								
	> AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE					
	Full Name (Last, First, Middle Initial)								
Α.	NOAH BABINS	Date of Receipt							
	Mailing Address 2699 LEE RD STE 51	0		M M / D D / Y Y Y Y					
				09 22 2010					
	City	State	Zip Code	Transaction ID: SA11AI.90736					
	WINTER PARK	FL	32789	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	C		500.00					
	Name of Employer ARNOLD PALMER MEDICAL CEN-	Occupatio	on						
	ARNOLD PALMER MEDICAL CEN- TER	ANESTH	IESIOLOGIST						
	Receipt For:	Aggregat	e Year-to-Date 🔻						
	Primary General	33 30							
	Other (specify)		500.00						
				-					
-	Full Name (Last, First, Middle Initial)								
В.	JEFFERY BAEUERLE			Date of Receipt					
	Mailing Address 11923 DELMAHOY D								
		09 02 2010							
	City	State	Zip Code	Transaction ID: SA11AI.89575					
	CHARLOTTE	NC	28277	Amount of Each Receipt this Period					
			LOET	Amount of Lacin Receipt tins r enou					
	FEC ID number of contributing federal political committee.	С		1000.00					
	rederar political committee.								
	Name of Employer PRESBYTERIAN ANESTHESIA	Occupatio	on						
	PRESBYTERIÁN ANESTHESIA ASSOCIATES	ANESTH	IESIOLOGIST						
	Receipt For:	1	e Year-to-Date 🔻	-					
	Primary General	Aggregat		-					
	Other (specify)		1000.00						
			0 0 0 0 0 0 0	1					
-	Full Name (Last First Middle Initial)								
C.	FRANK BAKKE	Full Name (Last, First, Middle Initial)							
•••	Mailing Address 3501 E VIA COLONIA			Date of Receipt					
		ULL OOL		09 29 2010					
	City	State	Zip Code	Transaction ID: SA11AI.91466					
	TUCSON	AZ	85718	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		1000.00					
	rederal political committee.								
	Name of Employer SOUTHERN ARIZONA ANESTHES-	Occupatio	on						
	IA DEPT OF AN	PHYSIC	IAN						
	Receipt For:	Aggregat	e Year-to-Date 🔻						
	Primary General	- Jgg. ogut							
	Other (specify)		1000.00						
			<u> </u>	-					
Г		1							
	SUPPOTAL of Descinto This Dass (anticard)			2500.00					
ļ	SUBTOTAL of Receipts This Page (optional)								
	TOTAL This Period (last page this line number	r only)							

l	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 258 (check only one) 11a X 11a 11b 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AME OF COMMITTEE (In Full)	IMITTEE		
∠ A.	Full Name (Last, First, Middle Initial) CATHY BALBIN	Date of Receipt		
	Mailing Address 358 LA HACIENDA			09 / 29 / Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.91433
	INDIAN ROCKS BEACH FEC ID number of contributing	FL	33785	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer FLORIDA GULF-TO-BAY ANEST- HESIOLOGY	Occupation ANESTH	n ESIOLOGIST, DO	
	Receipt For: Aggregate		e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
- В.	Full Name (Last, First, Middle Initial) SUBHANKAR BANDYOPADHYAY			Date of Receipt
	Mailing Address 14464 WATERMELON	M M / D D / Y Y Y Y 09 29 2010		
	City	State	Zip Code	Transaction ID: SA11AI.91523
	TUSCALOOSA FEC ID number of contributing	AL	35406	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer APMC	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00]
– C.	Full Name (Last, First, Middle Initial) BRIAN BANE	1		Date of Receipt
	Mailing Address 99 MONTECILLO RD			M M / D D / Y Y Y Y 09 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.90421
	SAN RAFAEL FEC ID number of contributing	CA	94903	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer KAISER SAN RAFAEL MED CTR ANES DEPT	Occupation PHYSICI	AN	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		1250.00
F	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 258
		for each category of the	(check only one)
		Detailed Summary Page	
	Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or used by any pers	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	AMERICAN SOCIETY OF ANESTHESIC	LOGISTS POLITICAL ACTION CON	MITTEE
Α.	Full Name (Last, First, Middle Initial) ARNA BANERJEE	Date of Receipt	
	Mailing Address DEPARTMENT OF ANES 1211 21ST AVENUE SO	0 9 0 1 Y Y Y Y 0 9 0 1 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.89490
	NASHVILLE	TN 37212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.00
	Name of Employer VANDERBILT UNIVERSITY MED- ICAL CENTER	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify)	747.00	
в.	Full Name (Last, First, Middle Initial) SHAWN BANKS		Date of Receipt
	Mailing Address 601 NE 36TH ST APT 34	M · M / D · D / Y · Y · Y · Y Y Y · Y Y	
	City	State Zip Code	Transaction ID: SA11AI.89478
		FL 33137	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		83.00
	Name of Employer UNIVERSITY OF MIAMI	Occupation PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	747.00	
C.	Full Name (Last, First, Middle Initial) CAROLYN BANNISTER		Date of Receipt
	Mailing Address 5102 CHASTLETON DRI	VE	0 9 0 1 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.89514
	STONE MOUNTAIN	GA 30087	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		83.00
	Name of Employer EMORY UNIVERSITY SCHOOL OF MEDICINE	Occupation MD	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	747.00	
	SUBTOTAL of Receipts This Page (optional)		▶ 249.00
	TOTAL This Period (last page this line number onl	y)	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 258 (check only one)			
	ITEMIZED RECEIPTS		for each category of the	X 11a \Box 11b \Box 11c \Box 12			
			Detailed Summary Page				
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)						
	AMERICAN SOCIETY OF ANESTHES	angle AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI					
Α.	Full Name (Last, First, Middle Initial) DAVID BARCLAY	Date of Receipt					
	Mailing Address PO BOX 2203			09 / 28 / Y Y Y Y 09 / 28 / 2010			
	City	State	Zip Code	Transaction ID: SA11AI.91314			
	EDWARDS	CO	81632	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer VAIL VALLEY ANESTHESIA	Occupation ANESTH	ESIOLOGIST				
			Year-to-Date 🔻				
	Primary General		500.00	1			
-	Other (specify)	0 0	500.00				
в.	Full Name (Last, First, Middle Initial) JOHN BARNES			Date of Receipt			
	Mailing Address 8817 E. 109TH PL.			M M / D D / Y Y Y Y 09 / 06 / 2010			
	City	State	Zip Code	Transaction ID: SA11AI.89725			
	TULSA	OK	74133	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, INC.	Occupation ANESTH	ESIOLOGIST				
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	500.00]			
C.	Full Name (Last, First, Middle Initial) ANDREW BARNETT	<u>I</u>		Date of Receipt			
•	Mailing Address 2000 KEHRSDALE CT	Г.		09 16 2010			
	City	State	Zip Code	Transaction ID: SA11AI.90344			
	CHESTERFIELD	MO	63005	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer WESTERN ANESTHESIA	Occupation ANESTH	n ESIOLOGIST				
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General Other (specify) ▼	0 0	250.00]			
	SUBTOTAL of Receipts This Page (optional)	I	_	1250.00			
	TOTAL This Period (last page this line number						
	I VIAL THIS FERIOU (last page this line number	oniy)	·····				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 258 (check only one) 11a X 11a 11b 11c 12 I3 14 15 16 17			
	Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so					
	AME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	IMITTEE					
A.	Full Name (Last, First, Middle Initial) JEREMY BARON	Date of Receipt					
	Mailing Address 45 BURNISTON CT			0 9 / 1 4 2 0 1 0			
	City	State	Zip Code	Transaction ID: SA11AI.90149			
		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 NJ, LLC	Occupation ANESTH	n IESIOLOGIST				
			e Year-to-Date 🔻	_			
	Primary General Other (specify) ▼		500.00				
в.	Full Name (Last, First, Middle Initial) RICHARD BARTKOWSKI			Date of Receipt			
	Mailing Address 408 ROGERS LANE	M + M / D + D / Y + Y + Y Y					
	City	State	Zip Code	Transaction ID: SA11AI.89938			
	WALLINGFORD	PA	19086	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer JEFFERSON PHYSICIANS	Occupation ANESTH	n IESIOLOGIST				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼		500.00]			
C.	Full Name (Last, First, Middle Initial) JOHN BASILE	L		Date of Receipt			
	Mailing Address 6330 W MACLAURIN	ailing Address 6330 W MACLAURIN DR					
	City	State	Zip Code	Transaction ID: SA11AI.91507			
		FL	33647	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer FLORIDA GULF TO BAY ANEST- HESIA ASSOCIA	Occupation ANESTH	n IESIOLOGIST, MD				
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_			
	Other (specify) ▼	0 0	250.00				
	SUBTOTAL of Receipts This Page (optional)			1250.00			
	TOTAL This Period (last page this line number		•				

Full Na R. Det Mailing City	nation copied from such Reports and S imercial purposes, other than using the COF COMMITTEE (In Full) RICAN SOCIETY OF ANESTHES ame (Last, First, Middle Initial) NNIS BASTRON 2 Address 3575 N PANTANO RD	e name and add	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AMEI Full Na R. <u>R. Det</u> Mailing City <u>TUCS</u>	RICAN SOCIETY OF ANESTHES ame (Last, First, Middle Initial) NNIS BASTRON		POLITICAL ACTION COM	MITTEE
A. <u>R. DEM</u> Mailing City <u>TUCS</u>	NNIS BASTRON			
City TUCS	g Address 3575 N PANTANO RD			Date of Receipt
TUCS)		09 / 19 / Y Y Y Y 2010
		State	Zip Code	Transaction ID: SA11AI.90476
	SON D number of contributing I political committee.	AZ	85750	Amount of Each Receipt this Period 250.00
	of Employer ERSITY OF ARIZONA	Occupation ANESTH	ESIOLOGIST	_
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
	ame (Last, First, Middle Initial) Y BATHEJA	Date of Receipt		
Mailing	Address 4913 W. SWAYBACK	M M / D D / Y Y Y Y 09 09 2010		
City	-	State	Zip Code	Transaction ID: SA11AI.89928
	ENIX D number of contributing I political committee.	AZ	85083	Amount of Each Receipt this Period 500.00
SULT.		1 1	ESIOLOGIST	-
	of For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
	ame (Last, First, Middle Initial) EW BAUDO	Date of Receipt		
Mailing	Mailing Address 627 W BUCKINGHAM PLACE UNIT 1			M M / D D / Y Y Y Y 09 01 2010
City CHIC	AGO	State IL	Zip Code 60657	Transaction ID: SA11AI.89483 Amount of Each Receipt this Period
FEC II	D number of contributing I political committee.	C		41.00
Name NMFF	of Employer	Occupation ATTENDI		1
	ot For: Primary General Other (specify) ▼	1 1	Year-to-Date ▼ 369.00	
SUBTOT	AL of Receipts This Page (optional)			791.00

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ļ	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 258 (check only one)
	ITEMIZED RECEIPTS		for each category of the	\overline{X} 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
Þ				
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
A.	Full Name (Last, First, Middle Initial) STEVEN BECK			Date of Receipt
	Mailing Address 4412 E. HORSESHOE	E RD.		M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.90066
	PHOENIX	AZ	85028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer VALLEY ANESTHESIOLOGY CON-	Occupatio		
	SULTANTS, LTD Receipt For:	- I		_
	Primary General	Aggregate	e Year-to-Date	1
	Other (specify)		1000.00	
- В.	Full Name (Last, First, Middle Initial) KATHRYN BECKSTROM	Date of Receipt		
	Mailing Address 257 SUMMERGLEN C	M M / D D / Y Y Y Y 09 24 2010		
	City	State	Zip Code	Transaction ID: SA11AI.91041
	<u>CHAPIN</u>	SC	29036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer ACC	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00]
- c.	Full Name (Last, First, Middle Initial) EILEEN BEGIN			Date of Receipt
•	Mailing Address 110 IRVING ST. NW #	0 9 0 1 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.89427
	WASHINGTON	DC	20010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer WASHINGTON HOSPITAL CENTER	Occupatio ANESTH	on IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	328.00]
ſ	CURTOTAL of Dessints This Data (anticus)			2041.00
┝	SUBTOTAL of Receipts This Page (optional)		•••••	
	TOTAL This Period (last page this line number	only)		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 258 (check only one)
Any	information copied from such Reports and St or commercial purposes, other than using the	tatements may	not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
	⁻ ull Name (Last, First, Middle Initial) PETER BELCASTRO			Date of Receipt
I	Mailing Address 40 ACORN DRIVE			09 / D D / Y Y Y Y 09 27 2010
	City	State	Zip Code	Transaction ID: SA11AI.91285
-	WATCHUNG	NJ	07069	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	C		250.00
1	Name of Employer SUMMIT ANESTHESIA ASSOCIA- TES	Occupation PHYSICIA		
I	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial) DOUGLAS BELL			Date of Receipt
I	Mailing Address 3568 SPENCER BLVD).		M M / D D / Y Y Y Y 09 07 2010
- (City	State	Zip Code	Transaction ID: SA11AI.89749
-	SIOUX FALLS	SD	57103	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		500.00
1	Name of Employer ANESTHESIA PHYSICIANS LTD.	Occupation ANESTHE	ESIOLOGIST	
I		Aggregate	Year-to-Date 🔻	
	Other (specify)	0 0	500.00	
	Full Name (Last, First, Middle Initial) JEFFREY BELLEFLEUR	<u> </u>		Date of Receipt
Ī	Mailing Address 5195 VINCENNES CT			0 9 2 1 2 0 1 0
		State	Zip Code	Transaction ID: SA11AI.90654
-	BLOOMFIELD HILLS	MI	48302	Amount of Each Receipt this Period
f	FEC ID number of contributing rederal political committee.	C		500.00
1	Name of Employer SOAA	Occupation PHYSICIA		
I	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	
	Other (specify)		500.00	
su	BTOTAL of Receipts This Page (optional)	1		1250.00
	TAL This Period (last page this line number of		· · ·	

SCHEDULE A (F ITEMIZED RECE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 258 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes NAME OF COMMITTE	s, other than using the name and a	ddress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, I ERIC BENDIXEN			Date of Receipt
City	State	Zip Code	0 9 2 3 2 0 1 0 Transaction ID: SA11AI.91006
SANTA FE FEC ID number of cont federal political committ		87505	Amount of Each Receipt this Period
Name of Employer SANTA FE ANES. SPI Receipt For: Primary Other (specify)	ANEST	ion HESIOLOGIST te Year-to-Date ▼ 1000.00	
Full Name (Last, First, I FRANK BENESH Mailing Address 52 N	/Iddle Initial) /IEDICAL PARK EAST DR., #	4321	Date of Receipt
City <u>BIRMINGHAM</u> FEC ID number of cont federal political committ		Zip Code 35235	Transaction ID: SA11AI.91199 Amount of Each Receipt this Period 1000.00
Name of Employer ANESTHESIA GROUF Receipt For: Primary Other (specify) ▼	General Anesi	ion HESIOLOGIST te Year-to-Date ▼ 1000.00	
Full Name (Last, First, I JOEL BENNETT Mailing Address 380	Middle Initial) 9 FRENCH HORN CT		Date of Receipt
City RICHMOND	State VA	Zip Code 23233	Transaction ID: SA11AI.90225 Amount of Each Receipt this Period
FEC ID number of cont federal political committ Name of Employer COMMONWEALTH AI			250.00
ASSOC., P.C. Receipt For:	ANEST	HESIOLOGIST te Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts	This Page (optional)		2250.00

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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 258 (check only one)
ľ	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
	Full Name (Last, First, Middle Initial) STEVEN BERNDT			Date of Receipt
	Mailing Address 2664 MEADOW CREE	EK CIR S		09 24 Y Y Y 09 2010
	City	State	Zip Code	Transaction ID: SA11AI.91071
	FARGO	ND	58104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SANFORD HEALTH	Occupation PHYSIC		_
	Receipt For:		e Year-to-Date V	-
	Primary General	1.39.094		
	Other (specify)		250.00	
. –	Full Name (Last, First, Middle Initial) DAVID BIEL			Date of Receipt
	Mailing Address 2216 MADISON AVE			M • M / D • D / Y • Y • Y • Y Y Y • Y • Y Y Y • Y • Y Y Y • Y • Y Y Y • Y • Y Y Y • Y • Y Y Y • Y • Y Y • Y • Y Y • Y • Y Y • Y • Y Y • Y • Y Y • Y • Y Y • Y • Y Y • Y • Y Y • Y • Y Y • Y • Y Y • Y • Y Y • Y • Y Y • Y • Y Y • Y • Y • Y Y • Y • Y • Y Y • Y • Y • Y Y • Y • Y • Y Y • Y • Y • Y Y • Y • Y • Y Y • Y • Y • Y • Y Y • Y • Y • Y • Y • Y • Y • Y • Y • Y •
	City	State	Zip Code	Transaction ID: SA11AI.89454
	CINCINNATI	OH	45212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer ANESTHESIA ASSOC. OF CINC- INNATI	Occupation ANESTH	on HESIOLOGIST ASSISTANT	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		419.00]
_	Full Name (Last, First, Middle Initial) WENDY BINSTOCK			Date of Receipt
	Mailing Address 1122 W MONTANA S	Т		0 9 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.89447
	CHICAGO	IL	60614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		502.00]
Γ				
	SUBTOTAL of Receipts This Page (optional)			416.00
Γ				
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 258 (check only one) 11a X 11a 11b 13 14 15 16 17
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and ad	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) RAVI BISSESSAR Mailing Address 291 SOUTHHALL LA		Zin Oada	Date of Receipt 0 9 2 4 2 0 1 0
		State	Zip Code	Transaction ID: SA11AI.91033
	MAITLAND FEC ID number of contributing federal political committee.	FL	32751	Amount of Each Receipt this Period
	Name of Employer JLR MEDICAL GROUP Receipt For:	Occupatio PHYSIC		_
	Primary General Other (specify)		250.00]
В.	Full Name (Last, First, Middle Initial) TIMOTHY BITTENBINDER Mailing Address 5014 ASCOT PARKV	VAY		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.89506
	TEMPLE	TX	76502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer SCOTT WHITE MEMORIAL HOS- <u>PITAL ANES. D</u> Receipt For:		n IESIOLOGIST e Year-to-Date ▼	
	Primary General Other (specify) ▼		747.00]
C .	Full Name (Last, First, Middle Initial) JOSHUA BLACK Mailing Address 33 E 26TH ST			Date of Receipt
	City	State	Zip Code	0 9 3 0 2 0 1 0 Transaction ID: SA11AI.91696
	TULSA	OK	74114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer ASSOCIATED ANESTHESIOLOGI- ST Receipt For:		IESIOLOGIST	
	Primary General Other (specify) ▼		e Year-to-Date 1000.00]
	SUBTOTAL of Receipts This Page (optional)			1333.00
	TOTAL This Period (last page this line numbe	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 258 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions
	AME OF COMMITTEE (In Full)	SIOLOGISTS POLITICAL ACTION COM	MITTEE
∠ A.	Full Name (Last, First, Middle Initial) WILLIAM BLACKBURN		Date of Receipt
	Mailing Address 190 CEDARBEND DF	ł.	09 / D D / Y Y Y Y 09 / 21 / 2010
	City	State Zip Code	Transaction ID: SA11AI.90636
	FLORENCE	AL 35634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer AMC, PC	Occupation PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date ▼	
	 Primary General Other (specify) ▼ 	1000.00	
- В.	Full Name (Last, First, Middle Initial) MARC BLOOMSTON		Date of Receipt
	Mailing Address 52 MEDICAL PARK E	AST DR, SUITE 321	M M / D D / Y Y Y Y 09 17 2010
	City	State Zip Code	Transaction ID: SA11AI.90426
	BIRMINGHAM	AL 35235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer ANESTHESIA GROUP EAST, P C.	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	1000.00	
– C.	Full Name (Last, First, Middle Initial) RAJENDRA BOBBA		Date of Receipt
	Mailing Address 39 BUELL HILL RD		0 9 0 4 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.89617
	KILLINGWORTH	CT 06419	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer MILFORD ANESTHESIA ASSOCI- ATES ANESTHES	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional).	·	2250.00
	TOTAL This Period (last page this line number	r only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 258 (check only one) X X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
A .	Full Name (Last, First, Middle Initial) KENNETH BOCHENEK			Date of Receipt
	Mailing Address 2000 SPRUCE DR			M M / D D / Y
		State	Zip Code	Transaction ID: SA11AI.90501
	LAFAYETTE FEC ID number of contributing federal political committee.	IN C	47905	Amount of Each Receipt this Period
	Name of Employer ANESTHESIOLOGY ASSOC	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1475.00]
в.	Full Name (Last, First, Middle Initial) KENNETH BOCHENEK Mailing Address 2000 SPRUCE DR			Date of Receipt
				09 23 Y Y Y Y 2010
	City LAFAYETTE	State IN	Zip Code 47905	Transaction ID: SA11AI.90959
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer ANESTHESIOLOGY ASSOC	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1525.00]
с.	Full Name (Last, First, Middle Initial) MARINELA BOERU			Date of Receipt
	Mailing Address 7331 SW 123RD. PL.			M M / D D / Y Y Y Y 09 29 2010
	City	State	Zip Code	Transaction ID: SA11AI.91535
	MIAMI FEC ID number of contributing federal political committee.	FL	33183	Amount of Each Receipt this Period
	Name of Employer UNIVERSITY OF MIAMI	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 250.00]
	SUBTOTAL of Receipts This Page (optional)		••••••	350.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 258 (check only one)
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may name and ad	y not be sold or used by any perso dress of any political committee to	pn for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			MITTEE
	/			
Α.	Full Name (Last, First, Middle Initial) KAREN BOLAND			Date of Receipt
	Mailing Address 13110 W 60TH ST S			09 / 12 / Y Y Y Y 2010
		State	Zip Code	Transaction ID: SA11AI.90002
	SAND SPRINGS FEC ID number of contributing	OK	74063	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer KAREN BOLAND PLLC	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00]
- -	Full Name (Last, First, Middle Initial)			Date of Descript
В.	THOMAS BOOY Mailing Address 13818 ELGERS ST.			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.90984
	CERRITOS	CA	90703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SCPMG	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	250.00	
– C.	Full Name (Last, First, Middle Initial) JOHN BORREGO	1		Date of Receipt
	Mailing Address 8332 E. HEATHERBR	AE DR.		M M / D D / Y Y Y Y 09 08 2010
		State	Zip Code	Transaction ID: SA11AI.89892
	SCOTTSDALE FEC ID number of contributing	AZ C	85251	Amount of Each Receipt this Period 500.00
	federal political committee.			
	Name of Employer VALLEY ANESTHESIOLOGY CON- SULTANTS	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	1
	Other (specify)	0 0	600.00	
ſ	SUBTOTAL of Receipts This Page (optional)		••••••	1250.00
F	TOTAL This Period (last page this line number	only)	·····	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 258 (check only one) 11a X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
		SIOLOGISTS POLITICAL ACTION COM	
۷ A.	Full Name (Last, First, Middle Initial) PAUL BORRELLI	Date of Receipt	
	Mailing Address 301 ORLANDO RD.		M · M / D · D / Y · Y · Y · Y Y 0 9 2 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.91209
	BELLEAIR	FL 33756	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer ANES ASSOC PINELLAS	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	250.00	
- В.	Full Name (Last, First, Middle Initial) JUAN BOTERO		Date of Receipt
	Mailing Address 2950 CLEVELAND CL DEPT. OF ANES.	INIC BLVD	M M / D D / Y Y Y Y 09 29 2010
	City <u>WESTON</u>	State Zip Code FL 33331	Transaction ID: SA11AI.91439
	FEC ID number of contributing federal political committee.	FL 33331	Amount of Each Receipt this Period 4.00
	Name of Employer CLEVELAND CLINIC, FLORIDA	Occupation ANESTHESIOLOGIST	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	332.00	
- C.	Full Name (Last, First, Middle Initial) GREGORY BOUSKA	1	Date of Receipt
	Mailing Address 3000 BOGEY CIR SE		M M / D D / Y Y Y Y 09 01 2010
	City	State Zip Code	Transaction ID: SA11AI.89438
	OWENS CROSS ROADS	AL 35763	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		83.00
	Name of Employer COMPREHENSIVE ANESTHESIA SERVICES	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	834.00	
ſ	SUBTOTAL of Receipts This Page (optional)		337.00
F	TOTAL This Period (last page this line number	only)	

SCHEDULE A	(FEC Form 3X) CEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 258 (check only one) X X 11a 13 14 15 16
Any information copied or for commercial purp	from such Reports and Staten oses, other than using the nam	nents may not be sold or used by any pers e and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOC	. ,	OGISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, Fil GREGORY BOUSKA	. ,		Date of Receipt
Mailing Address	8000 BOGEY CIR SE		M M / D D / Y Y Y Y 09 28 2010
City		State Zip Code	Transaction ID: SA11AI.91386
OWENS CROSS		AL 35763	Amount of Each Receipt this Period
FEC ID number of of federal political com		C	1000.00
Name of Employer COMPREHENSIVI SERVICES	E ANESTHESIA	Occupation	
Receipt For:		Aggregate Year-to-Date V	
Other (specify	General /) ▼	1834.00	
Full Name (Last, Fi CRAIG BOYER	st, Middle Initial)		Date of Receipt
	3924 LOVERS LN		0 9 1 4 2 0 1 0
City		State Zip Code	Transaction ID: SA11AI.90123
DALLAS		TX 75225	Amount of Each Receipt this Period
FEC ID number of of federal political com		C	1000.00
Name of Employer METROPOLITAN CONSULTANTS	ANESTHESIA	Occupation	
Receipt For: Primary Other (specify	General	Aggregate Year-to-Date 1000.00	
Full Name (Last, Find DAVID BOYER	st, Middle Initial)		Date of Receipt
	00 KENTWOOD DRIVE		0 9 2 9 2 0 1 0
City		State Zip Code	Transaction ID: SA11AI.91425
KILLEN		AL 35645	Amount of Each Receipt this Period
FEC ID number of of federal political com		C	1000.00
Name of Employer SELF		Occupation	
Receipt For: Primary Other (specify	General	Aggregate Year-to-Date ▼ 1000.00	
			3000.00

			FOR LINE NUMBER: PAGE 31 / 258
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ie name and ad	uress of any political committee to	o soncil contributions from such committee.
	ESIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) FRANCES BOYETTE			Date of Receipt
Mailing Address 8225 MARSH POINT	E DR.		0 9 2 0 Y Y Y Y 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.90506
MONTGOMERY	AL	36117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer MONTGOMERY ANES	Occupation ANESTH	n HESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date 🔻	_
Other (specify) ▼	0 0	1500.00]
Full Name (Last, First, Middle Initial) 3. MARK BRADY			Date of Receipt
Mailing Address 9403 W. 146TH PL.			M M / D D / Y Y Y Y 09 01 2010
City	State	Zip Code	Transaction ID: SA11AI.89518
	KS	66221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer MIDWEST ANESTHESIA ASSOCI- ATES	Occupation ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date 🔻	_
Other (specify) ▼	0.0	747.00]
Full Name (Last, First, Middle Initial) JASON BRAMLETT			Date of Receipt
Mailing Address 1709 LEISURE LN			09 16 2010
City	State	Zip Code	Transaction ID: SA11AI.90299
HIDEAWAY	TX	75771	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer E TEXAS ANES ASSOC	Occupation PHYSIC		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Other (specify) ▼	0 0	250.00]
SUBTOTAL of Receipts This Page (optional)	- 1		1333.00
SUBTOTAL of Receipts This Page (optional)			1333

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 258 (check only one) 3 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	AME OF COMMITTEE (In Full)	SIOLOGISTS POLITICAL ACTION COMI	MITTEE
∠ A.	Full Name (Last, First, Middle Initial) LOIS BREADY		Date of Receipt
	Mailing Address 7703 FLOYD CURL D	R., MC 7838	M M / D D / Y Y Y Y 09 16 2010
	City	State Zip Code	Transaction ID: SA11AI.90253
	SAN ANTONIO	TX 78229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer UNIV OF TX HLTH SCI CTR ANES DEPT	Occupation PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	500.00	
_ В.	Full Name (Last, First, Middle Initial) JAMES BRIDGES		Date of Receipt
	Mailing Address 1537 DUNBAR CT		M M / D D / Y Y Y Y 09 23 2010
	City	State Zip Code	Transaction ID: SA11AI.90878
	AUBURN	AL 36830	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer ANES ASSOC OF E ALABAMA	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
– C.	Full Name (Last, First, Middle Initial) JAMES BRIEN		Date of Receipt
	Mailing Address 3655 CLEARY DR.		M M / D D / Y Y Y Y 09 23 2010
	City	State Zip Code	Transaction ID: SA11AI.90895
	PADUCAH FEC ID number of contributing	KY 42001	Amount of Each Receipt this Period
	federal political committee.		1000.00
	Name of Employer PURCHASE ANESTHESIA, PSC	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)	· ······	2000.00
ľ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 258 (check only one)
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	ay not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	AME OF COMMITTEE (In Full)	BIOLOGIST	S POLITICAL ACTION COM	IMITTEE
⊻ ۹.	Full Name (Last, First, Middle Initial) RONALD BROWN			Date of Receipt
	Mailing Address 1 MOBILE INFIRMAR	Y CIR., 2ND) FL.	09 / 28 / Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.91388
	MOBILE FEC ID number of contributing federal political committee.	AL C	36607	Amount of Each Receipt this Period 1000.00
	Name of Employer ANESTHESIA SERVICES	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1000.00]
- 3.	Full Name (Last, First, Middle Initial) PAUL BRUHA			Date of Receipt
	Mailing Address 1194 MARY KATE DR	0 9 / 2 2 / Y Y Y Y 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.90774
	GULF BREEZE FEC ID number of contributing federal political committee.	FL C	32563	Amount of Each Receipt this Period
	Name of Employer BROAD ANESTHESIA	Occupation	^{on} HESIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 350.00]
-	Full Name (Last, First, Middle Initial) CLAUDE BRUNSON			Date of Receipt
	Mailing Address 2500 N STATE ST			0 9 0 1 Y Y Y Y 0 9 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.89446
	JACKSON FEC ID number of contributing	MS	39216	Amount of Each Receipt this Period
	federal political committee.	C		83.00
	Name of Employer UNIV OF MISSISSIPPI MED CTR	1 1	HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 502.00]
	SUBTOTAL of Receipts This Page (optional)			1333.00
F	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 258 (check only one)		
Any information copied from such Report or for commercial purposes, other than u	on for the purpose of soliciting contributions o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANE					
Full Name (Last, First, Middle Initial) JOSEPH BRYAN					
Mailing Address 4863 SHERRY	M M / D D / Y Y Y Y 09 30 2010				
City	State	Zip Code	Transaction ID: SA11AI.91584		
FORT MYERS	FL	33908	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer MEDICAL ANESTHESIA	Occupation ANESTHE	ESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]		
Full Name (Last, First, Middle Initial) JAMES BUESE Mailing Address 1478 LOMITA D	Date of Receipt				
	09 24 2010				
City PASADENA	State CA	Zip Code 91106	Transaction ID: SA11AI.91093 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		5000.00		
Name of Employer PACIFIC VALLEY MED GRP	Occupation ANESTH	ESIOLOGIST	-		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 5000.00]		
Full Name (Last, First, Middle Initial) QUOC-CHUONG BUI	Date of Receipt				
Mailing Address 2817 E MAYFA	M M / D D / Y Y Y Y 09 22 2010				
City	Transaction ID: SA11AI.90827				
ORANGE	CA	92867	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer ALLIED ANESTHESIA MEDICAL GROUP	Occupation ANESTHE	ESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 500.00]		
SUBTOTAL of Receipts This Page (opt	ional)		5750.00		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 258 (check only one)
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	MITTEE		
۷ A.	Full Name (Last, First, Middle Initial) RICHARD BUSH	Date of Receipt		
	Mailing Address 132 SLEEPY POINT V	09 15 Y Y Y Y 2010		
	City	State	Zip Code	Transaction ID: SA11AI.90168
	SUFFOLK FEC ID number of contributing federal political committee.	C	23435	Amount of Each Receipt this Period 250.00
	Name of Employer CHESAPEAKE ANESTHESIOLOGI- STS, INC Occupation ANESTH Receipt For: Aggregate Primary General Other (specify) ▼			
			e Year-to-Date V	
			250.00]
- B.	Full Name (Last, First, Middle Initial) TIMOTHY CAHILL	Date of Receipt		
	Mailing Address 9017 CARTER DR	09 / 27 / Y Y Y Y 2010		
	City	State	Zip Code	Transaction ID: SA11AI.91223
	SALINE	MI	48176	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
			IESIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
- C.	Full Name (Last, First, Middle Initial) CHRISTIAN CALDWELL			Date of Receipt
	Mailing Address PO BOX 9429	M M / D D / Y Y Y Y 09 16 2010		
	City State Zip Code			Transaction ID: SA11AI.90282
	TYLER	TX	75711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer E TEXAS ANES ASSOC	Occupatio PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
	SUBTOTAL of Receipts This Page (optional)		••••••	750.00
	TOTAL This Period (last page this line number	only)	•	

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 36 / 258
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESI	OLOGIST	S POLITICAL ACTION CON	MITTEE
⊻ 4.	Full Name (Last, First, Middle Initial) BRIAN CAMPBELL	Date of Receipt		
	Mailing Address 418 MEADOW BROOK	0 9 2 1 2 0 1 0		
	City	Transaction ID: SA11AI.90658		
	BIRMINGHAM FEC ID number of contributing federal political committee.	C	35213	Amount of Each Receipt this Period
	Name of Employer ANESTHESIA RESOURCES MANG- EMENT Receipt For: Primary General Other (specify) ▼		n IESIOLOGIST e Year-to-Date 500.00]
- 3.	Full Name (Last, First, Middle Initial) FREDERICK CAMPBELL Mailing Address 4100 PARK FOREST D	Date of Receipt		
		09 14 2010		
	City TRAVERSE CITY	State MI	Zip Code 49684	Transaction ID: SA11AI.90138 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer TRAVERSE ANESTHESIA ASSOC- IATES, PC	Occupatio PHYSIC	IAN	
	Receipt For: Primary General Other (specify) v	Aggregate	e Year-to-Date ▼ 500.00]
-).	Full Name (Last, First, Middle Initial) CHRISTOPHER CANLAS	Date of Receipt		
	Mailing Address P.O. BOX 158581	M M / D D / Y Y Y Y 09 06 2010		
	City	State	Zip Code	Transaction ID: SA11AI.89733
	NASHVILLE FEC ID number of contributing federal political committee.	TN C	37215	Amount of Each Receipt this Period
	Name of Employer VANDERBILT UNIV MED CTR DEPT OF ANESTH	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
ſ	SUBTOTAL of Receipts This Page (optional)			1250.00
ľ	TOTAL This Period (last page this line number o	nly)		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 37 / 258					
			Use separate schedule(s) for each category of the	(check only one)					
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may r e name and addre	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions					
Γ	NAME OF COMMITTEE (In Full)								
	AMERICAN SOCIETY OF ANESTHE	AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI							
Α.	Full Name (Last, First, Middle Initial) JAMES CANNON	Date of Receipt							
	Mailing Address 1015 SALIM PLACE			M M / D D / Y					
	City	State	Zip Code	Transaction ID: SA11AI.90005					
	LEMONT	IL .	60439	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer DUPAGE VALLEY ANESTHESIOL- OGISTS, LTD.	Occupation ANESTHE	SIOLOGIST						
	Receipt For:	Aggregate Y	Year-to-Date 🔻						
	Other (specify) ▼		500.00]					
- В.	Full Name (Last, First, Middle Initial) JAMES CARLSEN			Date of Receipt					
	Mailing Address 1958 COMMON WAY	M M / D D / Y Y Y Y 09 01 2010							
	City	State	Zip Code	Transaction ID: SA11AI.89524					
	ORLANDO	FL	32814	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		41.00					
	Name of Employer JLR MEDICAL GROUP	Occupation ANESTHE	SIOLOGIST						
	Receipt For:	Aggregate Y	Year-to-Date 🔻						
	Primary General Other (specify) ▼		295.00]					
- C.	Full Name (Last, First, Middle Initial) KENNETH CARLSON	1		Date of Receipt					
	Mailing Address 4334 BOULDER LAK	E CIRCLE		0 9 2 3 2 0 1 0					
	City	State	Zip Code	Transaction ID: SA11AI.90933					
	BIRMINGHAM	AL	35242	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer ANESTHESIA RESOURCES MANA- GEMENT	Occupation ANESTHE	SIOLOGIST						
	Receipt For:	Aggregate Y	Year-to-Date V	_					
	 Primary General Other (specify) ▼ 		500.00]					
ſ	SUBTOTAL of Receipts This Page (optional).		······	1041.00					
ŀ	TOTAL This Period (last page this line numbe								

	SCHEDULE A (FEC Form 3X)		Use separate schedule		FOR LINE NUMBER: PAGE 38 / 258 (check only one)			
	TEMIZED RECEIPTS		for each category of the Detailed Summary Pag		X 11a 11b 11c 12 13 14 15 16 17			
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by an dress of any political comm	ny person nittee to s	for the purpose of soliciting contributions olicit contributions from such committee.			
	AME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMM						
A.	Full Name (Last, First, Middle Initial) JOHN CARNEY	Date of Receipt						
	Mailing Address 1333 RIDDLE AVE	$\begin{array}{c} \begin{array}{c} M & M \\ 0 \end{array} \\ 9 \end{array} \\ \left(\begin{array}{c} D & D \\ 0 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 0 \end{array} \right) \\ 2 \\ 0 \\ 1 \end{array} \\ 0 \\ 1 \end{array} \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 1 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 1 \\ 1 \\ 1 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 1 \\ 1 \\ 1 \\ 1 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 1 \\ $						
	City MORGANTOWN	State WV	Zip Code 26505		Transaction ID: SA11AI.89453 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C			41.00			
	Name of Employer WEST VIRGINIA UNIVERSITY DEPT OF ANEST	Occupatio RESIDE						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 213.0	00				
B.	Full Name (Last, First, Middle Initial) JASON CARNS				Date of Receipt			
	Mailing Address 10580 E. PALOMINO	M M / D D / Y						
	City	State	Zip Code		Transaction ID: SA11AI.90097			
	SCOTTSDALE	AZ	85258		Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C			250.00			
	Name of Employer VALLEY ANESTHESIOLOGY CON- SULTANTS Receipt For:	1 1	n HESIOLOGIST e Year-to-Date ▼		-			
	Primary General Other (specify) ▼		250.0	00				
C.	Full Name (Last, First, Middle Initial) JACK CARTER				Date of Receipt			
	Mailing Address 7317 N HIGHFIELD C	т			M M / D D / Y Y Y Y 09 23 2010			
	City BIRMINGHAM	State AL	Zip Code 35242		Transaction ID: SA11AI.91002 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C						
	Name of Employer ANESTHESIA RESOURCES MGMT	Occupation	n IESIOLOGIST					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 1000.0	00				
	SUBTOTAL of Receipts This Page (optional) .			•	1291.00			
	TOTAL This Period (last page this line number	r only)						

	SCHEDULE A (FEC Form 3X)			e separate sched		FOR LINE NUMBER: PAGE 39 / 258 (check only one)		
	TEMIZED RECEIPTS			each category of etailed Summary F		X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not b dress o	e sold or used by of any political co	any persor	n for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMM						
A.	Full Name (Last, First, Middle Initial) NORMAN CARVALHO	Date of Receipt						
	Mailing Address 1615 NW 27TH TER					M M / D D / Y		
	City	State		Zip Code		Transaction ID: SA11AI.91385		
	GAINESVILLE FEC ID number of contributing federal political committee.	FL C		32605		Amount of Each Receipt this Period		
	Name of Employer UNIVERSITY OF FLORIDA DEPT OF ANESTHES	Occupatio ANESTH		DLOGIST				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-	to-Date V 50	0.00			
в.	Full Name (Last, First, Middle Initial) ANTONIO CASSARA					Date of Receipt		
	Mailing Address 1236 MURRAY HILL A	VE.				M M / D D / Y		
	City	State		Zip Code		Transaction ID: SA11AI.89485		
	PITTSBURGH	PA	1	15217	_	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	_			83.00		
	Name of Employer UPMC CHILDRENS	Occupatio RESIDE						
	Receipt For:	Aggregate	e Year-	to-Date 🔻				
	Other (specify) ▼	0 0		74	7.00			
с.	Full Name (Last, First, Middle Initial) ALVIN CASTILLO					Date of Receipt		
	Mailing Address 40 JAMESTOWN RD.					M M / D D / Y Y Y Y 09 08 2010		
	City	State		Zip Code		Transaction ID: SA11AI.89866		
	CHARLESTON FEC ID number of contributing federal political committee.	wv C	2	25314		Amount of Each Receipt this Period		
	Name of Employer GENERAL ANESTHESIA SERVIC-	Occupatio	n					
	ES, INC	1		LOGIST		_		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-	to-Date ▼ 25	0.00			
	SUBTOTAL of Receipts This Page (optional)				►	583.00		
	TOTAL This Period (last page this line number of							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 258 (check only one) 11a X 11a 13 14 15 16 17
An or	y information copied from such Reports and S for commercial purposes, other than using the	on for the purpose of soliciting contributions olicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
	Full Name (Last, First, Middle Initial) JAMES CASTRISOS			Date of Receipt
	Mailing Address 3450 N. ROCK RD., S	UITE #208		09 15 Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.90189
	WICHITA FEC ID number of contributing federal political committee.	KS C	67226	Amount of Each Receipt this Period 250.00
	Name of Employer MID-CONTINENT ANESTHESIOL- OGY Receipt For: Primary General Other (specify) ▼	1	n ESIOLOGIST Year-to-Date 250.00]
	Full Name (Last, First, Middle Initial) MARTYN CAVALLO Mailing Address 110-29TH AVE. NORT	ГН, #201		Date of Receipt
	City NASHVILLE	State TN	Zip Code 37203	Transaction ID: SA11AI.89513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer ANESTHESIA MEDICAL GROUP Receipt For: Primary General Other (specify) ▼		n ESIOLOGIST Year-to-Date 369.00]
	Full Name (Last, First, Middle Initial) MARK CERASO	I		Date of Receipt
	Mailing Address 2734 S. VINE STREE	Г		09 20 Y Y Y Y 2010
	City DENVER	State CO	Zip Code 80210	Transaction ID: SA11AI.90551 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SOUTH DENVER ANESTH	Occupatio ANESTH	n ESIOLOGIST	7
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
s	UBTOTAL of Receipts This Page (optional)			791.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 258 (check only one) X X 11a 11b 13 14 15 16
A or	ny information copied from such Reports and for commercial purposes, other than using th	Statements may he name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MARRICAN SOCIETY OF ANESTHE	ESIOLOGIST	S POLITICAL ACTION COM	IMITTEE
~	Full Name (Last, First, Middle Initial) JONATHAN CHANCELLOR	Date of Receipt		
	Mailing Address 4943 E. 103RD ST.,	SOUTH		M M / D D / Y Y Y Y 09 21 2010
	City	State	Zip Code	Transaction ID: SA11AI.90692
	TULSA FEC ID number of contributing federal political committee.	OK C	74137	Amount of Each Receipt this Period
	Name of Employer AAI	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) KENNETH CHAPMAN Mailing Address 120 CIRCLE ROAD	Date of Receipt		
	City	State	Zip Code	0 9 0 6 2 0 1 0 Transaction ID: SA11AI.89671
	STATEN ISLAND	NY	10304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SPINE AND PAIN CONSULTANTS OF NEW YORK	Occupatio PAIN ME	DICINE	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00	
	Full Name (Last, First, Middle Initial) JOHN CHATELAIN			Date of Receipt
	Mailing Address 1319 S.9TH ST.			M M / D D / Y Y Y Y 09 01 2010
	City FARGO	State ND	Zip Code 58103	Transaction ID: SA11AI.89468 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer MERITCARE MEDICAL GROUP	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 369.00	
	UBTOTAL of Receipts This Page (optional)			1041.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 258 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17				
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.						
		AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI						
A.	Full Name (Last, First, Middle Initial) SUBBA CHENUMOLU	SUBBA CHENUMOLU						
	Mailing Address 1510 CHANDLER RD		09 / 13 / Y Y Y Y 009 / 13 / 2010					
	City	State	Zip Code	Transaction ID: SA11AI.90095				
	HUNTSVILLE FEC ID number of contributing federal political committee.	C	35801	Amount of Each Receipt this Period				
	Name of Employer COMPREHENSIVE ANESTHESIA SERVICES	Occupatio	n IESIOLOGIST					
	Receipt For: Primary General Other (specify) ▼	1 I	e Year-to-Date V 1000.00					
- B.	Full Name (Last, First, Middle Initial) SAMUEL CHERRY Mailing Address 149 LUCERNE BLVD			Date of Receipt				
	Maining Address 149 LUCERINE BLVD			0 9 / D D / Y Y Y Y 0 1 2 0 1 0				
	City State		Zip Code	Transaction ID: SA11AI.89445				
	BIRMINGHAM FEC ID number of contributing federal political committee.	AL C	35209	Amount of Each Receipt this Period				
	Name of Employer BIRMINGHAM VA MEDICAL CEN- TER	, I – – – – – – – – – – – – – – – – – –	IESIOLOGIST					
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 750.00]				
- C.	Full Name (Last, First, Middle Initial) BRENT CHILD			Date of Receipt				
	Mailing Address 1287 N. WOODLAND	COURT		M M / D D / Y Y Y Y 09 06 2010				
	City	State	Zip Code	Transaction ID: SA11AI.89696				
	FARMINGTON	UT	84025	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer SELF	Occupatio M.D.						
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date 250.00]				
	SUBTOTAL of Receipts This Page (optional)		••••••	1375.00				
	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 / 258 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17			
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions osolicit contributions from such committee.					
		NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI					
A.	Full Name (Last, First, Middle Initial) VITUS T. CHOW	Date of Receipt					
	Mailing Address 500 S. MAIN ST., #12	210		M M / D D / Y			
	City ORANGE	State CA	Zip Code	Transaction ID: SA11AI.90493			
	FEC ID number of contributing federal political committee.	C	92868	Amount of Each Receipt this Period			
	Name of Employer CALIFORNIA ANESTHESIA ASS- OC.	Occupation PHYSICI					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]			
B.	Full Name (Last, First, Middle Initial) ROBERT CIPOLLE			Date of Receipt			
	Mailing Address 2 MORGANS ISLAND	09 / 27 / Y Y Y Y 2010					
	City BEVERLY	State MA	Zip Code	Transaction ID: SA11AI.91310			
	FEC ID number of contributing federal political committee.	C	01915	Amount of Each Receipt this Period			
	Name of Employer BEVERLY ANESTHESIA ASSOCI- ATES, INC. Receipt For:	Occupation PHYSICI		_			
	Primary General Other (specify) ▼		500.00]			
C.	Full Name (Last, First, Middle Initial) ROBERT CLARK			Date of Receipt			
	Mailing Address 4707 SLALOM RUN S	E		09 / Y Y Y Y 09 18 2010			
	City	State	Zip Code	Transaction ID: SA11AI.90464			
	OWENS CROSS ROADS FEC ID number of contributing federal political committee.	C	35763	Amount of Each Receipt this Period			
	Name of Employer CAS	Occupation ANESTH	n ESIOLOGIST	-			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1000.00]			
	SUBTOTAL of Receipts This Page (optional)			2000.00			
	TOTAL This Period (last page this line number	only)					

(SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 / 258
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	pn for the purpose of soliciting contributions		
	AME OF COMMITTEE (In Full)	MITTEE		
⊻ A.	Full Name (Last, First, Middle Initial) PAUL COLEMAN			Date of Receipt
	Mailing Address 3404 MANCHESTER	COURT		09 / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.91375
	MODESTO FEC ID number of contributing federal political committee.	CA	95350	Amount of Each Receipt this Period 225.00
	Name of Employer SUTTER GOULD MEDICAL GRP	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00]
– B.	Full Name (Last, First, Middle Initial) PHILLIP COLLIER	Date of Receipt		
	Mailing Address 7122 YARMOUTH DR	0 9 / D D / Y Y Y Y 0 2 3 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.90936
	WEST BLOOMFIELD FEC ID number of contributing federal political committee.	C	48322	Amount of Each Receipt this Period 250.00
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
- C.	Full Name (Last, First, Middle Initial) KELLY CONATY			Date of Receipt
	Mailing Address 2305 LONGLEAF WA	Y		M M / D D / Y Y Y Y 09 23 2010
	City BIRMINGHAM	State AL	Zip Code 35243	Transaction ID: SA11AI.90934 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer PEDIATRIC ANESTHESIA ASSO- CIATES, P.C.	1 4	RIC ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	9 Year-to-Date ▼ 500.00]
Г		1		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 258 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and addre	ess of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	POLITICAL ACTION COM	MILIEE
۹.	Full Name (Last, First, Middle Initial) JEFFREY CONSTANTINE	Date of Receipt		
	Mailing Address 201 SIVLEY RD SW S	STE 300		M M / D D / Y Y Y Y 09 29 2010
	City	State	Zip Code	Transaction ID: SA11AI.91452
	HUNTSVILLE	AL	35801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer HUNTSVILLE CARDIOTHORACIC	Occupation	SIOLOGIST	
	ANESTHESIA Receipt For:		ear-to-Date V	_
	Primary General Other (specify) ▼		1000.00]
-	Full Name (Last, First, Middle Initial) DEBORAH COOPER			Date of Receipt
	Mailing Address 6941 SABLE RIDGE L	0 9 2 8 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.91358
	NAPLES	FL	34109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer CLEVELAND CLINICNAPLES, FL DEPT. OF	Occupation PHYSICIAI		
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00]
-	Full Name (Last, First, Middle Initial) LEBRON COOPER			Date of Receipt
	Mailing Address 1757 NE 35TH ST			M M / D D / Y Y Y Y 09 05 2010
	City	State	Zip Code	Transaction ID: SA11AI.89640
	OAKLAND PARK	FL	33334	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	Occupation ANESTHE	SIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 1000.00]
Γ		1		2250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 258 (check only one) X X 11a 11b 11c 12 13 14 15 16 11				
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)							
∠ 4.	Full Name (Last, First, Middle Initial) PHILIPPE COOPER							
	Mailing Address 11560 CANTERBURY	Date of Receipt 0 9 1 8 2 0 1 0						
	City	State	Zip Code	Transaction ID: SA11AI.90465				
	MEQUON FEC ID number of contributing federal political committee.	C	53092	Amount of Each Receipt this Period 250.00				
	Name of Employer AURORA HEALTHCARE	Occupation PHYSICI						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 250.00]				
- s.	Full Name (Last, First, Middle Initial) ROGER CORNWALL Mailing Address 1515 CERVATO DR.	I		Date of Receipt				
	City	State	Zip Code	Transaction ID: SA11AI.90719				
	ALAMO FEC ID number of contributing federal political committee.	CA	94507	Amount of Each Receipt this Period				
	Name of Employer STEPHEN JACOBS M.D. INC	Occupation PHYSICI		_				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]				
-	Full Name (Last, First, Middle Initial) JON COWAN			Date of Receipt				
•	Mailing Address 1861 MORNINGSIDE	DRIVE SE		0 9 1 0 2 0 1 0				
	City GRAND RAPIDS	State MI	Zip Code 49506	Transaction ID: SA11AI.89968 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer ANESTHESIA MEDICAL CONSUL- TANTS, P.C.	Occupation RETIRE)					
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ♥ 250.00]				
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		750.00				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 258 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions	
	AME OF COMMITTEE (In Full)	MITTEE	
⊻ A.	Full Name (Last, First, Middle Initial) JERRAL COX	Date of Receipt	
	Mailing Address PEDIATRIC ANESTH 1600 7TH AVE. S., SU		09 30 YYYYY 02010
	City	State Zip Code	Transaction ID: SA11AI.91710
	BIRMINGHAM	AL 35233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer PEDIATRIC ANESTHESIA ASSO- CIATES	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	500.00	
– В.	Full Name (Last, First, Middle Initial) MELVIN CRISPEN		Date of Receipt
	Mailing Address 2109 WEXFORD LN		M M / D D / Y Y Y Y 09 17 2010
	City	State Zip Code	Transaction ID: SA11AI.90385
	FT MITCHELL	KY 41017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer IAP	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
– C.	Full Name (Last, First, Middle Initial) RICHARD CROSS		Date of Receipt
	Mailing Address 619 S. 19TH ST., JT 8	345	09 27 Y Y Y Y 09 27 2010
	City	State Zip Code	Transaction ID: SA11AI.91214
	BIRMINGHAM	AL 35249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer UAB DEPT. OF ANESTHESIOLO- GY	Occupation ANESTHESIOLOGISTS	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	·	1500.00
F	TOTAL This Period (last page this line number	• only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate for each cate Detailed Sum atements may not be sold or u	gory of the mary Page	FOR LINE NUMBER: PAGE 48 / 258 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 for the purpose of soliciting contributions	
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES				
Α.	Full Name (Last, First, Middle Initial) PAUL CRUM Mailing Address 4145 LAKESIDE DR.			Date of Receipt	
	City	State Zip Code		Transaction ID: SA11AI.90835	
	JACKSONVILLE	FL 32210		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	0 0 0 0	500.00	
	Name of Employer NORTH FLORIDA ANESTHESIA CONSULTANTS	Occupation ANESTHESIOLOGIST			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00		
В.	Full Name (Last, First, Middle Initial) JAMES CYRIAC			Date of Receipt	
	Mailing Address 15 JACOB ARNOLD F	0 9 0 8 2 0 1 0			
	City	State Zip Code		Transaction ID: SA11AI.89814	
	MORRISTOWN	NJ 07960		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	4 0	500.00	
	Name of Employer MORRIS ANESTHESIA GROUP	Occupation RESIDENT			
	Receipt For:	Aggregate Year-to-Date	•		
	 Primary General Other (specify) ▼ 		500.00		
C.	Full Name (Last, First, Middle Initial) SUDIP DAS			Date of Receipt	
	Mailing Address 274 PEAK PLACE			M M / D D / Y Y Y Y 09 27 2010	
	City	State Zip Code		Transaction ID: SA11AI.91308	
	SOMERSET	NJ 08873		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 Descipt Form	Occupation ATTENDING ANESTH			
	Receipt For: Primary General	Aggregate Year-to-Date			
	Other (specify)		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 Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page ly not be sold or used by any perso	FOR LINE NUMBER: PAGE 49 / 258 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 10 117 10
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
Α.	Full Name (Last, First, Middle Initial) GWEN DAVIS Mailing Address 45 SHERINGTON PL.			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.90027
	ATLANTA	GA	30350	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer NORTHSIDE ANESTHESIOLOGY CONSULTANTS	Occupatio ANESTH	on IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
В.	Full Name (Last, First, Middle Initial) LAWRENCE DEANGELIS Mailing Address 48 HIGH POINT DR	1		Date of Receipt
				09 / 22 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.90696
	SPRINGFIELD	NJ	07081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer SUMMIT ANESTHESIA ASSOCIA- TES	Occupation PHYSIC	IAN	
	Receipt For: Primary General	Aggregate	e Year-to-Date	1
	Other (specify)	0 0	250.00	
с.	Full Name (Last, First, Middle Initial) DAVID DEBENHAM			Date of Receipt
	Mailing Address P.O. BOX 910369			09 / P D / Y Y Y Y 14 2010
	City	State	Zip Code	Transaction ID: SA11AI.90115
	ST. GEORGE	UT	84791	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MTN. WEST ANESTHESIA	Occupatio PHYSIC	IAN	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		250.00]
	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 258 (check only one) X X 11a 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
×.	Full Name (Last, First, Middle Initial) TRAVIS DEFREESE			Date of Receipt
	Mailing Address 1600 7TH AVE., SOU SUITE 420 ACC	JTH		09 / 22 / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.90784
	BIRMINGHAM	AL	35233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer PEDIATRIC ANESTHESIA ASSO- C., P.C	Occupation ANESTH	n ESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	500.00	
. –	Full Name (Last, First, Middle Initial) VINCENT DEGENHART			Date of Receipt
	Mailing Address 415 HARDEN ST.			M M / D D / Y Y Y Y Y 0 9 0 1 2 0 1 0 201 10
	City	State	Zip Code	Transaction ID: SA11AI.89501
		SC	29205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer CRITICAL HEALTH SYSTEMS	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 369.00]
-	Full Name (Last, First, Middle Initial) MARIE DE RUYTER			Date of Receipt
	Mailing Address 4500 SAN PABLO R DEPT. OF ANESTHE			M M / D D / Y Y Y Y 09 / 29 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.91419
		<u> </u>	32224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MAYO CLINIC COLLEGE OF ME- DICINE	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	PYear-to-Date ▼ 250.00]
Γ	SUBTOTAL of Receipts This Page (optional)	I		791.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 258 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AME OF COMMITTEE (In Full)	SIOLOGIST	S POLITICAL ACTION CON	IMITTEE
А.	Full Name (Last, First, Middle Initial) MARK DESHUR			Date of Receipt
	Mailing Address 2650 RIDGE AVE			09 / D D / Y Y Y Y 09 / 09 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.89900
	EVANSTON		60201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer EVANSTON HOSPITAL DEPT. OF ANESTHESIOL	Occupatio ANESTH	ⁿ IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	250.00	
- B.	Full Name (Last, First, Middle Initial) HERNANDO DE SOTO			Date of Receipt
	Mailing Address 655 W. 8TH ST.			M M / D D / Y Y Y Y Y 09 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.91342
	JACKSONVILLE	FL	32209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SHANDS JACKSONVILLE ANES DEPT	Occupatio PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	250.00	
- C.	Full Name (Last, First, Middle Initial) MARK DESTACHE			Date of Receipt
-	Mailing Address 633 FAIRMOUNT AVI	E		M M / D D / Y Y Y Y 0 9 07 2010
	City	State	Zip Code	Transaction ID: SA11AI.89808
	ST. PAUL	MN	55105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, PA	Occupatio PHYSICI		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0.0	250.00	
[SUBTOTAL of Receipts This Page (optional) .		•	750.00
ł				
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 / 258			
	ITEMIZED RECEIPTS		for each category of the	(check only one)			
_			Detailed Summary Page	13 14 15 16 17			
	Any information copied from such Reports and St or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.					
ľ		NAME OF COMMITTEE (In Full)					
	AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE			
A.	Full Name (Last, First, Middle Initial) BRIAN DEWAN			Date of Receipt			
	Mailing Address 5805 GENTLE BREEZ	M M / D D / Y Y Y Y 09 05 2010					
	City	State	Zip Code	Transaction ID: SA11AI.89653			
	AUSTIN	TX	78731	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer AUSTIN ANESTHESIOLOGY GRO-		n HESIOLOGIST				
	UP, LLP Receipt For:		e Year-to-Date V	_			
	Primary General		500.00	1			
	Other (specify)	0 0]			
- В.	Full Name (Last, First, Middle Initial) LOUIS DEWILD			Date of Receipt			
	Mailing Address 1215 PLEASANT ST.,	#400		0 9 1 6 2 0 1 0			
	City	State	Zip Code	Transaction ID: SA11AI.90290			
	DES MOINES	IA	50309	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer ASSOCIATED ANESTHESIOLOGI-		n HESIOLOGIST	_			
	STS Receipt For:		e Year-to-Date V				
	Primary General	33 3	500.00	1			
	Other (specify)]			
- с.	Full Name (Last, First, Middle Initial) FERNANDO DIAZ			Date of Receipt			
	Mailing Address 14171 VALENTINE TR	L					
	City	State	Zip Code	Transaction ID: SA11AI.90728			
	LARGO	FL	33774	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer FLORIDA GULF-TO-BAY ANEST- HESIA	Occupatio ANESTH	on IESIOLOGIST, M.D.				
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻				
	Other (specify) ▼	0 0	250.00				
[SUBTOTAL of Receipts This Page (optional)			1250.00			
-	JUDIVIAL OF Receipts This Page (optional)		······				
	TOTAL This Period (last page this line number of	only)					

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 258 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL ACTION COM	MITTEE
A.	Full Name (Last, First, Middle Initial) CHRISTIAN DIEZ	Date of Receipt	
	Mailing Address 7915 SW 55 AVENUE		09 / 01 / Y Y Y Y 09 / 01 / 2010
	City	State Zip Code	Transaction ID: SA11AI.89528
	MIAMI FEC ID number of contributing federal political committee.	FL 33143	Amount of Each Receipt this Period 83.00
	Name of Employer UNIVERSITY OF MIAMI MEDIC- AL GROUP	Occupation PHYSICIAN	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 747.00	
_ В.	Full Name (Last, First, Middle Initial) JENNY DOLAN Mailing Address 4530 43RD ST S		Date of Receipt
		7.0.1	09 27 2010
	City SAINT PETERSBURG	State Zip Code FL 33711	Transaction ID: SA11AI.91270 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer ALL CHILDRENS HOSPITAL	Occupation PEDIATRIC ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 1000.00	
– c.	Full Name (Last, First, Middle Initial) TIMOTHY DOLES		Date of Receipt
	Mailing Address 9149 BRENHAM CT		M M / D D / Y Y Y Y 09 20 20 2010
		State Zip Code	Transaction ID: SA11AI.90514
	MONTGOMERY FEC ID number of contributing federal political committee.	AL 36117	Amount of Each Receipt this Period
	Name of Employer MONTGOMERY ANESTHESIA ASS- OCIATES	Occupation ANESTHESIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
	SUBTOTAL of Receipts This Page (optional)	•	2083.00
	TOTAL This Period (last page this line number	only)	

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 258 (check only one) 11a 11b 11c 12 13 14 15 16 17
or for	nformation copied from such Reports and Sta commercial purposes, other than using the r AME OF COMMITTEE (In Full)	n for the purpose of soliciting contributions solicit contributions from such committee.		
	MERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
	III Name (Last, First, Middle Initial) ATRICK DOM	Date of Receipt		
Ma	ailing Address 2960 SHOREHAM CIR	M M / D D / Y		
Cit		State	Zip Code	Transaction ID: SA11AI.91116
FE	OLORADO SPRINGS EC ID number of contributing deral political committee.	CO	80906	Amount of Each Receipt this Period 500.00
Na PF	ame of Employer PAA	Occupatio ANESTH	n IESIOLOGIST	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 500.00]
B. <u>JC</u>	II Name (Last, First, Middle Initial) DHN DOOLEY ailing Address 3400 DEXTER CT STE	200		Date of Receipt
Cit	tv	State	Zip Code	0 9 2 5 2 0 1 0 Transaction ID: SA11AI.91125
	AVENPORT	IA	52807	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		1000.00
Na AN TS	ame of Employer NESTHESIA PAIN CONSULTAN- S, P.C.	Occupatio PHYSIC		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1000.00]
	II Name (Last, First, Middle Initial) LEN DORNAK			Date of Receipt
Ma	ailing Address 8140 N. MOPAC EXPY BLDG. III, SUITE 210	,		M M / D D / Y
Cit Al	^{ty} USTIN	State TX	Zip Code 78759	Transaction ID: SA11AI.89459 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C		25.00
<u> </u>	ame of Employer JSTIN ANESTHESIOLOGY GRO- P LLP		IESIOLOGIST	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 225.00]
SUB	TOTAL of Receipts This Page (optional)			1525.00
тот	AL This Period (last page this line number o	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 / 258 (check only one) X X 11a 13 14 15 16
	Any information copied from such Reports and Si or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	BIOLOGIST	S POLITICAL ACTION COM	MITTEE
۷ A.	Full Name (Last, First, Middle Initial) THOMAS DOSLAND			Date of Receipt
	Mailing Address 9780 HIDDEN GLADE	RD.		09 / D D / Y Y Y Y 09 13 2010
	City	State	Zip Code	Transaction ID: SA11AI.90057
	ST. PAUL	MN	55110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, PA	Occupatio PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
- B.	Full Name (Last, First, Middle Initial) JOHN DOUGLAS			Date of Receipt
	Mailing Address PO BOX 3294			M M / D D / Y Y Y Y 09 11 2010
	City	State	Zip Code	Transaction ID: SA11AI.89983
	TUPELO	MS	38803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer TUPELO ANESTHESIA GROUP, PA	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	500.00	
- С.	Full Name (Last, First, Middle Initial) DONALD DOWNS			Date of Receipt
	Mailing Address 7351 OLIVER WOODS	S DR SE		M M / D D / Y Y Y Y Y 0 9 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.90430
	GRAND RAPIDS	MI	49546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTHESIA MEDICAL CONSUL- TATNS	Occupatio PHYSIC	IAN	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	500.00	
ſ	SUBTOTAL of Receipts This Page (optional)		••••••	1250.00
Ī	TOTAL This Period (last page this line number	only)		

Π	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 258 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and St for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
_ر ۵.	Full Name (Last, First, Middle Initial) BRIAN DRESSLER			Date of Receipt
	Mailing Address 4048 EVANS AVE STE	M M / D D / Y Y Y Y 09 22 2010		
	City	State	Zip Code	Transaction ID: SA11AI.90739
	FORT MYERS	FL	33901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MAPMC DEPT. OF ANESTHESIA	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	9 Year-to-Date ▼ 500.00]
— 3.	Full Name (Last, First, Middle Initial) DONALD DREW			Date of Receipt
	Mailing Address 4647 ZION AVE			M M / D D / Y Y Y Y 09 20 2010
		State	Zip Code	Transaction ID: SA11AI.90513
	SAN DIEGO FEC ID number of contributing federal political committee.	CA	92120	Amount of Each Receipt this Period
	Name of Employer KAISER HOSPITAL DEPT OF ANES	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
 C.	Full Name (Last, First, Middle Initial) SHAINA DRUMMOND			Date of Receipt
	Mailing Address 313 DEVON WAY			0 9 / ^D D / <u>Y Y Y Y</u> 0 9 1 4 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.90140
	SENECA FEC ID number of contributing federal political committee.	SC C	29672	Amount of Each Receipt this Period 500.00
	Name of Employer ANESTHESIOLOGY CONSULTANTS OF THE UPST	Occupatio STAFF A	n NESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 500.00]
s	UBTOTAL of Receipts This Page (optional)			1250.00
	OTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 57 / 258
	TEMIZED RECEIPTS		for each category of the	(check only one)
I			Detailed Summary Page	X 11a 11b 11c 12
г				13 14 15 16 17
	Any information copied from such Reports and St	atements ma	y not be sold or used by any perso	on for the purpose of soliciting contributions
	or for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.
ľ				
	AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	IMITTEE
	/			
	Full Name (Last, First, Middle Initial)			Data of Descipt
Α.				Date of Receipt
	Mailing Address 902 RIVER BIRCH RD			09 29 2010
	City	State	Zip Code	Transaction ID: SA11AI.91558
	MIDDLETON	WI	53562	
	MIDDLETON	VVI	53562	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupatio	n	
	Name of Employer MADISON ANESTHESIOLOGY CO-		IESIOLOGIST	
	NSULTANTS Receipt For:		e Year-to-Date V	
	Primary General	Aggregate		-
	Other (specify)		250.00	
		0 0	0 0 0 0 0 0 0	1
-	Full Name (Last, First, Middle Initial)			
в.	JAMES DUCKETT			Date of Receipt
	Mailing Address 227 HARVEST LN			
				09 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.91602
	BROOMALL	PA	19008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UNITED ANESTH SERV	Occupatio	n	
		ANESTH	IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		250.00	1
	Other (specify)		250.00	
_				
	Full Name (Last, First, Middle Initial)			
C.	ALEX DUMANOVSKY			Date of Receipt
	Mailing Address 23 COVENTRY CT			0 9 0 6 Y Y Y Y 0 9 0 6 2 0 1 0
	<u></u>	<u> </u>	7. 0. 1	
	City	State	Zip Code	Transaction ID: SA11AI.89708
	NORTH MANKATO	MN	56003	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupatio	n	
	Name of Employer MANKATO ANESTHESIA ASSOC		IESIOLOGIST	
	Receipt For:		e Year-to-Date V	-1
	Primary General	, ggi egali		
	Other (specify)		250.00	
		0 0	<u> </u>	*
Г		<u> </u>		
	SUBTOTAL of Receipts This Page (optional)			750.00
ļ	GODICIAL OF HECCIPIS THIS Fage (optional)			
	TOTAL This Devied (last page 161) Provide 1	and a		
	TOTAL This Period (last page this line number of	oniy)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	() Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 258 (check only one) X X 11a 11b 11c 12 13 14 15 16 17				
	ny information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to s NAME OF COMMITTEE (In Full)					
AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL ACTION COM	MITTEE				
Full Name (Last, First, Middle Initial) MICHAEL DUNCAN	MICHAEL DUNCAN					
Mailing Address 4200 W. MEMORIA	AL RD., #703					
City	State Zip Code	Transaction ID: SA11AI.90961				
OKLAHOMA CITY	OK 73120	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer AFFIL ANESTH	Occupation ANESTHESIOLOGIST	-				
Receipt For:	Aggregate Year-to-Date ▼					
 Primary General Other (specify) ▼ 	250.00					
Full Name (Last, First, Middle Initial) JOHN DUNN		Date of Receipt				
Mailing Address 1291 CLARET CT		M · M / D · D / Y · Y · Y · Y Y 0 9 2 2 2 0 1 0				
City	State Zip Code	Transaction ID: SA11AI.90743				
FORT MYERS	FL 33919	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer MEDICAL ANESTHESIA AND PA- IN MGT. CONSU	Occupation ANESTHESIOLOGIST					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	500.00					
Full Name (Last, First, Middle Initial) BRUCE DURKEE		Date of Receipt				
Mailing Address 1900 SWIFT, SUIT	E 203	M M / D D / Y Y Y Y 09 12 2010				
City	State Zip Code	Transaction ID: SA11AI.90031				
KANSAS CITY	MO 64116	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer NORTHLAND ANESTHESIOLOGY INC.	Occupation PHYSICIAN					
Receipt For:	Aggregate Year-to-Date ▼					
Primary GeneralOther (specify) ▼	500.00					
SUBTOTAL of Receipts This Page (options	al)	1250.00				
TOTAL This Period (last page this line num	· •					

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 258 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	solicit contributions from such committee.
4.	Full Name (Last, First, Middle Initial) ANDREW DVORYANSKY		Date of Receipt
	Mailing Address 2945 87TH PL APT	202	09 / 29 / Y Y Y Y 2010
	City	State Zip Code	Transaction ID: SA11AI.91455
	PINELLAS PARK FEC ID number of contributing federal political committee.	FL 33782	Amount of Each Receipt this Period 250.00
	Name of Employer FLORIDA GULF-TO-BAY ANEST- HESIA ASSOC. Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST, MD Aggregate Year-to-Date ▼ 250.00]
- 3.	Full Name (Last, First, Middle Initial) JEFFREY DYER-SMITH Mailing Address 6320 MUIR WOODS	S DR N	Date of Receipt
	City	State Zip Code	0 9 2 9 2 0 1 0 Transaction ID: SA11AI.91545
	MOBILE	AL 36693	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer UNIVERSITY OF ALABAMA MED CTR. DEPT OF Receipt For: Primary General Other (specify) ♥	Occupation RESIDENT Aggregate Year-to-Date ▼ 250.00]
-	Full Name (Last, First, Middle Initial) JAMES EARLEY Mailing Address 4200 W MEMORIAL	. RD STE 703	Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.90067
	OKLAHOMA CITY	OK 73120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer AFFILIATED ANESTHESIOLOGI- STS Receipt For:	Occupation ANESTHESIOLOGIST	_
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
	SUBTOTAL of Receipts This Page (optional)		750.00

				FOR LINE NUMBER: PAGE 60 / 258
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
Α.	Full Name (Last, First, Middle Initial) JONATHAN EASH			Date of Receipt
	Mailing Address 3101 ROBINHOOD LI	Ν		M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.90904
	SOUTH BEND	IN	46614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MIZHIARA ANESTH CARE	Occupatio ANESTH	on HESIOLOGIST	
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
-	Full Name (Last, First, Middle Initial)			Date of Dessint
В.	JOHN ECKELS Mailing Address 4745 18TH ST.			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.90064
	SAN FRANCISCO	CA	94114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer ANESTHESIA CARE ASSOCIATE- S. INC.	Occupation ANESTH	on IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		300.00	
- c.	Full Name (Last, First, Middle Initial) TALMAGE EGAN	1		Date of Receipt
	Mailing Address ANESTHESIA			M M / D D / Y Y Y Y 09 23 2010
	City	State	Zip Code	Transaction ID: SA11AI.90920
	SALT LAKE CITY	UT	84132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UNIVERSITY OF UTAH	Occupation	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	250.00	
ſ		1		1050.00
╞	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	only)		

				FOR LINE NUMBER: PAGE 61 / 258
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
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г				13 14 15 16 17
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	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION CON	1MITTEE
Α.	Full Name (Last, First, Middle Initial) DAVID EGLI			Date of Receipt
	Mailing Address 120 RED OAK LN.			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.91600
	MANKATO	MN	56001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MANKATO ANES ASSOC	Occupation ANESTH	on HESIOLOGIST	
	Receipt For:	1 · · · · · · · · · · · · · · · · · · ·	e Year-to-Date 🔻	
	Primary General		500.00	
	Other (specify)	0 0		
в.	Full Name (Last, First, Middle Initial) NILOUFAR EHYA			Date of Receipt
	Mailing Address 1228 21ST ST UNIT C	;		M + M / D + D / Y + Y + Y Y 0 9 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.90423
	SANTA MONICA	CA	90404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF	Occupatio MD	on	_
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General	33 - 3		
	Other (specify)	0 0	250.00	
- с.	Full Name (Last, First, Middle Initial) SEAN ELLIOTT			Date of Receipt
	Mailing Address 535 NORTH & SOUTH	IRD.		0 9 2 4 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.91065
	UNIVERSITY CITY	MO	63130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer WESTERN ANES ASSOC	Occupation ANESTH	on HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00]
		1		1000.00
	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 62 / 258 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	⊥ y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	AMERICAN SOCIETY OF ANESTHES	BIOLOGIST	S POLITICAL ACTION COM	IMITTEE
A.	Full Name (Last, First, Middle Initial) TRUITT ELLIS			Date of Receipt
	Mailing Address 4421 SHEPPARD PL			M M / D D Y
		State	Zip Code	Transaction ID: SA11AI.91576
	NASHVILLE	TN	37205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTHESIA MEDICAL GROUP ANESTHESIA	Occupatio ANESTH	n IESIOLOGISTS	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) KENNETH ELMASSIAN			Date of Receipt
	Mailing Address 2399 PINE HOLLOW I	DR.		M M / D D Y
	City	State	Zip Code	Transaction ID: SA11AI.89500
	EAST LANSING	MI	48823	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer INGHAM REGIONAL MEDICAL CENTER	Occupation PHYSIC		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		747.00	
С.	Full Name (Last, First, Middle Initial) CHRISTOPHER EMERSON	l		Date of Receipt
	Mailing Address 2303 W. 113TH CT.			M M / D D Y
	City	State	Zip Code	Transaction ID: SA11AI.89854
	JENKS	OK	74037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer A.A.I.		IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00]
	SUBTOTAL of Receipts This Page (optional)	I		833.00
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ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page (check only one) X 11a 11b 11c 12 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)					
TEEMIZED RECEIPTS toreach catagory of the basic scalar bit of the subscription and statements may not be sold or used by any parson for the purpose of soliding contributions of forcements cather than using the name and address of any policial commutates to addition controlutions of the control of the subscription and statements may not be sold or used by any parson for the purpose of soliding controlutions of the control of the subscription and the subscriptin and and subscription and the subscription a		SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 258
Detailed Summay Page Ind Ind </th <th></th> <th colspan="2" rowspan="2">TEMIZED RECEIPTS</th> <th></th> <th></th>		TEMIZED RECEIPTS			
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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE A. Call Name (Last, First, Middle Initial) City State Zip Code SENECA SC 29672 FEC ID number d contributing C Coccupation Anstring Hession Coll Coccupation Ansort of Each Receipt Berld Mailing Address 200 WINDLAKE DR. Coccupation Anstring Hession Coll Coccupation Ansort of Each Receipt Berld Mailing Address 41.00 41.00 Mailing Address 41.00 41.00 Mailing Address 4213 AMBER CT., S.E. Coccupation Other (specify ret) General 213.00 Coccupation Mailing Address 4213 AMBER CT., S.E. Date of Receipt 0.9 ° / 0.9 ° / 2.0 1.0 City State Zip Code Transaction ID: SA11AL90478 Decouple of committee Control on the Print Committee Coccupation Address 4213 AMBER CT., S.E. Cocupation OLYMPIA WA 98501 Transaction ID: SA11AL90478 Adgregate Varto Dale Pinnary Gener		Any information copied from such Reports and S	tatements ma	ay not be sold or used by any perso	on for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) GRECONFENDENS Maling Address 209 WINDLAKE DR. Date of Receipt Date o			name anu au	difess of any political committee to	
A. Full Name (Last, First, Middle Initial) GREGORY ENDERS Date of Receipt Mailing Address 206 WINDLAKE DR. Date of Receipt City Siate Zip Code Mailing Address Aggregate Vear-to-Date Mailing Address Primary General C Primary General C Other (specify) ▼ State Zip Code Mailing Address 41.00 Aggregate Vear-to-Date Mailing Address B. Full Name (Last, First, Middle Initial) Date of Receipt Date of Receipt Det Name (Last, First, Middle Initial) Det Name (Last, First, Middle Initial) Date of Receipt Transaction ID: SA11AL90478 B. Full Name (Last, First, Middle Initial) Date of Receipt Date of Receipt Det Name (Last, First, Middle Initial) Decupation Amount of Each Receipt Ins Period City State Zip Code Transaction ID: SA11AL90478 Amount of Each Receipt Ins Period Date of Receipt Transaction ID: SA11AL90478 Amount of Each Receipt Ins Period Transaction ID: SA11AL90478 Date of Receipt City State Zip Code Transaction ID: SA11AL9047					
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City State Zip Code SENECA SC 29872 FEC ID number of contributing C Amount of Each Receipt this Period Receipt For: Agrogate Year-to-Date Agrogate Year-to-Date DEWAYNE Revealt For: Agrogate Year-to-Date Image: an end for the formation DEWAYNE Revealt For: Agrogate Year-to-Date Image: an end for the formation Dewayne (Last, First, Middle Initial) Dewayne Revealt Date of Receipt City State Zip Code Transaction ID: SA11AL90478 Aurout of Each Receipt for: Agrogate Year-to-Date Image: Agrogate Year-to-Date Image: Agrogate Year-to-Date OLYMPIA WA 98501 Transaction ID: SA11AL90478 Amount of Each Receipt in Period Tec: Drawner of contributing federal political committee. Image: Agrogate Year-to-Date Image: Agrogate Year-to-Date Namer of Encloser Aggrogate Year-to-Date Image: Agrogate Year-to-Date Image: Agrogate Year-to-Date C Full Name (Last, First, Middle Initial) Image: Agrogate Year-to-Date Image: Agrogate Year-to-Date Image: Agrogate Year-to-Date Maining Address 2341 MCCALLIE AVE., #402 Image: Agrogate Year-to-Date Imag		Mailing Address 206 WINDI AKE DB.			
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FEC ID number of contributing rederal political committee. Queupation Antest resolution Antest resolution Antest resolution Antest resolution Antest resolution Antest resolution Antest resolution Agregate Year-to-Date ▼ 213.00 B. Full Name (Last, First, Middle Initial) Detwarke ENVEAT Date of Receipt 0' 0' 0' 0' 0' 0' 0' 0' 0' 0		City	State	Zip Code	Transaction ID: SA11AI.89449
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federal political committee. 		FEC ID number of contributing			
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Primary General Other (specify) ▼ 213.00 B. Full Name (Last, First, Middle Initial) DEWAYNE ENVEART Date of Receipt Mailing Address 4213 AMBER CT., S.E. City State QLYMPIA WA WA 98501 FEC ID number of contributing C Integration ID: SA11AL90478 Amount of Each Receipt His Period Name of Employer Other (specify) ▼ Other (specify) ▼ General City State Zip Code Transaction ID: SA11AL99451 Amount of Each Receipt Initial Jesse EPPS Mailing Address 2341 MCCALLIE AVE., #402 City State City State City State City State City State City		OF THE UPST	_ _		_
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FEC ID number of contributing federal political committee. C 83.00 Name of Employer ANESTHESIOLOGISTS ASSOCIA- Occupation ANESTHESIOLOGIST ANESTHESIOLOGIST For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 502.00 SUBTOTAL of Receipts This Page (optional) 1124.00		-		•	
federal political committee. 0 Name of Employer Occupation ANESTHESIOLOGISTS ASSOCIA- ANESTHESIOLOGIST TED Aggregate Year-to-Date Primary General Other (specify) ♥ 502.00 SUBTOTAL of Receipts This Page (optional) 1124.00				37404	Amount of Each Receipt this Period
Name of Employer ANESTHESIOLOGISTS ASSOCIA- TED Occupation ANESTHESIOLOGIST ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date Primary General Other (specify) 502.00			C		83.00
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TED ARCENTICS/OLOGIST Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 502.00 SUBTOTAL of Receipts This Page (optional) 1124.00		Name of Employer	Occupatio	n	
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Other (specify) ▼ 502.00 SUBTOTAL of Receipts This Page (optional) 1124.00			Aggregate	e Year-to-Date 🔻	
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		Other (specify)	0.0	002.00	
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					4404.00
TOTAL This Period (last page this line number only)		SUBTOTAL of Receipts This Page (optional)		·····	1124.00
TOTAL This Period (last page this line number only)	ľ				
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SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 258 (check only one) X X 11a 11b 11c 12 13 14 15 16 16
Any information copied from such Reports a or for commercial purposes, other than usir	and Statements may	not be sold or used by any persolverse of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AME OF COMMITTEE (In Full)	-		
/ Full Name (Last, First, Middle Initial) CHRISTOPHER ERKMANN			Date of Receipt
Mailing Address 1500 TIMBERBLU	IFF CT		M M / D D / Y Y Y Y 09 23 2010
City	State	Zip Code	Transaction ID: SA11AI.90964
CHESTERFIELD	MO	63017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer WESTERN ANES ASSOC	Occupation ANESTH	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 500.00]
Full Name (Last, First, Middle Initial) EDUARDO ESCORCIA Mailing Address 137 MORNINGSII	DE DRIVE		Date of Receipt
City	State	Zip Code	Transaction ID: SA11AI.91174
MIAMI	FL	33133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UNIVERSITY OF MIAMI	Occupation PAIN FEI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) LUIS ESPARZA			Date of Receipt
Mailing Address 2810 N SWAN RE) STE 100		0 9 2 3 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.90956
TUCSON	AZ	85712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer OLD PUEBLO ANESTH	Occupation ANESTH	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 450.00]
SUBTOTAL of Receipts This Page (option			800.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate sche for each category	of the	FOR LINE NUMBER: PAGE 65 / 258 (check only one) X 11a 11b 11c 12
			Detailed Summary	Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	⊥ y not be sold or used k dress of any political c	by any persor committee to s	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACT		<i>I</i> ITTEE
	Full Name (Last, First, Middle Initial)				
Α.	FOREST EVANS Mailing Address 3414 WHEAT ST				Date of Receipt
	City	State	Zip Code		Transaction ID: SA11AI.90520
	COLUMBIA	SC	29205		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer ANESTHESIOLOGY CONSULTANTS OF COLUMBIA	Occupation ANESTH	n IESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	 Primary General Other (specify) ▼ 	0 0	5	00.00	
В.	Full Name (Last, First, Middle Initial) RICHARD-SALIM FARAH	1			Date of Receipt
	Mailing Address P.O. BOX 770030				M M / D D / Y Y Y Y 09 / 16 / 2010
	City	State	Zip Code		Transaction ID: SA11AI.90315
	EAGLE RIVER	AK	99577		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer SELF-EMPLOYED	Occupatio ANESTH	n IESIOLOGIST		_
		Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) Image: Contract of the specify in the specify in the specify in the specify in the specific	0 0	3	00.00	
с.	Full Name (Last, First, Middle Initial) JASON FEHR				Date of Receipt
	Mailing Address 1601 18TH ST NW AF	PT 716			M M / D D / Y
	City	State	Zip Code		Transaction ID: SA11AI.89571
	WASHINGTON	DC	20009		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer HOLY CROSS ANESTHESIOLOGY ASSOCIATES		IESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Other (specify) ▼		5	00.00	
	SUBTOTAL of Receipts This Page (optional)			······ Þ	1300.00
	TOTAL This Period (last page this line number	only)			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 258 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usir	and Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	HESIOLOGIST	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) PAUL FELLENBAUM			Date of Receipt
Mailing Address 12 STONINGHAM	IDRIVE		09 / D D / Y Y Y Y 09 / 08 2010
City	State	Zip Code	Transaction ID: SA11AI.89884
WARREN FEC ID number of contributing federal political committee.	NJ	07059	Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY Receipt For:	I I	n ESIOLOGIST Year-to-Date 500.00	
Other (specify) ▼ Full Name (Last, First, Middle Initial) LISA FERGUSON Mailing Address 4111 HERITAGE	TRAIL		Date of Receipt
City	State	Zip Code	Transaction ID: SA11AI.91238
TERRE HAUTE	IN	47803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer SELF-EMPLOYED	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 1000.00]
Full Name (Last, First, Middle Initial) VICTOR FERGUSON			Date of Receipt
Mailing Address 4111 HERITAGE	TRAIL		09 27 2010
City TERRE HAUTE	State IN	Zip Code 47803	Transaction ID: SA11AI.91239 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer SELF-EMPLOYED	Occupation ANESTH	n ESIOLOGIST	1
Receipt For: Primary General Other (specify) ▼	· ·	Year-to-Date V 1000.00]
SUBTOTAL of Receipts This Page (option	nal)	•	2500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 258 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and Starr for commercial purposes, other than using the r	atements may	⊥ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
∠ A.	Full Name (Last, First, Middle Initial) RITCHIE FEVRIER			Date of Receipt
	Mailing Address 9837 GLADIOLUS BUL	B LOOP		M M / D D / Y Y Y Y 09 01 2010
		State	Zip Code	Transaction ID: SA11AI.89482
	FORT MYERS FEC ID number of contributing federal political committee.	FL C	33908	Amount of Each Receipt this Period 41.00
	Name of Employer MEDICAL ANESTHESIA AND PA- IN MANAGEMENT Receipt For: Primary General Other (specify) ▼		n IESIOLOGIST e Year-to-Date ▼ 369.00]
— В.	Full Name (Last, First, Middle Initial) LARRY FIELD Mailing Address 25 COURTENAY DR S	TE 4200 M	SC 240	Date of Receipt
	City	State	Zip Code	09262010 Transaction ID: SA11AI.91161
	CHARLESTON	SC	29425	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MEDICAL UNIVERSITY OF SOU- TH CAROLINA Receipt For: Primary General Other (specify) ▼	-	n LL CARE ANESTHESIOLOG 9 Year-to-Date 250.00	IST
 D.	Full Name (Last, First, Middle Initial) GARY FISCHER Mailing Address 40 TIMBER RIDGE TR	L		Date of Receipt
	City	State	Zip Code	0 9 0 7 2 0 1 0 Transaction ID: SA11AI.89754
	LORENA FEC ID number of contributing federal political committee.	TX C	76655	Amount of Each Receipt this Period 250.00
	Name of Employer MID TEX ANESTHESIA	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	-	e Year-to-Date ▼ 250.00]
	I SUBTOTAL of Receipts This Page (optional)			541.00
.	TOTAL This Period (last page this line number c	onlv)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 258 (check only one) X X 11a 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usir	and Statements may not get he name and addre	ot be sold or used by any pers ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	HESIOLOGISTS F	POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) PETER FISHBACK			Date of Receipt
Mailing Address 1631 HOSPITAL I	OR., STE. #110		0 9 1 7 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.90438
SANTA FE FEC ID number of contributing federal political committee.	C	87505	Amount of Each Receipt this Period
Name of Employer SANTA FE ANESTHESIA SPECI- ALISTS, P.C. Receipt For:	I	SIOLOGIST ear-to-Date V	
Other (specify) 🔻	0 0 0	1000.00	
Full Name (Last, First, Middle Initial) CRAIG FISHER			Date of Receipt
Mailing Address 3300 OAK LAWN	AVE STE 200		M M / D D / Y
City	State	Zip Code	Transaction ID: SA11AI.90153
DALLAS FEC ID number of contributing federal political committee.	TX C	75219	Amount of Each Receipt this Period
Name of Employer METROPOLITAN ANESTHESIA CONSULTANTS	·	SIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date 250.00	
Full Name (Last, First, Middle Initial) ANTHONY FISTER Mailing Address 1010 LONSDALE	CT.		Date of Receipt
City	State	Zip Code	0 9 1 3 2 0 1 0 Transaction ID: SA11AI.90093
ALPHARETTA	GA	30202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer NORTHSIDE ANESTHESIOLOGY	Occupation ANESTHES	SIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date V 1000.00	
SUBTOTAL of Receipts This Page (option	nal)		2250.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	or for commercial purposes, other than using th	Statements may not be sold or used by an e name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	AME OF COMMITTEE (In Full)	SIOLOGISTS POLITICAL ACTION	COMMITTEE
۷ A.	Full Name (Last, First, Middle Initial) MICHAEL FLANAGAN		Date of Receipt
	Mailing Address P.O. BOX 9011		M M / D D / Y Y Y Y 09 22 2010
	City	State Zip Code	Transaction ID: SA11AI.90801
	DOTHAN FEC ID number of contributing federal political committee.	AL 36304	Amount of Each Receipt this Period
	Name of Employer ACMG	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	0
- В.	Full Name (Last, First, Middle Initial) DOUGLAS FLANDERS Mailing Address 1930 STONELEAF D	R	
	City	State Zip Code	0 9 2 4 2 0 1 0 Transaction ID: SA11AI.91091
	TYLER	TX 75703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer E TEXAS ANES ASSOC	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	0
- C.	Full Name (Last, First, Middle Initial) JAMES FLETCHER		Date of Receipt
	Mailing Address 1001 JOHNSON FEF	RY ROAD NE	M M / D D / Y Y Y Y 09 08 2010
		State Zip Code	Transaction ID: SA11AI.89828
	ATLANTA FEC ID number of contributing federal political committee.	GA 30342	Amount of Each Receipt this Period
	Name of Employer CHILDRENS HEALTHECARE OF ATLANTA	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	0
ſ	SUBTOTAL of Receipts This Page (optional)	•	1250.00
F	TOTAL This Period (last page this line number	r only)	•

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 258 (check only one) 11a X 11a 11b I 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AME OF COMMITTEE (In Full)	SIOLOGISTS	S POLITICAL ACTION CON	IMITTEE
Α.	Full Name (Last, First, Middle Initial) RICHARD FLOWERDEW			Date of Receipt
	Mailing Address 38 HEDGEROW DR			0 9 / D D / Y Y Y Y 2 0 1 0
	City FALMOUTH	State ME	Zip Code 04105	Transaction ID: SA11AI.89499
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 83.00
	Name of Employer SPECTRUM MEDICAL GROUP	Occupation ANESTH	n IESIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 747.00	
в.	Full Name (Last, First, Middle Initial) REX FOSTER Mailing Address 2357 TREEHAVEN DI	B		Date of Receipt
				09 02 2010
	City SNELLVILLE	State GA	Zip Code 30078	Transaction ID: SA11AI.89559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PHYSICIAN SPECIALISTS IN ANES.	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
с.	Full Name (Last, First, Middle Initial) WILLIAM FRAME			Date of Receipt
	Mailing Address 2300 N EDWARD ST DEPT. OF ANESTHES	SIA		0 9 / D D / Y Y Y Y 0 1 2 0 1 0
	City DECATUR	State IL	Zip Code 62526	Transaction ID: SA11AI.89516
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 83.00
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS OF DECATU	Occupation PHYSICI		
	Receipt For: Primary General Other (specify)	Aggregate	P Year-to-Date ▼ 747.00]
	SUBTOTAL of Receipts This Page (optional)		······	416.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 258 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	e name and add	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
۷ A.	, Full Name (Last, First, Middle Initial) KEITH FRAZER			Date of Receipt
	Mailing Address 71 TROY DR.			09 / D D / Y Y Y Y 09 13 2010
	City	State	Zip Code	Transaction ID: SA11AI.90071
	SHORT HILLS	NJ	07078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SUMMIT ANESTHESIA ASSOCIA- TES	Occupation ANESTH	1 ESIOLOGIST	
	Receipt For: Primary General	Aggregate	Year-to-Date V	_
	Other (specify) ▼	0 0	250.00	
- В.	Full Name (Last, First, Middle Initial) RYAN FRIEDER	1		Date of Receipt
	Mailing Address P.O. BOX 31007			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.91383
	SANTA FE	NM	87594	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer SANTA FE ANESTHESIA SPECI- ALISTS	Occupation RESIDEN		
	Receipt For: Primary General	Aggregate	Year-to-Date V	_
	Other (specify) \checkmark	0 0	1000.00	
- C.	Full Name (Last, First, Middle Initial) THOMAS FUHRMAN	1		Date of Receipt
	Mailing Address 1611 NW 12TH AVE # DEPARTMENT OF AN	NESTHESIOL		09 / D D / Y Y Y Y 2010
	City MIAMI	State FL	Zip Code 33136	Transaction ID: SA11AI.90099 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UNIVERSITY OF MIAMI	Occupation PHYSICI		
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	250.00]
ſ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1500.00
F	TOTAL This Period (last page this line number		•	

ſ				FOR LINE NUMBER: PAGE 72 / 258
	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
A O	ny information copied from such Reports and Star r for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESI	OLOGISTS	S POLITICAL ACTION CON	IMITTEE
∠ A.	Full Name (Last, First, Middle Initial) BENNETT FULLER			Date of Receipt
	Mailing Address 4200 W MEMORIAL RE) STE 703		M M / D D / Y Y Y Y 09 15 2010
	City	State	Zip Code	Transaction ID: SA11AI.90235
	OKLAHOMA CITY FEC ID number of contributing	<u>ок</u>	73120	Amount of Each Receipt this Period 750.00
	federal political committee.			
	Name of Employer AFFILIATED ANESTHESIOLOGI- STS, INC.	Occupatio PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼ 750.00]
— В.	Full Name (Last, First, Middle Initial) DAVID GAAR			Date of Receipt
	Mailing Address 3600 HERITAGE LN., S	S.W.		M M / D D / Y Y Y Y 0 9 30 2010
		State	Zip Code	Transaction ID: SA11AI.91582
	FORT MYERS FEC ID number of contributing federal political committee.	FL C	33908	Amount of Each Receipt this Period
	Name of Employer MEDICAL ANES AND PAIN MGM- T. CONSULTANT		IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
 C.	Full Name (Last, First, Middle Initial) NICHOLAS GAGLIANO			Date of Receipt
	Mailing Address 723 TAUNTON RD.			09 / D D / Y Y Y Y 09 02 2010
	City WILMINGTON	State DE	Zip Code 19803	Transaction ID: SA11AI.89560 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTHESIA SERVICES, P.A.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
	L SUBTOTAL of Receipts This Page (optional)			1250.00
.	FOTAL This Period (last page this line number o	nly)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 258 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION CON	MITTEE
A.	Full Name (Last, First, Middle Initial) JOSEPH GALLO			Date of Receipt
	Mailing Address 8753 LAKE TIBET C	Τ.		09 / 26 / Y Y Y Y 2010
	City ORLANDO	State FL	Zip Code	Transaction ID: SA11AI.91142
	FEC ID number of contributing federal political committee.	C	32836	Amount of Each Receipt this Period
	Name of Employer JLR MEDICAL GROUP	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 250.00]
- В.	Full Name (Last, First, Middle Initial) BRUCE GANDLE Mailing Address 1123 NASHVILLE AV	/E.		Date of Receipt
			7.0.1	09 12 2010
	City NEW ORLEANS	State LA	Zip Code 70115	Transaction ID: SA11AI.90037 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTHESIA CONSULTANTS OF THE SOUTH	Occupatio PHYSIC	IAN	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date 250.00]
С.	Full Name (Last, First, Middle Initial) DON GANIM			Date of Receipt
	Mailing Address 155 WOODLAND ME	EAD		09 / D D / Y Y Y Y 09 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.91611
	HAMILTON FEC ID number of contributing federal political committee.	C	01982	Amount of Each Receipt this Period
	Name of Employer BEVERLY ANES ASSOC	Occupatio ANESTH	n IESIOLOGIST	_
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date V 500.00]
	SUBTOTAL of Receipts This Page (optional)	·		1000.00
	TOTAL This Period (last page this line numbe	er only)		

ITEN	IEDULE A (FEC Form 3X) MIZED RECEIPTS	tomonto ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 258 (check only one)
or for o	Commercial purposes, other than using the n ME OF COMMITTEE (In Full) MERICAN SOCIETY OF ANESTHESI	name and ad	dress of any political committee to	solicit contributions from such committee.
A. SC Ma Cit W FE fec	II Name (Last, First, Middle Initial) COTT GARBER ailing Address 18 CHERRY FARM LN Y EST CHESTER CID number of contributing deral political committee. Imme of Employer EST CHESTER ANESTHESIA SSOCIATES ceipt For: Primary General		IESIOLOGIST e Year-to-Date 🔻	Date of Receipt
B. Mile Ma Cit TA FE fec Na A PH	Other (specify) ▼ II Name (Last, First, Middle Initial) CHAEL GARCIA illing Address 3231 FOUNTAIN BLVD. y AMPA C ID number of contributing deral political committee. Imme of Employer L CHILDRENS SPECIALTY HYSICIANS receipt For: Primary General Other (specify) ▼	State FL Occupatio ANESTH	Zip Code 33609 nn HESIOLOGIST æ Year-to-Date ▼ 500.00	Date of Receipt 0 9 / 2 4 / 2 0 1 0 Transaction ID: SA11AI.91023 Amount of Each Receipt this Period 500.00
C. LE Ma Ma Cit FE fec Na	II Name (Last, First, Middle Initial) SLIE GARSON ailing Address PO BOX 14423	-	Zip Code 87191	Date of Receipt 0 9 0 6 2 0 1 0 Transaction ID: SA11AI.89688 Amount of Each Receipt this Period 750.00
	TOTAL of Receipts This Page (optional)		•	2250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 258 (check only one) X X 11a 11a 11b 113 14 15 16 1
	Any information copied from such Reports and S or for commercial purposes, other than using the			
	AME OF COMMITTEE (In Full)	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
×.	Full Name (Last, First, Middle Initial) ROBIN GAVELIN			Date of Receipt
	Mailing Address 5215 S LAURELHURS	ST CT		09 16 Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.90372
	SPOKANE FEC ID number of contributing federal political committee.	C	99223	Amount of Each Receipt this Period 250.00
	Name of Employer PHYSICIAN ANESTHESIA GROUP	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
-	Full Name (Last, First, Middle Initial) RALF GEBHARD Mailing Address 1611 NW 12TH AVEN	I IUE, ROOM	C-302	Date of Receipt
	City	State	Zip Code	0 9 2 2 2 0 1 0 Transaction ID: SA11AI.90807
	MIAMI	FL	33136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UNIVERSITY OF MIAMI ANES. DEPT.		ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 500.00	
-	Full Name (Last, First, Middle Initial) PHILLIP GEIGER			Date of Receipt
	Mailing Address 1908 W BERKSHIRE	LN		M M / D D / Y Y Y Y 09 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.89455
	HANFORD	CA	93230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer US NAVY	1.1	ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 369.00	
Γ	SUBTOTAL of Receipts This Page (optional).	•		791.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	totomonto ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 258 (check only one)
	NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)			
Α.	TONY GEORGE Mailing Address 7 LAYER DR.			Date of Receipt 0 9 2 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.90633
	MORRIS PLAINS	NJ	07950	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SUMMIT ANESTHESIA ASSOC.	Occupatio PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	250.00]
В.	Full Name (Last, First, Middle Initial) JENELLE GERMANY	I		Date of Receipt
	Mailing Address 2009 THAMES TRL			M M / D D / Y Y Y Y 09 14 2010
	City	State	Zip Code	Transaction ID: SA11AI.90121
	COLLEYVILLE	TX	76034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer METRO ANESTHESIA	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	1000.00	
с.	Full Name (Last, First, Middle Initial) WILLIAM GEZZAR			Date of Receipt
	Mailing Address 1820 WHITECAP CIRC	CLE		09 25 Y Y Y Y Y 09 25 2010
		State	Zip Code	Transaction ID: SA11AI.91120
	NORTH FORT MYERS FEC ID number of contributing federal political committee.	FL C	33903	Amount of Each Receipt this Period 500.00
	Name of Employer	Occupatio	n	
	MAPMC ' '		IESIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
	SUBTOTAL of Receipts This Page (optional)		•••••	1750.00
	TOTAL This Period (last page this line number	only)		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 258 (check only one) 11a 11b 11c 12 13 14 15 16 17
or f	r information copied from such Reports and S or commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) NOEL GIESECKE			Date of Receipt
-	Mailing Address 6037 LLANO AVE			0 9 2 4 Y Y Y Y 2 0 1 0
		State	Zip Code	Transaction ID: SA11AI.91051
-	DALLAS FEC ID number of contributing federal political committee.		75206	Amount of Each Receipt this Period 1000.00
ī	Name of Employer UT SOUTHWESTERN MEDICAL	Occupatic PHYSIC		-
_	CENTER Receipt For: Primary General	1	e Year-to-Date 🔻	1
	Other (specify)	0 0	1000.00	
	Full Name (Last, First, Middle Initial) THOMAS GILLOCK			Date of Receipt
Ĭ	Mailing Address 6839 S. CANTON			M M / D D / Y Y Y Y 09 / 08 / 2010
		State	Zip Code	Transaction ID: SA11AI.89840
-	TULSA FEC ID number of contributing rederal political committee.	OK	74136	Amount of Each Receipt this Period
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, INC.	Occupation PHYSIC		
I	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00	1
	Full Name (Last, First, Middle Initial) RICHARD GIVEN			Date of Receipt
-	Mailing Address 91 GIRARD AVE.			0 9 2 1 2 0 1 0
		State	Zip Code	Transaction ID: SA11AI.90648
-	HARTFORD FEC ID number of contributing rederal political committee.	CT	06105	Amount of Each Receipt this Period 250.00
Ī	Name of Employer MILFORD ANESTHESIOLOGY	Occupatio PHYSIC		
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 250.00]
su	BTOTAL of Receipts This Page (optional)			1750.00
	TAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 258 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 110 117 110
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
Α.	Full Name (Last, First, Middle Initial) KEVIN GLASSMAN Mailing Address 2 HOPE LN			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.90473
	GLEN HEAD	NY	11545	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer GENERAL ANESTHESIA SERVIC- ES, LLP	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date 🔻]
- В.	Full Name (Last, First, Middle Initial) PAUL GOEHNER	1		Date of Receipt
	Mailing Address 149 LINDEN AVE			09 16 Y Y Y Y 09 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.90354
	ATHERTON	CA	94027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer SELF	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General	Aggregat	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	500.00	
С.	Full Name (Last, First, Middle Initial) MARILYN GOLDSTEIN			Date of Receipt
	Mailing Address 412 FAIRWAY ESTAT	ES DR		09 / D D / Y Y Y Y 03 2010
	City	State	Zip Code	Transaction ID: SA11AI.89606
	BLOUNTVILLE	TN	37617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer BRISTOL ANESTHESIA SERVIC- ES	1	HESIOLOGIST	
	Receipt For: Primary General	Aggregat	e Year-to-Date 🔻	_
	Other (specify) ▼	0.0	1000.00	1
	SUBTOTAL of Receipts This Page (optional)	•		2000.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 258 (check only one)		
ſ	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may e name and add	y not be sold or used by any perso	13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE		
۷ A.	Full Name (Last, First, Middle Initial) PRAVEEN GOLLAPUDI					
	Mailing Address 5 WILLINGS ALLEY	MEWS		M M / D D / Y Y Y Y 09 05 2010		
	City	State	Zip Code	Transaction ID: SA11AI.89642		
	PHILADELPHIA	PA	19106	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer BURLINGTON ANESTHESIA ASS- OCIATES	Occupatio PHYSICI				
	Receipt For:	Aggregate	e Year-to-Date V			
	Other (specify) ▼	0 0	1000.00			
- В.	Full Name (Last, First, Middle Initial) GLENN GOLLOBIN			Date of Receipt		
	Mailing Address 3514 BAYARD DR			M M / D D / Y Y Y Y 09 19 2010		
	City	State	Zip Code	Transaction ID: SA11AI.90480		
	<u>CINCINNATI</u>	OH	45208	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer ANESTHESIA ASSOCIATES OF CINCINNATI	Occupatio PHYSICI				
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻			
	Other (specify) ▼	0 0	500.00			
- C.	Full Name (Last, First, Middle Initial) GOKUL GONDI	-1		Date of Receipt		
	Mailing Address 1112 GIST ST			M M / D D / Y Y Y Y 09 29 2010		
	City	State	Zip Code	Transaction ID: SA11AI.91450		
	COLUMBIA	SC	29201	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C				
	Name of Employer CRITICAL HEALTH SYSTEMS SC	Occupatio ANESTH	n IESIOLOGIST			
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	1		
	Other (specify)	0 0	1000.00			
ſ	SUBTOTAL of Receipts This Page (optional) .			2500.00		
F	TOTAL This Period (last page this line numbe	r only)				

SCHEDULE A (FEC Form a ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 258 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persoing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	THESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) JERRY GONZALES		Date of Receipt
Mailing Address 200 WHISPERIN	IG BROOK WAY	0 9 / 0 4 / Y Y Y Y 0 9 / 0 4 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.89613
MEDIA FEC ID number of contributing	PA 19063	Amount of Each Receipt this Period 500.00
federal political committee.		500.00
Name of Employer UNITED ANESTHESIA SERVICES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) GENE GORDON Mailing Address PO BOX 1166		Date of Receipt
		09 30 2010
City SYLACAUGA	State Zip Code AL 35150	Transaction ID: SA11AI.91626 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SYLACAUGA ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00]
Full Name (Last, First, Middle Initial) ZACHARY GORDON	I	Date of Receipt
Mailing Address 3535 LEBON DR	UNIT 5204	09 16 Y Y Y Y 09 16 2010
City	State Zip Code	Transaction ID: SA11AI.90362
SAN DIEGO FEC ID number of contributing	CA 92122	Amount of Each Receipt this Period
federal political committee.		250.00
Name of Employer ANESTHESIA SERVICE MED GR- OUP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optic	onal)	1250.00
TOTAL This Period (last page this line n	umber 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 / 258 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17					
ſ	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.							
		SIOLOGISTS POLITICAL ACTION COM						
لا A.	Full Name (Last, First, Middle Initial) DANIEL GOSDIN	Date of Receipt						
	Mailing Address 561 LAKE COLONY E	M M / D D / Y						
	City	State Zip Code AL 35242	Transaction ID: SA11AI.90911					
	BIRMINGHAM FEC ID number of contributing federal political committee.	AL 35242	Amount of Each Receipt this Period					
	Name of Employer ANESTH ASSOC	Occupation ANESTHESIOLOGIST	-					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00						
- B.	Full Name (Last, First, Middle Initial) PAUL GREAVES Mailing Address 1165 LINNWOOD DR	NF	Date of Receipt					
			09 15 2010					
	City ALBANY	State Zip Code OR 97322	Transaction ID: SA11AI.90185 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	501.00					
	Name of Employer ALBANY ANESTHESIA, PC	Occupation PHYSICIAN						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 501.00						
- C.	Full Name (Last, First, Middle Initial) CARRIE GREENBERG		Date of Receipt					
	Mailing Address 15 KINZEL LN		09 29 Y Y Y Y 0010					
	City	State Zip Code	Transaction ID: SA11AI.91503					
	WEST ORANGE FEC ID number of contributing federal political committee.	NJ 07052	Amount of Each Receipt this Period					
	Name of Employer SUMMIT ANESTHESIA ASSOC.	Occupation PHYSICIAN	-					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1251.00					
ŀ	TOTAL This Period (last page this line number	only)						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 258 (check only one) 11a 11b 11c 12 13 14 15 16 17			
	or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s					
		AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMM					
A.	Full Name (Last, First, Middle Initial) MICHAEL GREENBERG			Date of Receipt			
	Mailing Address 725 STURGES WAY			09 / 13 / Y Y Y Y 2010			
	City ALPHARETTA	State GA	Zip Code 30022	Transaction ID: SA11AI.90058 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer NORTHSIDE ANESTHESIOLOGY CONSULTANTS	Occupation PARTNE		_			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]			
- B.	Full Name (Last, First, Middle Initial) STEVEN GREENBERG			Date of Receipt			
	Mailing Address 1579 GROVE AVE			0 9 / D B / Y Y Y Y 2 0 1 0			
		State	Zip Code	Transaction ID: SA11AI.89886			
	HIGHLAND PARK FEC ID number of contributing federal political committee.	C	60035	Amount of Each Receipt this Period			
	Name of Employer EVANSTON NORTHWESTERN HOS- <u>PITAL ANES</u> Receipt For:	1	n IESIOLOGIST 9 Year-to-Date ▼	_			
	Primary General Other (specify) ▼		250.00]			
- C.	Full Name (Last, First, Middle Initial) STEFAN GRENVIK			Date of Receipt			
	Mailing Address 222 MEADOW GLEN E	DR		09 / Y Y Y Y 09 16 2010			
	City	State	Zip Code	Transaction ID: SA11AI.90263			
	BRISTOL FEC ID number of contributing federal political committee.	TN C	37620	Amount of Each Receipt this Period 1000.00			
	Name of Employer BRISTOL ANESTHESIA SERVIC- ES	Occupation ANESTH	n IESIOLOGIST				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1000.00]			
ſ	SUBTOTAL of Receipts This Page (optional)			1500.00			
	TOTAL This Period (last page this line number of	only)					

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 258 (check only one) (check 112) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin	and Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) A. STEPHEN GRICE		Date of Receipt
Mailing Address 9175 OLD SOUTH	IWICK PASS	0 9 0 7 Y Y Y Y 0 1 0
City	State Zip Code	Transaction ID: SA11AI.89775
ALPHARETTA	GA 30022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NORTHSIDE HOSPITAL NORTHS- IDE ANESTHESI	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) ALINA GRIGORE		Date of Receipt
22 SOUTH GREE	F ANESTHESIOLOGY N STREET S11C00	M M / D D / Y Y Y Y Y 09 30 2010
	State Zip Code	Transaction ID: SA11AI.91701
BALTIMORE	MD 21201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer UNIVERSITY OF MARYLAND	Occupation CARDIAC ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	1
Full Name (Last, First, Middle Initial)		
CHAKRAPANI GUPTA		Date of Receipt
Mailing Address 6081 SILVER KIN	G BLVD # 1102	0 9 3 0 Y Y Y Y 0 9 3 0 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.91580
CAPE CORAL	FL 33914	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MAPMC	Occupation MD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (option	nal)	1000.00
	nber only)	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 84 / 258 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	ay not be sold or used by any persidress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AME OF COMMITTEE (In Full)	SIOLOGIST	S POLITICAL ACTION COM	<i>I</i> MITTEE
	Full Name (Last, First, Middle Initial) WILLIAM GURLEY			Date of Receipt
Α.	Mailing Address 3657 SHANDWICK PI	L.		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11AI.90287
	BIRMINGHAM	AL	35242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UAB SCHOOL OF MEDICINE AN- ES. DEPT. JT	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) ANTHONY GYAMFI			Date of Receipt
	Mailing Address 10018 S.W. 125TH S	Τ.		M M / D D / Y Y Y Y 09 / 22 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.90703
	MIAMI	FL	33176	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer U. OF MIAMI	Occupatio MD	on	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
С.	Full Name (Last, First, Middle Initial) JOHN HAMILTON			Date of Receipt
	Mailing Address 3709 SCENIC HOLLC	OW LN		M M / D D / Y Y Y Y 09 / 27 / 2010
		State	Zip Code	Transaction ID: SA11AI.91183
		TN	37377	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer ACE DEPT OF ANESTHESIOLOGY		IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		1000.00	
	SUBTOTAL of Receipts This Page (optional)	· ······		1750.00
Ī	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 258 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports an or for commercial purposes, other than using	ny information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to so					
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI						
Full Name (Last, First, Middle Initial)						
Mailing Address 3390 N. CAMPBEL	L AVE., STE. 11	10	0 9 / 0 1 / Y Y Y Y 0 9 0 1 2 0 1 0			
City	State	Zip Code	Transaction ID: SA11AI.89423			
TUCSON	AZ	85719	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		83.00			
Name of Employer SOUTHERN ARIZONA ANESTHES- IA	Occupation ANESTH	SIOLOGIST				
Receipt For:	Aggregate	Year-to-Date 🔻				
Primary General Other (specify) ▼	0 0	751.00				
Full Name (Last, First, Middle Initial) AARON HAMMOND	I		Date of Receipt			
Mailing Address 3390 N. CAMPBEL	Mailing Address 3390 N. CAMPBELL AVE., STE. 110					
City	State	Zip Code	Transaction ID: SA11AI.89460			
TUCSON FEC ID number of contributing federal political committee.	AZ	85719	Amount of Each Receipt this Period 83.00			
Name of Employer SOUTHERN ARIZONA ANESTHES- IA	Occupation	ESIOLOGIST				
Receipt For: Primary General Other (specify) v		Year-to-Date V 834.00]			
Full Name (Last, First, Middle Initial) AARON HAMMOND			Date of Receipt			
Mailing Address 3390 N. CAMPBEL	L AVE., STE. 11	10	0 9 1 6 2 0 1 0			
City	State	Zip Code	Transaction ID: SA11AI.90297			
TUCSON	AZ	85719	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		-83.00			
Name of Employer SOUTHERN ARIZONA ANESTHES- JA	Occupation ANESTHE	SIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 751.00				
SUBTOTAL of Receipts This Page (optional	ـــــــــــــــــــــــــــــــــــــ		83.00			
TOTAL This Period (last page this line num	ber only)					

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each Detailed	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 86 / 258 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold the name and address of any	d or used by any perso political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	AME OF COMMITTEE (In Full)	SIOLOGISTS POLITIC	CAL ACTION COM	MITTEE
∠ A.	Full Name (Last, First, Middle Initial) RICHARD HAN			Date of Receipt
	Mailing Address 23604 WINTERGRE	EN CIR		09 21 Y Y Y Y 2010
	City	State Zip Co		Transaction ID: SA11AI.90656
	NOVI	MI 48374		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES, P	Occupation ANESTHESIOLOG	AIST	
	Receipt For: Primary General	Aggregate Year-to-Da	te 🔻	
	Other (specify) ▼		500.00	
- В.	Full Name (Last, First, Middle Initial) YUNG HO HAN			Date of Receipt
	Mailing Address PO BOX 5412			09 / 27 / Y Y Y 2010
	City	State Zip Co	de	Transaction ID: SA11AI.91237
	LARGO	FL 33779		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer BAYPINES VA	Occupation PHYSICIAN		
	Receipt For: Primary General	Aggregate Year-to-Da	te 🔻	
	Other (specify) ▼		1000.00	
- с.	Full Name (Last, First, Middle Initial) PHILIP HANLON			Date of Receipt
	Mailing Address PO BOX 8365			09 / 27 / Y Y Y 2010
	City	State Zip Co	de	Transaction ID: SA11AI.91256
	MOBILE	AL 36689		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer PRH, P.C.	Occupation ANESTHESIOLOG	âIST	
	Receipt For: Primary General	Aggregate Year-to-Da	te 🔻	
	Other (specify) ▼		500.00	
Γ	SUBTOTAL of Receipts This Page (optional)			2000.00
F	TOTAL This Period (last page this line number		-	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 258 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using th	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION CON	MITTEE
۷ A.	Full Name (Last, First, Middle Initial) CHAD HARBIN			Date of Receipt
	Mailing Address 16495 TIMBERLANE	DR		09 / D D / Y Y Y Y 20 2010
	City	State	Zip Code	Transaction ID: SA11AI.90599
	ATHENS FEC ID number of contributing federal political committee.	C	35613	Amount of Each Receipt this Period
	Name of Employer ANESTHESIA SERVICES OF DE- CATUR Receipt For:		IESIOLOGIST	_
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
- B.	Full Name (Last, First, Middle Initial) NANCY HARING			Date of Receipt
	Mailing Address PO BOX 235019			09 / 20 / Y Y Y Y 2010
		State AL	Zip Code	Transaction ID: SA11AI.90507
	MONTGOMERY FEC ID number of contributing federal political committee.	C	36123	Amount of Each Receipt this Period
	Name of Employer MONTGOMERY ANESTHESIA ASS- OCIATES, PC	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1500.00]
- C.	Full Name (Last, First, Middle Initial) SCOTT HARPER			Date of Receipt
	Mailing Address 1065 LAKE COLONY	LN.		M M / D D / Y Y Y Y 09 22 2010
	City	State	Zip Code	Transaction ID: SA11AI.90722
	BIRMINGHAM FEC ID number of contributing federal political committee.	AL	35242	Amount of Each Receipt this Period
	Name of Employer ARM	Occupation ANESTH	n IESIOLOGIST	-
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date 250.00]
ſ	SUBTOTAL of Receipts This Page (optional) .		······	1750.00
ľ	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 88 / 258 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	MITTEE		
A.	Full Name (Last, First, Middle Initial) AARON HARVILLE	Date of Receipt		
	Mailing Address 4122 SILVERY MINNO	OW PL NW		09 15 Y Y Y 09 15
	City	State	Zip Code	Transaction ID: SA11AI.90207
	ALBUQUERQUE	NM	87120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTHESIA SPECILAISTS OF ALBUQUERQUE	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 		250.00	
B.	Full Name (Last, First, Middle Initial) STEPHAN HATCH			Date of Receipt
	Mailing Address 11 MOCCASIN HL			0 9 / D D / Y Y Y Y 0 2 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.91287
	LINCOLN	MA	01773	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer BEVERLY ANESTHESIA ASSOCI- ATES	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 		250.00	
C.	Full Name (Last, First, Middle Initial) STEVEN HATTAMER			Date of Receipt
	Mailing Address 8 PROSPECT STREE	Т		0 9 / D D / Y Y Y Y 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.89462
	NASHUA	NH	03060	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer NASHUA ANESTHESIA PARTNERS	Occupation PHYSIC		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		664.00	
[SUBTOTAL of Receipts This Page (optional)	1	•	583.00
	TOTAL This Period (last page this line number	only)	J	

				FOR LINE NUMBER: PAGE 89/258				
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)				
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12				
_			Dotaliou Cultiniary Fago					
	Any information copied from such Reports and a or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.						
ſ	NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)						
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS P	OLITICAL ACTION COM	MITTEE				
Α.	Full Name (Last, First, Middle Initial) ADAM HAUSER			Date of Receipt				
	Mailing Address 14 HUNTSMAN DR.			09 / D D / Y Y Y Y 27 / 2010				
	City	State	Zip Code	Transaction ID: SA11AI.91211				
	GARNET VALLEY	PA	19060	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer ASSOCIATES IN ANESTHESIA, INC.	Occupation ANESTHES	IOLOGIST					
	Receipt For:	Aggregate Ye	ar-to-Date 🔻					
	Primary General Other (specify) ▼		500.00]				
- B.	Full Name (Last, First, Middle Initial) WILLIAM HAWK			Date of Receipt				
Б.	Mailing Address 7417 AURELIA RD			M M / D D / Y Y Y Y 0 9 2 3 2 0 1 0				
	City	State	Zip Code	Transaction ID: SA11AI.90858				
	OKLAHOMA CITY	OK	73121	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer SELF-EMPLOYED	Occupation ANESTHES	IOLOGIST					
	Receipt For:	Aggregate Ye	ar-to-Date 🔻					
	Primary General Other (specify) ▼		250.00]				
- C.	Full Name (Last, First, Middle Initial) PETER HAYNAL	1		Date of Receipt				
0.	Mailing Address 1711 RIVER RIDGE	DR		0 9 0 1 2 0 1 0				
	City	State	Zip Code	Transaction ID: SA11AI.89497				
	SPRING VALLEY	OH	45370	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		41.00				
	Name of Employer KETTERING ANESTHESIA ASSO- CIATES	Occupation PHYSICIAN	l					
	Receipt For:	Aggregate Ye	ar-to-Date 🔻					
	Other (specify)		369.00]				
	SUBTOTAL of Receipts This Page (optional).	1		791.00				
ŀ								
	TOTAL This Period (last page this line numbe	r only)						

Any ir or for AI AI AI AI Cit AI FE fec B. Fu Ma Cit Cit	commercial purposes, other than using the ME OF COMMITTEE (In Full) MERICAN SOCIETY OF ANESTHE II Name (Last, First, Middle Initial) HN HEATH illing Address 916 OLDE THOMPSC	Detailed Summary Page Statements may not be sold or used by any person e name and address of any political committee to SIOLOGISTS POLITICAL ACTION COMM DN CREEK ROAD State Zip Code NC 27523 C Occupation PHYSICIAN-ANESTHESIOLOGIST Aggregate Year-to-Date 1000.00	solicit contributions from such committee.
A. JO NA AI Fu AI Cit AI Cit B. Fu Re Fu Re fec S. Fu Cit Cit	commercial purposes, other than using the ME OF COMMITTEE (In Full) MERICAN SOCIETY OF ANESTHES II Name (Last, First, Middle Initial) HN HEATH illing Address 916 OLDE THOMPSC y PEX C ID number of contributing leral political committee. me of Employer EGIONAL ANESTHESIA, PLLC ceipt For: Primary General	e name and address of any political committee to SIOLOGISTS POLITICAL ACTION COMM DN CREEK ROAD State Zip Code NC 27523 C Occupation PHYSICIAN-ANESTHESIOLOGIST Aggregate Year-to-Date ▼	Solicit contributions from such committee. MITTEE Date of Receipt 0 9 2 7 2 7 2 0 1 0 Transaction ID: SA11AI.91190 Amount of Each Receipt this Period
A. JO A. JO Ma Cit A. JO Ma Cit RE fec B. Fu Ma Cit	ME OF COMMITTEE (In Full) MERICAN SOCIETY OF ANESTHES II Name (Last, First, Middle Initial) HN HEATH iiling Address 916 OLDE THOMPSC y PEX C ID number of contributing leral political committee. me of Employer GIONAL ANESTHESIA, PLLC ceipt For: Primary General	SIOLOGISTS POLITICAL ACTION COMM DN CREEK ROAD State Zip Code NC 27523 C Occupation PHYSICIAN-ANESTHESIOLOGIST Aggregate Year-to-Date ▼	MITTEE Date of Receipt 0 9 27 2 0 1 0 Transaction ID: SA11AI.91190 Amount of Each Receipt this Period
A. JO Ma Cit FE fec Re Re A. RC Ma Cit	HN HEATH illing Address 916 OLDE THOMPSC y PEX C ID number of contributing leral political committee. me of Employer GIONAL ANESTHESIA, PLLC ceipt For: Primary General	State Zip Code NC 27523 C Occupation PHYSICIAN-ANESTHESIOLOGIST Aggregate Year-to-Date	M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
G. Fu Cit Ma Cit AI FE fec Re Fu Ma Cit Cit	iling Address 916 OLDE THOMPSC y PEX C ID number of contributing leral political committee. me of Employer GIONAL ANESTHESIA, PLLC ceipt For: Primary General	State Zip Code NC 27523 C Occupation PHYSICIAN-ANESTHESIOLOGIST Aggregate Year-to-Date	M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Cit Al FE fec Na RE RE S. Fu Ma	y PEX C ID number of contributing leral political committee. me of Employer EGIONAL ANESTHESIA, PLLC ceipt For: Primary General	State Zip Code NC 27523 C Occupation PHYSICIAN-ANESTHESIOLOGIST Aggregate Year-to-Date	0 9 2 7 2 0 1 0 Transaction ID: SA11AI.91190 Amount of Each Receipt this Period
Af FE fec Na RE RE S. Fu Ma Cit	C ID number of contributing leral political committee. me of Employer GIONAL ANESTHESIA, PLLC ceipt For: Primary General	NC 27523 C Occupation PHYSICIAN-ANESTHESIOLOGIST Aggregate Year-to-Date	Amount of Each Receipt this Period
FE fec Na RE Re B. RC S. Cit	C ID number of contributing leral political committee. me of Employer EGIONAL ANESTHESIA, PLLC ceipt For: Primary General	C Occupation PHYSICIAN-ANESTHESIOLOGIST Aggregate Year-to-Date ▼	
B. Re Ma	ceipt For: Primary General	PHYSICIAN-ANESTHESIOLOGIST Aggregate Year-to-Date	
	Primary General		
3. RC Ma Cit			
Cit	ll Name (Last, First, Middle Initial) DERT HEFLIN	I	Date of Receipt
	iling Address 6 FAIRVIEW HTS		M M / D D / Y Y Y Y 09 24 2010
<u>P/</u>	•	State Zip Code	Transaction ID: SA11AI.91078
	ARKERSBURG C ID number of contributing	WV 26101	Amount of Each Receipt this Period
	leral political committee.		500.00
	me of Employer NITED ANESTH	Occupation ANESTHESIOLOGIST	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	ll Name (Last, First, Middle Initial) DERT HENDRICK	1	Date of Receipt
Ma	iling Address 3366 DEBORAH DR.		M M / D D / Y Y Y Y 09 23 2010
Cit	•	State Zip Code	Transaction ID: SA11AI.90905
	ONROE	LA 71201	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.		250.00
Na P <i>A</i>	me of Employer RISH ANESTHESIA	Occupation ANESTHESIOLOGIST	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUB			1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 258 (check only one) 11c X 11a 11b 13 14 15 16 17
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person of the name and address of any political committee to THESIOLOGISTS POLITICAL ACTION COMM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. PETER HENDRICKS Mailing Address 1590 PANORAMA	A DR	Date of Receipt
		09 01 2010
City BIRMINGHAM	State Zip Code AL 35216	Transaction ID: SA11AI.89471
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.00
Name of Employer SELF	Occupation ANESTHESIOLOGIST	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 747.00	
Full Name (Last, First, Middle Initial) ANDREW HERLICH Mailing Address 116 HAVERFORE		Date of Receipt
		09 01 2010
City PITTSBURGH	State Zip Code PA 15228	Transaction ID: SA11AI.89463
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.00
Name of Employer UPMC MERCY	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 747.00	
Full Name (Last, First, Middle Initial) ANTONIO HERNANDEZ		Date of Receipt
Mailing Address DEPT. OF ANES 7703 FLOYD CUF	RL DRIVE	M M / D D / Y Y Y Y 0 9 1 0 2 0 1 0
	State Zip Code	Transaction ID: SA11AI.89959
SAN ANTONIO FEC ID number of contributing federal political committee.	TX 78229	Amount of Each Receipt this Period
Name of Employer UNIV. OF TX HLTH. SCIENCE CENTER-SAN A Receipt For: Primary General	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	-
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	nal)	666.00
TOTAL This Period (last page this line nu	mber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 92 / 258 (check only one) I1a 11b 11c 12 I3 14 15 16 17 on for the purpose of soliciting contributions Interval Interval Interval
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and add	dress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) DAVID HERRICK Mailing Address P.O. BOX 241348			Date of Receipt
	City	State	Zip Code	0 9 3 0 2 0 1 0 Transaction ID: SA11AI.91703
	MONTGOMERY	AL	36124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer CENTER FOR PAIN OF MONTGO- MERY	Occupation PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
В.	Full Name (Last, First, Middle Initial) GREGORY HICKMAN Mailing Address 1040 GULF BREEZE	PKWV STE	100	Date of Receipt
		FRWISIL	100	09 14 2010
	City	State	Zip Code	Transaction ID: SA11AI.90131
	GULF BREEZE	<u> </u>	32561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer PARADIGM ANESTHESIA, PA	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00]
С.	Full Name (Last, First, Middle Initial) RUSSELL HILL			Date of Receipt
	Mailing Address 12 PRENTICE LN.			M M / D D / Y Y Y Y 09 27 2010
	City	State	Zip Code	Transaction ID: SA11AI.91186
	SIGNAL MOUNTAIN	TN	37377	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ACE	Occupation MD	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
	SUBTOTAL of Receipts This Page (optional) .		······	2000.00
	TOTAL This Period (last page this line number	r only)		

ľ	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 258 (check only one) X X 11a 13 14 15 16 11
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers ne name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
. / A.	Full Name (Last, First, Middle Initial)	Date of Receipt	
۱.	Mailing Address 17840 VILLA CLUB	NAY	0 9 2 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.90889
	BOCA RATON	FL 33496	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer MILLENNIUM ANESTHESIA	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) JOHN HINE		Date of Receipt
	Mailing Address 1147 SANTA MARIA		0 9 / D D / Y Y Y Y 0 5 / 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.89650
	BOISE FEC ID number of contributing federal political committee.	ID 83712	Amount of Each Receipt this Period
	Name of Employer ANESTHESIOLOGY CONSULTS OF TREASURE VA	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00]
	Full Name (Last, First, Middle Initial) MAGGIE HO		Date of Receipt
	Mailing Address 9 CARLEYS WAY		M M / D D / Y Y Y Y 09 10 2010
	City ROCKAWAY	State Zip Code NJ 07866	Transaction ID: SA11AI.89966
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer MORRIS ANEST. GROUP ST. CLARES HOSP.	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
Γ	SUBTOTAL of Receipts This Page (optional)		1500.00

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 94 / 258 (check only one)
I	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
A	Any information copied from such Reports and S r for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
A.	Full Name (Last, First, Middle Initial) ROBERT HODSON	Date of Receipt		
	Mailing Address 217 COUNTRY CLUB	PARK # 113	3	M M / D D / Y Y Y Y 09 22 2010
	City	State	Zip Code	Transaction ID: SA11AI.90799
	BIRMINGHAM	AL	35213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ARM	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	500.00]
	Full Name (Last, First, Middle Initial) ANDY HOLLENSHEAD			Date of Receipt
	Mailing Address 3300 OAK LAWN AVE STE 200			M M / D D / Y Y Y Y 09 22 2010
	City	State	Zip Code	Transaction ID: SA11AI.90776
	DALLAS	TX	75219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SELF-EMPLOYED	Occupatio ANESTH	n IESIOLOGIST	_
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00]
	Full Name (Last, First, Middle Initial) GREGORY HONDORP			Date of Receipt
	Mailing Address 2931 PIONEER CLUB	, S.E.		0 9 2 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.91292
	GRAND RAPIDS	MI	49506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTHESIA MEDICAL CONSUL- TANTS	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)		500.00	
	SUBTOTAL of Receipts This Page (optional)	I		1500.00
	TOTAL This Period (last page this line number			

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 258 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) KEVIN HOOK Mailing Address 7202 E 112TH PL S			Date of Receipt
	City	State	Zip Code	0 9 0 8 2 0 1 0 Transaction ID: SA11AI.89860
	BIXBY	OK	74008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, INC.		IESIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date 500.00]
- В.	Full Name (Last, First, Middle Initial) ROBERT HORVATH Mailing Address 5201 N. FORT YUMA	TBI		Date of Receipt
				09 03 2010
	City	State AZ	Zip Code	Transaction ID: SA11AI.89588
	TUCSON FEC ID number of contributing federal political committee.	C	85750	Amount of Each Receipt this Period
	Name of Employer OLD PUEBLO ANES. P.C.	Occupation	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date 225.00]
- c.	Full Name (Last, First, Middle Initial) JEFFREY HOUSE			Date of Receipt
-	Mailing Address 3440 ROSE MALLOW	I LOOP		M M / D D / Y Y Y Y 09 27 2010
	City	State	Zip Code	Transaction ID: SA11AI.91247
	OVIEDO FEC ID number of contributing federal political committee.	FL C	32766	Amount of Each Receipt this Period
	Name of Employer JLR MED GRP	Occupation PHYSIC		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 500.00]
ſ	SUBTOTAL of Receipts This Page (optional)			1025.00
F	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each Detailed	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 96 / 258 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold name and address of any	l or used by any perso political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
		SIOLOGISTS POLITIC	AL ACTION COM	MITTEE
∠ A.	Full Name (Last, First, Middle Initial) TIMOTHY HOUSEMAN			Date of Receipt
	Mailing Address PO BOX 1025			0 9 0 1 Y Y Y Y 2 0 1 0
	City	State Zip Co		Transaction ID: SA11AI.89432
	FAIRHOPE	AL 36533		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer EASTERN SHORE ANESTHESIA	Occupation ANESTHESIOLOG	iIST	
	Receipt For: Primary General	Aggregate Year-to-Da	te 🔻	
	Primary General Other (specify) ▼		336.00	
- В.	Full Name (Last, First, Middle Initial) JOSEPH HOUSER			Date of Receipt
	Mailing Address 3604 PARK LANE SO	UTH		M M / D D / Y Y Y Y 09 23 2010
	City	State Zip Co	de	Transaction ID: SA11AI.90913
	BIRMINGHAM	AL 35213		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANES. ASSOC., P.C.	Occupation ANESTHESIOLOG	iIST	
	Receipt For: Primary General	Aggregate Year-to-Da	te 🔻	
	Primary General Other (specify) ▼		500.00	
- C.	Full Name (Last, First, Middle Initial) MARTIN HOVE			Date of Receipt
	Mailing Address 1212 PLEASANT SUITE 400			M M / D D / Y
	City	State Zip Co		Transaction ID: SA11AI.91560
	DES MOINES	<u>IA 50130</u>		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS	Occupation PHYSICIAN		
	Receipt For: Primary General	Aggregate Year-to-Da	te 🔻	
	Other (specify)		250.00	
ſ	SUBTOTAL of Receipts This Page (optional)		_	791.00
F	TOTAL This Period (last page this line number		-	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 258 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
	AME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	MITTEE		
Α.	Full Name (Last, First, Middle Initial) YUAN HU			Date of Receipt
	Mailing Address 20 BERNARD DR	09 / 13 / Y Y Y Y 09 13 / 2010		
	City	State	Zip Code	Transaction ID: SA11AI.90047
	BASKING RIDGE	NJ	07920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SUMMIT ANESTHESIA	Occupatio PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) RYAN HULVER	•		Date of Receipt
	Mailing Address 3719 S ATLANTA PL			M M / D D / Y Y Y Y 09 / 19 / 2010
	City TULSA	State OK	Zip Code 74105	Transaction ID: SA11AI.90490
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer HILLCREST MEDICAL CENTER <u>ANESTHESIA</u> Receipt For:	1 · · · · · · · · · · · · · · · · · · ·	IESIOLOGIST	_
	Primary General Other (specify) ▼		e Year-to-Date 500.00	
с.	Full Name (Last, First, Middle Initial) REA HUNT			Date of Receipt
	Mailing Address 52 MEDICAL PARK E.	,#321		M M / D D / Y Y Y Y 09 / 22 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.90714
	BIRMINGHAM FEC ID number of contributing federal political committee.	C	35235	Amount of Each Receipt this Period
	Name of Employer ANESTHESIA GROUP EAST PC	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	-
	Primary General Other (specify) ▼		1000.00	
	SUBTOTAL of Receipts This Page (optional)			1750.00
	TOTAL This Period (last page this line number		•	

				FOR LINE NUMBER: PAGE 98 / 258
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHES	IMITTEE		
Α.	Full Name (Last, First, Middle Initial) JAMES HUNTER	Date of Receipt		
	Mailing Address ANESTHESIOLOGY D 619 S. 19TH STREET	JT926C		09 / 17 / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.90417
	BIRMINGHAM	AL	35249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UNIVERSITY OF ALABAMA AT BIRMINGHAM	Occupation ANESTH	n HESIOLOGIST-INTENSIVIS	г
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		500.00]
в.	Full Name (Last, First, Middle Initial) WILLIAM HURFORD			Date of Receipt
υ.	Mailing Address DEPARTMENT OF ANI	ESTHESIO	I OGY	
	231 ALBERT SABIN W	09 01 2010		
	City	State	Zip Code	Transaction ID: SA11AI.89508
	<u>CINCINNATI</u>	OH	45267	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer UNIVERSITY OF CINCINNATI	Occupatio		_
	MEDICAL CENTE	-	IESIOLOGIST	_
	Receipt For: Primary General	Aggregate	e Year-to-Date	_
	Other (specify)	0 0	369.00	
с.	Full Name (Last, First, Middle Initial) JAE HYUN			Date of Receipt
	Mailing Address 665 PROSPECT AVE.			M M / D D / Y Y Y Y 09 29 2010
	City	State	Zip Code	Transaction ID: SA11AI.91509
	WINNETKA	<u> </u>	60093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer PARK RIDGE ANESTHESIOLOGI- ST ASSOCIATES	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		500.00]
	SUBTOTAL of Receipts This Page (optional)			1041.00
	TOTAL This Period (last page this line number of	only)		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	fc D	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 99 / 258 (check only one) 11a X 11a 11b I3 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.		
	AME OF COMMITTEE (In Full)	IMITTEE		
∠ A.	Full Name (Last, First, Middle Initial) JOHN JABOUR	Date of Receipt		
	Mailing Address 10571 GREENBELT	DR.		09 / D D / Y Y Y Y 09 16 2010
	City		Zip Code	Transaction ID: SA11AI.90374
	CLIVE FEC ID number of contributing federal political committee.		50325	Amount of Each Receipt this Period
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, P.C.	Occupation ANESTHESI		
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date 500.00]
– В.	Full Name (Last, First, Middle Initial) JEFFREY JACOBS			Date of Receipt
	Mailing Address 11041 PINE LODGE	0 9 / D D / Y Y Y Y 0 1 2 0 1 0		
	City State		Zip Code	Transaction ID: SA11AI.89476
	DAVIE	FL	33328	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer CLEVELAND CLINIC FLORIDA	Occupation ANESTHESI	OLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 369.00]
– C.	Full Name (Last, First, Middle Initial) JEFFREY JACOBS			Date of Receipt
	Mailing Address 11041 PINE LODGE	TRAIL		M M / D D / Y Y Y Y 0 9 0 3 2 0 1 0
	City		Zip Code	Transaction ID: SA11AI.89584
	DAVIE FEC ID number of contributing federal political committee.	FL	33328	Amount of Each Receipt this Period 8.00
	Name of Employer CLEVELAND CLINIC FLORIDA	Occupation ANESTHESI	OLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 377.00]
ſ	SUBTOTAL of Receipts This Page (optional)		······	549.00
F	TOTAL This Period (last page this line number	er only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 258 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.	
	AMERICAN SOCIETY OF ANESTHES	MITTEE	
۷ A.	Full Name (Last, First, Middle Initial) ALIRAZA JAFFER	Date of Receipt	
	Mailing Address 5070 BROOKDALE Re	M M / D D / Y Y Y Y 09 01 2010	
	City	State Zip Code	Transaction ID: SA11AI.89489
	BLOOMFIELD HILLS	MI 48304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.00
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	747.00	
- B.	Full Name (Last, First, Middle Initial) MOKARRAM JAFRI	1	Date of Receipt
	Mailing Address 6 OAKHURST CT		M M / D D / Y Y Y Y 09 06 2010
	City	State Zip Code	Transaction ID: SA11AI.89720
	CLIFTON PARK	NY 12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer ANESTHESIA GROUP OF ALBANY	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 500.00	
	Other (specify)		
- C.	Full Name (Last, First, Middle Initial) JOHN JAMES	1	Date of Receipt
	Mailing Address 920 PARLIAMENT RD).	M M / D D / Y Y Y Y 09 24 2010
	City	State Zip Code	Transaction ID: SA11AI.91081
	MAITLAND	FL 32751	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer JLR MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	·	1083.00
ŀ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 258 (check only one)
Γ	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	AME OF COMMITTEE (In Full)	SIOLOGIST	S POLITICAL ACTION CON	MITTEE
A.	Full Name (Last, First, Middle Initial) AMBER JANDIK Mailing Address 4048 FVANS AVF ST	E 202		Date of Receipt
	Mailing Address 4048 EVANS AVE ST	M M / D D / Y		
		State	Zip Code	Transaction ID: SA11AI.90141
	FORT MYERS FEC ID number of contributing federal political committee.	FL C	33901	Amount of Each Receipt this Period
	Name of Employer MAPMC	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00	
- В.	Full Name (Last, First, Middle Initial) DANIEL JANIK Mailing Address 15605 E PRENTICE D	DR		Date of Receipt
		09 01 2010		
	City CENTENNIAL	State CO	Zip Code 80015	Transaction ID: SA11AI.89511 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer UNIVERSITY OF COLORADO	Occupatio PHYSIC	IAN	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date 664.00	
– C.	Full Name (Last, First, Middle Initial) JONATHAN JAQUES	1		Date of Receipt
	Mailing Address 22 FORSTER ROAD			M M / D D / Y Y Y Y 09 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.91578
	MANCHESTER	MA	01944	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer BEVERLY ANESTHESIA ASSOCI- ATES, INC. Receipt For:	1 1	HESIOLOGIST	_
	Primary General Other (specify) ▼		e Year-to-Date 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)			833.00
F	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Statements may r	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 258 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions for the purpose of soliciting contributions for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
Α.	Full Name (Last, First, Middle Initial) PAUL JENKINS Mailing Address 21 SPRUCE LANE			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.91166
	BELLE MEAD	NJ	08502	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 ANESTHE	SIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	rear-to-Date ▼ 500.00]
В.	Full Name (Last, First, Middle Initial) DORY JEWELEWICZ			Date of Receipt
	Mailing Address 84 RAINBOW TRL	09 08 2010		
	City	State	Zip Code	Transaction ID: SA11AI.89874
	DENVILLE	NJ	07834	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MORRIS ANESTHESIA GROUP	Occupation ANESTHE	SIOLOGIST	
	Receipt For:	Aggregate Y	′ear-to-Date ▼	
	 Primary General Other (specify) ▼ 		500.00]
- с.	Full Name (Last, First, Middle Initial) THOMAS JOHANS	•		Date of Receipt
	Mailing Address 12335 IRONSTONE R	1D		M M / D D / Y Y Y Y 09 23 2010
	City	State	Zip Code	Transaction ID: SA11AI.90909
	SAINT LOUIS	MO	63131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer WESTERN ANES ASSOC	1 1	SIOLOGIST	
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	 Primary General Other (specify) ▼ 		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 103 / 258 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17			
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	atements ma name and ad	L y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions			
	AMERICAN SOCIETY OF ANESTHESI	AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMM					
Α.	Full Name (Last, First, Middle Initial) MICHAEL JOHNSEN			Date of Receipt			
	Mailing Address 6624 PASILLA RD. N.E	09 04 Y Y Y Y 2010					
	City	State	Zip Code	Transaction ID: SA11AI.89622			
	RIO RANCHO FEC ID number of contributing federal political committee.	C	87144	Amount of Each Receipt this Period			
	Name of Employer ANESTHESIA SPECIALISTS OF ALBUQUEROUE	Occupatio ANESTH	n IESIOLOGIST				
	Receipt For: Primary General Other (specify) \bigtriangledown	Aggregate	e Year-to-Date V 500.00]			
- B.	Full Name (Last, First, Middle Initial) JOSEPH JOHNSON			Date of Receipt			
	Mailing Address 5007 MONICA RD NW			M • M / D • D / Y • Y • Y • Y Y Y • Y • Y Y Y Y • Y • Y Y Y Y • Y • Y Y Y Y • Y • Y Y Y Y • Y • Y Y Y • Y • Y Y Y • Y • Y Y Y • Y • Y Y Y • Y • Y Y Y • Y • Y Y Y • Y • Y Y Y • Y • Y Y Y • Y • Y Y • Y • Y Y • Y • Y • Y Y • Y • Y • Y Y • Y • Y • Y Y • Y • Y • Y Y • Y • Y • Y • Y Y • Y • Y • Y • Y • Y Y • Y • Y • Y • Y • Y • Y • Y • Y • Y •			
	City	State	Zip Code	Transaction ID: SA11AI.90653			
	HUNTSVILLE FEC ID number of contributing federal political committee.	C	35810	Amount of Each Receipt this Period			
	Name of Employer HUNTSVILLE ANESTHESIOLOGY CONSULTANTS Receipt For:	1	n IESIOLOGIST ∋ Year-to-Date ▼				
	Primary General Other (specify) ▼		1000.00				
- C.	Full Name (Last, First, Middle Initial) KATHY JOHNSON			Date of Receipt			
	Mailing Address 221 NW 160TH TER			M M / D D / Y Y Y Y 09 19 2010			
	City	State	Zip Code	Transaction ID: SA11AI.90471			
	EDMOND FEC ID number of contributing federal political committee.	ОК	73013	Amount of Each Receipt this Period			
	Name of Employer KJ ANESTHESIA PLLC	Occupation ANESTH	n IESIOLOGY				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00]			
ſ	SUBTOTAL of Receipts This Page (optional)			3500.00			
	TOTAL This Period (last page this line number o	nly)	I				

				FOR LINE NUMBER: PAGE 104 / 258
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
ſ	Any information copied from such Reports and Si	tatomonto mo	v not be sold or used by any parag	13 14 15 16 17
	or for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MILLEE
, А.	Full Name (Last, First, Middle Initial) MATTHEW JOHNSON	Date of Receipt		
	Mailing Address 4479 SUMMERVIEW F	M M / D D / Y Y Y Y 09 13 2010		
	City	State	Zip Code	Transaction ID: SA11AI.90079
	BOUNTIFUL	UT	84010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MOUNTAIN WEST ANESTHESIA	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		250.00	1
-			0 0 0 0 0 0 0	1
в.	Full Name (Last, First, Middle Initial) CHRISTOPHER JONES			Date of Receipt
	Mailing Address 1516 CUMBERLAND F	RD.		0 9 1 6 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.90307
	TYLER	ТХ	75703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer E TEXAS ANES ASSOC	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00]
C.	Full Name (Last, First, Middle Initial) KATHRYN JONES	<u> </u>		Date of Receipt
0.	Mailing Address 1600 7TH AVE S STE	420		M M / D D / Y Y Y Y
	City	State	Zip Code	0 9 1 2 2 0 1 0 Transaction ID: SA11AI.90001
	BIRMINGHAM	AL	35233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer PEDIATRIC ANESTHESIA	Occupation	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	0 0	500.00]
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number	only)		
		(), (), (), (), (), (), (), (), (), (),	·····	

I	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 105 / 258 (check only one) Image: Comparison of the purpose of soliciting contributions X 11a 11b 11c 12 13 14 15 16 17				
		or for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMM					
A .	Full Name (Last, First, Middle Initial) KYLE JONES Mailing Address 11 ADAMS ALY SE City HUNTSVILLE FEC ID number of contributing federal political committee. Name of Employer CAS Baseint Far:	State Zip Code AL 35801 C Occupation PHYSICIAN	Date of Receipt				
-	Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 1000.00					
Β.	STEPHEN JONES Mailing Address 1203 CAMBRIDGE RD City DOTHAN FEC ID number of contributing federal political committee. Name of Employer DOTHAN ANESTHESIOLOGY ASS-OCIATES Receipt For: Primary General Other (specify) ▼	State Zip Code AL 36305 C Occupation PHYSICIAN Aggregate Year-to-Date 1000.00	Date of Receipt				
C.	Full Name (Last, First, Middle Initial) PETER JONG Mailing Address 24014 FALCONS VIEV City DIAMOND BAR FEC ID number of contributing federal political committee. Name of Employer SCPMG Receipt For: Primary General Other (specify)	V DRIVE State Zip Code CA 91765 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	Date of Receipt				
	SUBTOTAL of Receipts This Page (optional)	•••••••	2250.00				
	TOTAL This Period (last page this line number	only)					

ſ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedu for each category of Detailed Summary P	the age X 11a 11b 11c 12 13 14 15 16 17 any person for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	nmittee to solicit contributions from such committee.	
A.	Full Name (Last, First, Middle Initial) WILLIAM JORDAN Mailing Address 1859 RIDGE AVE City MONTGOMERY	State Zip Code AL 36106	Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer MONTGOMERY ANES Receipt For: Primary General Other (specify) ▼	C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 1500	0.00
– B.	Full Name (Last, First, Middle Initial) PAUL JUDSON Mailing Address 2158 BROOK HIGHL/ City	AND RDG State Zip Code	Date of Receipt 0 9 2 8 2 0 1 0 Transaction ID: SA11AI.91387
	BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer SOUTHERN PERIOPERATIVE SE-RVICES Receipt For: Primary General Other (specify) ▼	AL 35242 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500	Amount of Each Receipt this Period 500.00
- C.	Full Name (Last, First, Middle Initial) DEBORA KACZYNSKI Mailing Address 1209 WATERWAYS [Date of Receipt
	City ANN ARBOR FEC ID number of contributing federal political committee.	State Zip Code MI 48108	Transaction ID: SA11AI.89805 Amount of Each Receipt this Period 500.00
	Name of Employer ALLEGIANCE ANESTHESIA ASS- OCIATES, PLLC Receipt For: Primary General Other (specify) ▼	Occupation M.D. ANESTHESIOLOGIST Aggregate Year-to-Date 500	0.00
	SUBTOTAL of Receipts This Page (optional)		2000.00
	TOTAL This Period (last page this line number	only)	···· • · · · · · · · · · · · · · · · ·

	CHEDIII E A (EEC Form 2V)			- 1	FOR LINE NUMBER: PAGE 107 / 258		
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)			
	ITEMIZED RECEIPTS		Detailed Summary F		X 11a 11b 11c 12		
г				g-	13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.					
	AMERICAN SOCIETY OF ANESTHES	AITTEE					
Α.	Full Name (Last, First, Middle Initial) MINNEA KALRA				Date of Receipt		
	Mailing Address 85 HURON AVE.	M M / D D / Y					
	City						
	TAMPA	FL	33606		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer UNICOM ANESTHESIA	Occupation ANESTH	n IESIOLOGIST				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General	1	25	0.00			
	Other (specify)			0.00			
в.	Full Name (Last, First, Middle Initial) GEETHA KANNAN				Date of Receipt		
	Mailing Address 5372 CYPRESS RESE	0 9 / D D / Y Y Y Y 2 6 2 0 1 0					
	City	State	Zip Code		Transaction ID: SA11AI.91151		
	WINTER PARK	FL	32792		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer ANESTHESIOLOGISTS OF GREA-	Occupatio					
	TER ORLANDO	r •			_		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻				
	Other (specify) ▼	0 0	25	0.00			
- C.	Full Name (Last, First, Middle Initial) ERIC KAPUSTKA	<u> </u>			Date of Receipt		
	Mailing Address 505 N LAKE SHORE D	R APT 420	8		0 9 0 8 2 0 1 0		
	City	State	Zip Code		Transaction ID: SA11AI.89852		
	CHICAGO	IL	60611		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			500.00		
	Name of Employer PARK RIDGE ANESTHESIA ASS- OCIATES	Occupation ANESTH	n IESIOLOGIST		1		
	Receipt For:		e Year-to-Date 🔻				
	Primary General			0.00			
	Other (specify)			0.00			
ſ	SUBTOTAL of Receipts This Page (optional)			►	1000.00		
┢							
	TOTAL This Period (last page this line number	only)		🕨			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 258 (check only one) 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.	
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL ACTION COM	MITTEE
∠ A.	Full Name (Last, First, Middle Initial) TRIPTI KATARIA	Date of Receipt	
	Mailing Address 130 S CANAL ST AP	T 419	09 / D D / Y Y Y Y 09 01 2010
	City	State Zip Code	Transaction ID: SA11AI.89491
	CHICAGO	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.00
	Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSICIAN	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	747.00	
– В.	Full Name (Last, First, Middle Initial) DAVID KATZ		Date of Receipt
	Mailing Address 4336 E MOUNTAIN V	0 9 0 8 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.89879
	PHOENIX	AZ 85028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer VALLEY ANESTHESIOLOGY CON- SULTANTS	Occupation ANEESTESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
– c.	Full Name (Last, First, Middle Initial) ERIC KATZ		Date of Receipt
	Mailing Address 10830 S. TROPICAL	TRL.	M M / D D / Y Y Y Y 09 24 2010
	City	State Zip Code	Transaction ID: SA11AI.91083
	MERRITT ISLAND	FL 32952	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		300.00
	Name of Employer MELBOURNE ANESTHESIA, P.A.	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00]
ſ	SUBTOTAL of Receipts This Page (optional) .	•••••••	883.00
	TOTAL This Period (last page this line number	r only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 258 (check only one)				
	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 ANESTHE	SIOLOGISTS POLITICAL ACTION COM	<i>I</i> ITTEE				
۷ A.	Full Name (Last, First, Middle Initial) MARK KAUFMANN	Date of Receipt					
	Mailing Address 4640 E. MOCKINGBI	M M / D D / Y					
	City	State Zip Code	Transaction ID: SA11AI.91097				
	SCOTTSDALE FEC ID number of contributing federal political committee.	AZ 85253	Amount of Each Receipt this Period 300.00				
	Name of Employer SELF-EMPLOYED		-				
	Receipt For:	ANESTHESIOLOGIST Aggregate Year-to-Date					
_	Other (specify)	300.00					
В.	Full Name (Last, First, Middle Initial) RENAE KAVLOCK Mailing Address 1501 S. 42ND STREE		Date of Receipt				
	Internet address 1501 5. 42ND STREE	09 26 2010					
		State Zip Code	Transaction ID: SA11AI.91153				
	WEST DES MOINES FEC ID number of contributing federal political committee.	IA 50265	Amount of Each Receipt this Period				
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, P.C.	Occupation ANESTHESIOLOGIST					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
_ C.	Full Name (Last, First, Middle Initial) THOMAS KELLY		Date of Receipt				
	Mailing Address 35216 OVERFALLS E	DR N	M M / D D / Y				
	City LEWES	State Zip Code DE 19958	Transaction ID: SA11AI.89630 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		500.00				
	Name of Employer DELAWARE ANESTHESIA ASSOC- IATES	Occupation PHYSICIAD	-				
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 500.00					
	SUBTOTAL of Receipts This Page (optional) .	۱ 	1050.00				
	TOTAL This Period (last page this line number						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 258 (check only one) 11a X 11a 11b I3 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s				
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI				
A.	Full Name (Last, First, Middle Initial) MICHAEL KENDRICK	Date of Receipt				
	Mailing Address 1020 26TH STREET S SUITE 100	SOUTH		M M / D D / Y		
	City BIRMINGHAM	State AL	Zip Code 35205	Transaction ID: SA11AI.91676		
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
	Name of Employer MICHAEL SCOTT KENDRICK, MD, PC	Occupation PHYSICI				
	Receipt For: Primary General Other (specify) \blacksquare	Aggregate	Year-to-Date 1000.00]		
В.	Full Name (Last, First, Middle Initial) SCOTT KERCHEVILLE			Date of Receipt		
	Mailing Address MAIL CODE 7838 7703 FLOYD CURL DRIVE			0 9 / D D / Y Y Y Y 0 1 2 0 1 0		
	City State SAN ANTONIO TX		Zip Code 78229	Transaction ID: SA11AI.89464		
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
	Name of Employer UTHSCSA	Occupation PHYSICI				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 1125.00]		
C.	Full Name (Last, First, Middle Initial) SCOTT KERCHEVILLE			Date of Receipt		
	Mailing Address MAIL CODE 7838 7703 FLOYD CURL D	RIVE		M M / D D / Y Y Y Y 09 02 2010		
	City SAN ANTONIO	State TX	Zip Code 78229	Transaction ID: SA11AI.89579 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer UTHSCSA	Occupation PHYSCIA				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 250.00]		
	SUBTOTAL of Receipts This Page (optional)	•		1375.00		
	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 111/258 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions oscillations oscillations from such committee.		
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) RUBIN KESNER	Date of Receipt		
	Mailing Address 35 HEARTHSTONE D	M M / D D / Y		
		State NY	Zip Code	Transaction ID: SA11AI.89456
	GANSEVOORT FEC ID number of contributing federal political committee.	C	12831	Amount of Each Receipt this Period 83.00
	Name of Employer ANESTHESIA GROUP OF ALBANY	Occupatio ANESTH	n IESIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 747.00]
в.	Full Name (Last, First, Middle Initial) EDWIN KEZAR			Date of Receipt
	Mailing Address 923 IVAWOOD RD			09 / 27 / Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.91201
	BIRMINGHAM FEC ID number of contributing federal political committee.	AL C	35210	Amount of Each Receipt this Period 500.00
	Name of Employer ANESTHESIA SERVICES OF BI- RMINGHAM Receipt For:	1	n IESIOLOGIST ∋ Year-to-Date ▼	-
	Primary General Other (specify) ▼		500.00]
С.	Full Name (Last, First, Middle Initial) LAURA KIHLSTROM			Date of Receipt
	Mailing Address 915 LARCHMONT CR	ES.		M M / D D / Y Y Y Y 09 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.89526
	NORFOLK FEC ID number of contributing federal political committee.	C	23508	Amount of Each Receipt this Period
	Name of Employer ATLANTIC ANESTHESIA, INC.	Occupatio PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 225.00]
	SUBTOTAL of Receipts This Page (optional)			608.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	() Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112/258 (check only one) X X 11a 11b 11c 12			
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.			
	HESIOLOGISTS POLITICAL ACTION COM				
Full Name (Last, First, Middle Initial) A. SHANNON KILKELLY		Date of Receipt			
Mailing Address 2121 SHARONDAL	Mailing Address 2121 SHARONDALE DR				
City	State Zip Code	Transaction ID: SA11AI.91725			
NASHVILLE FEC ID number of contributing	TN 37215	Amount of Each Receipt this Period			
federal political committee.		250.00			
Name of Employer VANDERBILT UNIV. MED. CTR.	Occupation ANESTHESIOLOGIST	-			
Receipt For:	ANESTRESIOLOGIST Aggregate Year-to-Date ▼	_			
Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) COLLIN KING		Date of Receipt			
Mailing Address 901 PERSIMMON I	PL	0 9 2 7 2 0 1 0			
City	State Zip Code	Transaction ID: SA11AI.91275			
BIRMINGHAM	AL 35226	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer PEDIATRIC ANESTHESIA ASSO- CIATES	Occupation PHYSICIAN				
Receipt For:	Aggregate Year-to-Date ▼				
Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) KEVIN KINKEAD		Date of Receipt			
Mailing Address 1776 MCCONNELL	_ DR.	0 9 0 1 2 0 1 0			
City	State Zip Code	Transaction ID: SA11AI.89435			
WILLIAMSPORT FEC ID number of contributing	PA 17701	Amount of Each Receipt this Period			
federal political committee.		166.00			
Name of Employer ANESTHESIA ASSOCIATES OF WILLIAMSPORT	Occupation PHYSICIAN				
Receipt For: Primary General	Aggregate Year-to-Date 🔻				
Other (specify)	506.00				
SUBTOTAL of Receipts This Page (optiona	۱ ۱)	666.00			
TOTAL This Period (last page this line num	iber only)				

ę	SCHEDULE A (FEC Form 3X)) [Use separate schedule(s)	FOR LINE NUMBER: PAGE 113/258
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may in the name and addr	not be sold or used by any pers	13 14 15 16 17 on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE			
لا A.	, Full Name (Last, First, Middle Initial) ROBERT KITTERMAN			Date of Receipt
	Mailing Address 7613 SILVERSTONE		M M / D D / Y Y Y Y 09 23 2010	
	City	State	Zip Code	Transaction ID: SA11AI.90950
	GRIMES FEC ID number of contributing federal political committee.	IA C	50111	Amount of Each Receipt this Period 300.00
	Name of Employer MCA	Occupation ANESTHE	SIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	I	Year-to-Date ▼ 300.00]
- В.	Full Name (Last, First, Middle Initial) MATTHEW KLOPMAN			Date of Receipt
	Mailing Address 930 EDGEWATER C).		0 9 / D D / Y Y Y Y 0 1 2 0 1 0
		State	Zip Code	Transaction ID: SA11AI.89546
	SANDY SPRINGS FEC ID number of contributing federal political committee.	GA	30328	Amount of Each Receipt this Period
	Name of Employer EMORY UNIVERSITY HOSPITAL DEPARTMENT O	Occupation PHYSICIA		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
- C.	Full Name (Last, First, Middle Initial) CHRISTOPHER KNOP			Date of Receipt
	Mailing Address 373 1ST ST W			09 / D D / Y Y Y Y 09 14 2010
		State	Zip Code	Transaction ID: SA11AI.90145
	TIERRA VERDE FEC ID number of contributing federal political committee.	FL C	33715	Amount of Each Receipt this Period
	Name of Employer FLORIDA GULF TO BAY ANES. ASSOC.	Occupation PHYSICIA	N	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 500.00]
ſ	SUBTOTAL of Receipts This Page (optional)			1050.00
	TOTAL This Period (last page this line number	er only)	I	

Ċ	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 114/258
			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
I				
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any pers dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
۹.	Full Name (Last, First, Middle Initial) GEORGE KORONES			Date of Receipt
	Mailing Address 2191 MUIRFIELD WA	09 22 2010		
	City	State	Zip Code	Transaction ID: SA11AI.90726
	OLDSMAR	FL	34677	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTH ASSOC OF PINELLAS COUNTY	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00]
-	Full Name (Last, First, Middle Initial) MARK KRAMP			Date of Receipt
	Mailing Address 820 PRUDENTIAL DR SUITE 606			M M / D D / Y
		State FL	Zip Code	Transaction ID: SA11AI.91172
	JACKSONVILLE		32207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer FLORIDA ANESTHESIA ASSOCI- ATES	Occupatio PHYSCI		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)	0 0	500.00	
-	Full Name (Last, First, Middle Initial) FORREST KRAUSE			Date of Receipt
	Mailing Address 1910 SOUTH STREE	T		09 / D D / Y Y Y Y 09 10 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.89954
	LA CROSSE	WI	54601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer GUNDERSEN-LUTHERAN DEPT. OF ANES.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) \bigtriangledown	0 0	250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		1250.00
┝	SUBTUTAL OF NEUERPIS THIS Fage (Uptional)			
	TOTAL This Period (last page this line number	[.] only)		

ITEN	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115/258 (check only one) X X 11a 11b 11c 13 14 15 16 17
Any in or for	formation copied from such Reports and Sta commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	ME OF COMMITTEE (In Full) MERICAN SOCIETY OF ANESTHESI	IOLOGIST	S POLITICAL ACTION COM	MITTEE
A. <u>su</u>	ll Name (Last, First, Middle Initial) ISAN KREHER	Date of Receipt		
Ma	illing Address 7719 WYNLAKES BLV	09 / D D / Y Y Y Y 20 2010		
Cit		State	Zip Code	Transaction ID: SA11AI.90508
	ONTGOMERY	AL	36117	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		1000.00
	me of Employer DNTGOMERY ANES	Occupatio ANESTH	n IESIOLOGIST	
Re	ceipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) v	0 0	1500.00	
	II Name (Last, First, Middle Initial) VID KRHOVSKY			Date of Receipt
Ma	iling Address 2248 SHAWNEE S.E.			M M / D D / Y Y Y Y Y 09 01 2010
Cit	•	State	Zip Code	Transaction ID: SA11AI.89479
	RAND RAPIDS	MI	49506	Amount of Each Receipt this Period
fec	C ID number of contributing leral political committee.	C		83.00
<u>TA</u>	me of Employer IESTHESIA MEDICAL CONSUL- INTS PC	Occupatio ANESTH	ⁿ IESIOLOGIST	
Re	ceipt For: Primary General	Aggregate	e Year-to-Date 🔻	
_	Other (specify) ▼	0 0	747.00	
	II Name (Last, First, Middle Initial) DPAL KRISHNA			Date of Receipt
Ma	iling Address 702 BARNHILL DR., RO	DOM 2001		09 08 2010
Cit	-	State	Zip Code	Transaction ID: SA11AI.89842
		IN	46202	Amount of Each Receipt this Period
fec	C ID number of contributing leral political committee.	C		250.00
TE		Occupatio PHYSIC	IAN	
Re	ceipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	250.00	
SUB	TOTAL of Receipts This Page (optional)			1333.00
	AL This Period (last page this line number o			

ľ	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 258 (check only one) Image: Colspan="2">Image: Colspan="2">PAGE 116 / 258 (check only one) Image: Colspan="2">Image: Colspan="2" Image: Colspan="2">Image: Colspan="2" Image: Colspan="2">Image: Colspan="2" Image: Colspan="2"
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse a name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
		SIOLOGISTS POLITICAL ACTION COM	IMITTEE
	Full Name (Last, First, Middle Initial) SCOTT KUHNERT		Date of Receipt
	Mailing Address 4640 HAWK HOLLOW	V DR. E.	0 9 0 1 Y Y Y Y 0 1 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.89434
	BATH FEC ID number of contributing	MI 48808	Amount of Each Receipt this Period
	federal political committee.		83.00
	Name of Employer LANSING ANESTHESIOLOGISTS, P.C.	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	253.00]
_	Full Name (Last, First, Middle Initial) HUNG-CHI KWOK		Date of Receipt
	Mailing Address 2732 MUIR WOODS I	DR., SE	M M / D D / Y Y Y Y 09 24 2010
	City	State Zip Code	Transaction ID: SA11AI.91106
		AL 35763	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer ALABAMA ANES. OF HUNTSVIL- LE, LLC	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00]
	Full Name (Last, First, Middle Initial) PATRICIA LABORDE		Date of Receipt
	Mailing Address 1600 7TH AVE S STE PEDIATRIC ANESTHE		M M / D D / Y Y Y Y 09 29 2010
	City	State Zip Code	Transaction ID: SA11AI.91539
	BIRMINGHAM	AL 35233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer PEDIATRIC ANESTHESIA ASSO- C., P.C.	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1	483.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 258 (check only one) 11a X 11a 11b 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may ne name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
۷ A.	Full Name (Last, First, Middle Initial) JOHN LA GORIO			Date of Receipt
	Mailing Address 1543 FOREST PARK	09 / D D / Y Y Y Y 09 / 06 / 2010		
	City	State	Zip Code	Transaction ID: SA11AI.89694
	NORTON SHORES	MI	49441	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer LAKESHORE ANESTHESIA SERV- ICES	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	500.00	
- B.	Full Name (Last, First, Middle Initial) JAMES LAMBERT			Date of Receipt
	Mailing Address 1780 FAIRVIEW COU	JRT		M M / D D / Y Y Y Y 09 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.90379
	SALINE	MI	48176	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer METROPOLITAN ANESTHESIA, PC	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0.0	250.00	
- C.	Full Name (Last, First, Middle Initial) GORDON LANGSTON			Date of Receipt
	Mailing Address 1110 GIST ST			M M / D D / Y Y Y Y 09 23 2010
	City	State	Zip Code	Transaction ID: SA11AI.90860
	COLUMBIA	SC	29201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ACC	Occupation PHYSICI		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0.0	500.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1		1250.00
┢			•	
	TOTAL This Period (last page this line number	er only)		

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 258 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person a name and address of any political committee to s	solicit contributions from such committee.
	, 	SIOLOGISTS POLITICAL ACTION COM	
Α.	Full Name (Last, First, Middle Initial) JAMES LAWRENCE	Date of Receipt	
	Mailing Address 2699 LEE RD STE 51	0	09 / 23 / Y Y Y 2010
		State Zip Code	Transaction ID: SA11AI.90982
	WINTER PARK	FL 32789	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer ANESTHESIOLOGISTS OF GREA- TER ORLANDO	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	500.00	
— В.	Full Name (Last, First, Middle Initial) RICHARD LAYMAN	I	Date of Receipt
	Mailing Address 6431 FANNIN ST STE DEPT OF ANESTHES	IOLOGY	M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y <thy< th=""></thy<>
	City	State Zip Code TX 77030	Transaction ID: SA11AI.89534
	HOUSTON FEC ID number of contributing federal political committee.	TX 77030	Amount of Each Receipt this Period 41.00
	Name of Employer UNIVERSITY OF TEXAS MED SCHOOL	Occupation ANESTHESIOLOGIST	-
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	336.00	
– C.	Full Name (Last, First, Middle Initial) SEAN LEACH	I	Date of Receipt
	Mailing Address 6410 S. 66TH ST.		M = M / D = D / Y = Y = Y Y 0 9 0 2 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.89577
		NE 68516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer ASSOC. ANESTHESIOLOGISTS, PC	Occupation PHYSICIAN	
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Other (specify)	250.00	
	SUBTOTAL of Receipts This Page (optional)	۱	791.00
F	TOTAL This Period (last page this line number		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 258 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	o solicit contributions from such committee.		
	AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	POLITICAL ACTION CON	MITTEE
Α.	Full Name (Last, First, Middle Initial) GEORGE LEDERHAAS	Date of Receipt		
	Mailing Address 2155 NW 137TH ST			09 20 2010
	City	State	Zip Code	Transaction ID: SA11AI.90540
		IA	50325	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ASSOC ANESTH	Occupation ANESTHE	SIOLOGIST	_
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary General Other (specify)		500.00]
– В.	Full Name (Last, First, Middle Initial) EDWARD LEE			Date of Receipt
	Mailing Address 2165 HERSCHEL ST			M M / D D / Y Y Y Y 09 23 2010
	City	State	Zip Code	Transaction ID: SA11AI.90994
	JACKSONVILLE	FL	32204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer NORTH FLORIDA ANESTHESIA CONSULTANTS Receipt For:	1 · · · · ·	SIOLOGIST ∕ear-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
– C.	Full Name (Last, First, Middle Initial) MARCIA LEE			Date of Receipt
	Mailing Address 25825 S. VERMONT A	AVE.		M M / D D / Y Y Y Y 09 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.90425
		CA	90710	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SCPMG	Occupation ANESTHE	SIOLOGIST	
	Receipt For: Primary General	Aggregate Y	'ear-to-Date ▼	_
	Other (specify) ▼		500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	•	·····	1500.00
F	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 258 (check only one) 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using th	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	AME OF COMMITTEE (In Full)	SIOLOGISTS POLITICAL ACTION COM	MITTEE
∠ A.	Full Name (Last, First, Middle Initial) SCOTT LEIGHTY	Date of Receipt	
	Mailing Address 3900 WALNUT CLAY	M M / D D / Y Y Y Y 09 01 2010	
	City	State Zip Code	Transaction ID: SA11AI.89475
	AUSTIN	TX 78731	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.00
	Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	369.00	
– В.	Full Name (Last, First, Middle Initial) GLORIA LEWIS		Date of Receipt
	Mailing Address 501 20TH ST., SUITE	M M / D D / Y Y Y Y 09 20 2010	
	City	State Zip Code	Transaction ID: SA11AI.90547
	KNOXVILLE	TN 37916	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer ANES MED ALLI E TN	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
– C.	Full Name (Last, First, Middle Initial) MICHAEL LEWIS		Date of Receipt
	Mailing Address DEPARTMENT OF A 1611 NW 12TH AVE	NESTHESIOLOGY	M M / D D / Y Y Y Y 09 / 01 / 2010
	City	State Zip Code	Transaction ID: SA11AI.89517
	MIAMI FEC ID number of contributing federal political committee.	FL 33136	Amount of Each Receipt this Period 83.00
	Name of Employer JACKSON MEMORIAL HOSPITAL	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00]
Γ	SUBTOTAL of Receipts This Page (optional) .	·	624.00
F	TOTAL This Period (last page this line numbe	r only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 121 / 258 (check only one) 11a 11b 11c 12 13 14 15 16 17				
	Any information copied from such Reports and S or for commercial purposes, other than using the	person f ee to so	or the purpose of soliciting contributions						
	AMERICAN SOCIETY OF ANESTHES	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMM							
Α.	Full Name (Last, First, Middle Initial) KENNETH LIAO				Date of Receipt				
	Mailing Address 200 OLD CHESTER R	09 / 20 / Y Y Y Y 2010							
	City	State	Zip Code		Transaction ID: SA11AI.90577				
	ESSEX FELLS	NJ	07021		Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C			500.00				
	Name of Employer MORRIS ANESTHESIA GROUP	Occupation PHYSIC							
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	 Primary General Other (specify) ▼ 	0 0	500.00						
в.	Full Name (Last, First, Middle Initial) DREW LIEBERMAN				Date of Receipt				
	Mailing Address 179 BAL CROSS DR.		09 / D D / Y Y Y Y 08 / 2010						
		State FL	Zip Code 33154		Transaction ID: SA11AI.89862				
	BAL HARBOUR		Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C			250.00				
	Name of Employer ANESTHESIA ASSOC OF BROWA- RD COUNTY INC Receipt For:	1 1	n IESIOLOGIST e Year-to-Date ▼						
	Primary General Other (specify) ▼		250.00						
с.	Full Name (Last, First, Middle Initial) JEFF LINDSAY				Date of Receipt				
	Mailing Address 5402 E. 118TH ST.				M M / D D / Y Y Y Y 09 07 2010				
	City	State	Zip Code		Transaction ID: SA11AI.89801				
	TULSA	ОК	74137		Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C			500.00				
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS INC	1 · · · · · · · · · · · · · · · · · · ·	IESIOLOGIST						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Other (specify)		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	FOR LINE NUMBER: PAGE 122 / 258 (check only one) X 11a 11b 11c 12					
			Detailed Summary Page						
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pe dress of any political committee	rson for the purpose of soliciting contributions					
	AME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMM							
A.	/ Full Name (Last, First, Middle Initial) RICHARD LITTLE	Date of Receipt							
	Mailing Address 1725 SPALDING DR	M M / D D / Y Y Y Y 09 29 2010							
	City	State GA	Zip Code 30350	Transaction ID: SA11AI.91511					
	ATLANTA	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer PSA	Occupatio PHYSIC							
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	 Primary General Other (specify) ▼ 		250.00						
- B.	Full Name (Last, First, Middle Initial) RENE LLERA			Date of Receipt					
	Mailing Address PO BOX 235019			09 / 20 / Y Y Y Y 2010					
	City	State	Zip Code	Transaction ID: SA11AI.90510					
	MONTGOMERY	AL	36123	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		1000.00					
	Name of Employer MONTGOMERY ANES	Occupatio ANESTH	ⁿ IESIOLOGIST						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General Other (specify) ▼	0 0	1500.00						
- C.	Full Name (Last, First, Middle Initial) ERIC LOBEL			Date of Receipt					
	Mailing Address 53 CLARISE CIRCLE			0 9 / 1 2 / Y Y Y Y 0 9 / 1 2 / 2 0 1 0					
	City	State	Zip Code	Transaction ID: SA11AI.90008					
	MOBILE	AL	36608	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer ANESTHESIA SERVICES P.C.		IESIOLOGIST						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General Other (specify) ▼		500.00						
ſ	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 123 / 258 (check only one) 11a X 11a 11b I3 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	AME OF COMMITTEE (In Full)	IMITTEE		
A.	Full Name (Last, First, Middle Initial) ASA LOCKHART	Date of Receipt		
	Mailing Address 2106 KENNEBUNK LN	N.		0 9 / D D / Y Y Y Y 0 1 2 0 1 0
	City State TYLER TX		Zip Code	Transaction ID: SA11AI.89530
	FEC ID number of contributing federal political committee.	C	75703	Amount of Each Receipt this Period 83.00
	Name of Employer EAST TEXAS ANESTHESIOLOGY ASSOICATES	Occupatio PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 747.00]
- B.	Full Name (Last, First, Middle Initial) JAMES LOFTUS			Date of Receipt
	Mailing Address 8 WEST 78TH ST.	09 / D D / Y Y Y Y 09 / 06 / 2010		
	City State		Zip Code	Transaction ID: SA11AI.89711
	HARVEY CEDARS FEC ID number of contributing federal political committee.	NJ C	08008	Amount of Each Receipt this Period
	Name of Employer SELF	Occupatio ANESTH	n IESIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
- C.	Full Name (Last, First, Middle Initial) WARD LONGBOTTOM			Date of Receipt
	Mailing Address 17910 SPENCER RD.			0 9 / 2 7 / Y Y Y Y 2 0 1 0
	City ODESSA	State FL	Zip Code 33556	Transaction ID: SA11AI.91219 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UNICOM ANESTHESIA ASSOCIA- TES	Occupation	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date 500.00]
ſ	SUBTOTAL of Receipts This Page (optional)			1083.00
	TOTAL This Period (last page this line number	only)		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 258 (check only one) 11c X 11a 11b 11c 12 13 14 15 16 17						
Any or fe	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting cont or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such cor								
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	MITTEE							
	Full Name (Last, First, Middle Initial) ETTA LOWERY	Date of Receipt							
I	Mailing Address 212 HARBORVIEW LN	09 29 2010							
	City	State Zip Code	Transaction ID: SA11AI.91436						
-	LARGO	FL 33770	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	250.00						
	Name of Employer FLORIDA GULF-TO-BAY ANEST- HESIOLOGY	Occupation ANESTHESIOLGIST, DO							
Ī	Receipt For:	Aggregate Year-to-Date ▼							
	Primary General Other (specify) ▼	250.00							
	Full Name (Last, First, Middle Initial) YA-TSENG LU		Date of Receipt						
I	Mailing Address PO BOX 6852	M M / D D / Y Y Y Y 09 23 2010							
-	City	State Zip Code	Transaction ID: SA11AI.91013						
-	BRIDGEWATER	NJ 08807	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	1000.00						
	Name of Employer SUNRISE ANESTHESIA ASSOCI- ATES, P.C.	Occupation PHYSICIAN							
I	Receipt For: Primary General	Aggregate Year-to-Date 🔻							
	Other (specify)	1000.00							
	Full Name (Last, First, Middle Initial) GLEN LUEHRMAN		Date of Receipt						
I	Mailing Address 4048 EVANS AVE., #3	03	M M / D D / Y						
	City	State Zip Code	Transaction ID: SA11AI.91322						
-	FORT MYERS	FL 33901	Amount of Each Receipt this Period						
1	FEC ID number of contributing federal political committee.		250.00						
-	Name of Employer MAPMC	Occupation ANESTHESIOLOGY							
I	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00							
su	BTOTAL of Receipts This Page (optional)		1500.00						
то	TAL This Period (last page this line number of	only)							

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 125 / 258 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any per dress of any political committee	son for the purpose of soliciting contributions
	AMERICAN SOCIETY OF ANESTHES	MMITTEE		
A.	Full Name (Last, First, Middle Initial) JOSHUA LUMBLEY	Date of Receipt		
	Mailing Address 410 W 10TH AVE N411 DOAN HALL	M M / D D / Y Y Y Y 09 / 01 / 2010		
	City	State	Zip Code	Transaction ID: SA11AI.89521
	COLUMBUS	OH	43210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer THE OHIO STATE UNIVERSITY MEDICAL CENT	Occupatio ATTEND	n ING ANESTHESIOLOGIS	т
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	336.00	
В.	Full Name (Last, First, Middle Initial) MOISES LUSTGARTEN			Date of Receipt
	Mailing Address 19931 NE 36TH PL	M M / D D / Y		
	City	State	Zip Code 33180	Transaction ID: SA11AI.90219
	AVENTURA	FL	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer CENTER FOR PAIN MANAGEMENT	Occupatio MEDICA	n L DIRECTOR	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	250.00	
С.	Full Name (Last, First, Middle Initial) JONI MAGA	I		Date of Receipt
	Mailing Address 7728 COLLINS AVE A	PT 11		M M / D D / Y
		State	Zip Code	Transaction ID: SA11AI.90818
		FL	33141	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UNIVERSITY OF MIAMI HOSPI- TAL	Occupatio PHYSIC	IAN	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	250.00	
	SUBTOTAL of Receipts This Page (optional)			541.00
	TOTAL This Period (last page this line number	only)		

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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 126 / 258					
			for each category of the	(check only one)					
			Detailed Summary Page	X 11a 11b 11c 12					
г		13 14 15 16 17							
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
1	NAME OF COMMITTEE (In Full)								
	AMERICAN SOCIETY OF ANESTHES								
	/								
Α.	Full Name (Last, First, Middle Initial) ARCHIE MAGEE	Date of Receipt							
	Mailing Address 2517 OLEASTER CT.	M M / D D / Y Y Y Y 09 17 2010							
	City	State	Zip Code	Transaction ID: SA11AI.90414					
	GRAND JUNCTION	CO	81505	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		300.00					
	Name of Employer ANES. CONSULTANTS OF WEST-	Occupatio							
	ERN COLORADO		IESIOLOGIST						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General		300.00						
	Other (specify) 🔻		300.00						
- В.	Full Name (Last, First, Middle Initial) DAVID MAGUIRE			Date of Receipt					
Б.				'					
	Mailing Address 8 TALON CT.			0 9 / 0 5 / Y Y Y Y 2 0 1 0					
	City	State	Zip Code	Transaction ID: SA11AI.89638					
	SEWELL	NJ	08080	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer THOMAS JEFFERSON UNIVERSI-	Occupatio							
	TY	r I							
	Receipt For:	Aggregate	e Year-to-Date						
	Primary General		500.00						
	Other (specify)								
- с.	Full Name (Last, First, Middle Initial) MARK MANDABACH	-		Date of Receipt					
	Mailing Address DEPT. OF ANESTHES								
	619 S. 19TH ST., JT84	5		09 01 2010					
		State	Zip Code	Transaction ID: SA11AI.89458					
	BIRMINGHAM	AL	35249	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		83.00					
	Name of Employer UNIV. OF ALABAMA - BIRMIN- GHAM	Occupatio PHYSIC							
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General	33 3							
	Other (specify)	0 0	747.00						
[I		883.00					
ŀ	SUBTOTAL of Receipts This Page (optional)								
	TOTAL This Period (last page this line number of	only)							

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 127 / 258 (check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHE	MITTEE		
Α.	Full Name (Last, First, Middle Initial) MARK MANDABACH	Date of Receipt		
	Mailing Address DEPT. OF ANESTHE: 619 S. 19TH ST., JT8			09 30 Y Y Y Y 09 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.91706
	BIRMINGHAM	AL	35249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer UNIV. OF ALABAMA - BIRMIN- GHAM	Occupation PHYSIC		
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	0 0	1247.00]
в.	Full Name (Last, First, Middle Initial) MARK MANDABACH	1		Date of Receipt
	Mailing Address DEPT. OF ANESTHE 619 S. 19TH ST., JT8	45		09 / 09 / Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.91709
	BIRMINGHAM	AL	35249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		4.00
	Name of Employer UNIV. OF ALABAMA - BIRMIN- GHAM	Occupation PHYSIC		
	Receipt For: Primary General	Aggregat	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	1251.00	
с.	Full Name (Last, First, Middle Initial) GREGORY MARCOE	1		Date of Receipt
	Mailing Address 4087 OLD PINE TRAI	L		09 / D D / Y Y Y Y 09 21 2010
	City	State	Zip Code	Transaction ID: SA11AI.90651
	MIDLAND	MI	48642	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer MMAG	Occupation	on HESIOLOGIST	
	Receipt For:	Aggregat	e Year-to-Date 🔻	_
	 Primary General Other (specify) ▼ 	0 0	250.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		754.00
	TOTAL This Period (last page this line number	only)	······	

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 128 / 258			
			Use separate schedule(s) for each category of the	(check only one)			
	ITEMIZED RECEIPTS		Detailed Summary Page				
Γ	Any information copied from such Reports and Si	13 14 15 16 17					
	or for commercial purposes, other than using the	solicit contributions from such committee.					
ſ	NAME OF COMMITTEE (In Full)						
	AMERICAN SOCIETY OF ANESTHES	MITTEE					
A.	Full Name (Last, First, Middle Initial) KURT MARKGRAF	Date of Receipt					
	Mailing Address 3663 MCKINLEY AVE			M M / D D / Y			
	City	State	Zip Code	Transaction ID: SA11AI.89505			
	FORT MYERS	FL	33901	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		83.00			
	Name of Employer MEDICAL ANESTHESIA	Occupation PHYSIC					
	Receipt For:	Aggregat	e Year-to-Date 🔻	7			
	Primary General		747.00	1			
	Other (specify) ▼	0 0		1			
- В.	Full Name (Last, First, Middle Initial) SHAWN MARSH			Date of Receipt			
	Mailing Address 9787 S. ISABEL CT.			M M I D D I Y			
	City	State	Zip Code				
	HIGHLANDS RANCH	CO	80126	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer SOUTH DENVER ANESTHESIOLO- GISTS, P.C.	Occupation PHYSIC					
	Receipt For:	Aggregat	e Year-to-Date 🔻				
	Other (specify) ▼		500.00]			
-	End Manage /Legit Effect Middle 1, 22, 20						
C.	Full Name (Last, First, Middle Initial) JOHN MARSHALL			Date of Receipt			
	Mailing Address 5 BRIDGEWATER CO	URT		M M / D D / Y Y Y Y 09 22 2010			
	City	State	Zip Code	Transaction ID: SA11AI.90825			
	RENO	NV	89509	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer ASSOC. ANESTHESIOLOGISTS OF RENO	Occupation ANESTH	on HESIOLOGIST	-			
	Receipt For:	Aggregat	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	250.00]			
[<u> </u>		833.00			
	SUBTOTAL of Receipts This Page (optional)						
	TOTAL This Period (last page this line number	only)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 258 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17						
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for 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 ANESTHE								
۷ A.	, Full Name (Last, First, Middle Initial) BARRY MARTIN	Date of Receipt							
	Mailing Address 52 MEDICAL PARK E	09 / D D / Y Y Y Y 09 18 2010							
	City	State Zip Code	Transaction ID: SA11AI.90445						
	BIRMINGHAM	AL 35235	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	500.00						
	Name of Employer AGE	Occupation ANESTHESIOLOGIST							
	Receipt For:	Aggregate Year-to-Date V							
	 Primary General Other (specify) ▼ 	500.00							
- В.	Full Name (Last, First, Middle Initial) LYNN MARTIN		Date of Receipt						
	Mailing Address 4800 SAND POINT W	09 / D D / Y Y Y Y 09 15 2010							
	City	State Zip Code	Transaction ID: SA11AI.90180						
	SEATTLE	WA 98105	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	250.00						
	Name of Employer SEATTLE CHILDRENS HOSPITAL	Occupation PHYSICIAN							
	Receipt For: Primary General	Aggregate Year-to-Date							
	Other (specify) ▼	250.00							
- c.	Full Name (Last, First, Middle Initial) RHONDA MARVAR	1	Date of Receipt						
	Mailing Address 43 OXFORD		09 30 YYYYY 09 30 2010						
	City	State Zip Code	Transaction ID: SA11AI.91630						
	PLEASANT RIDGE	MI 48069	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	250.00						
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES	Occupation ANESTHESIOLOGIST							
	Receipt For: Primary General	Aggregate Year-to-Date							
	Other (specify) ▼	250.00							
ſ	SUBTOTAL of Receipts This Page (optional)	· ·····	1000.00						
F	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 / 258 (check only one)
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESI	MITTEE		
Α.	Full Name (Last, First, Middle Initial) GEORGE MASHOUR	Date of Receipt		
	Mailing Address DEPARTMENT OF ANE 1500 E MEDICAL CENT	09 / 05 / Y Y Y Y 2010		
		State	Zip Code	Transaction ID: SA11AI.89646
		MI	48109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UNIVERSITY OF MICHIGAN	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) RIMA MATEVOSIAN			Date of Receipt
	Mailing Address 1934 RIMCREST DR.			M M / D D / Y Y Y Y 09 / 17 / 2010
	City GLENDALE	State CA	Zip Code 91207	Transaction ID: SA11AI.90396
	FEC ID number of contributing federal political committee.	C	91207	Amount of Each Receipt this Period
	Name of Employer OLIVE VIEW-UCLA MEDICAL CENTER Receipt For:	Occupation PHYSIC	IAN	_
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
С.	Full Name (Last, First, Middle Initial) ALEXANDER MATVEEVSKII			Date of Receipt
	Mailing Address 1600 SW ARCHER RD. ANES. DEPT.	, P.O. BO	X 10025	M M / D D / Y Y Y Y 0 9 22 2010
		State	Zip Code	Transaction ID: SA11AI.90759
	GAINESVILLE FEC ID number of contributing federal political committee.	FL C	32160	Amount of Each Receipt this Period 500.00
	Name of Employer UNIV. OF FLORIDA, COLLEGE OF MEDICINE	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Aggreg		e Year-to-Date 🔻	1
	Other (specify)		500.00	
	SUBTOTAL of Receipts This Page (optional)		•••••	1000.00
	TOTAL This Period (last page this line number of	nly)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 131 / 258 (check only one)
	ITEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
	Any information copied from such Reports and St or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHES	IMITTEE		
A.	Full Name (Last, First, Middle Initial) BILL MAUPIN	Date of Receipt		
	Mailing Address 801 N.W. 145TH CIR.			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.89909
	EDMOND	OK	73013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer AFFILIATED ANESTHESIOLOGI- STS	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		500.00	
_	Other (specify) ▼	0 0		
в.	Full Name (Last, First, Middle Initial) JOHN MAXA			Date of Receipt
υ.	Mailing Address PO BOX 3559			0 9 2 3 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.90941
	SUWANEE	GA	30024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer NEW LONDON ANESTHESIA	Occupation	on HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	250.00]
- C.	Full Name (Last, First, Middle Initial) BRADLEY MCALLISTER			Date of Receipt
0.	Mailing Address 6608 OLD MILL CIR.			0 9 0 4 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.89623
	SALT LAKE CITY	UT	84121	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MOUNTAIN WEST ANESTHESIA	Occupation	on HESIOLOGIST	_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
[SUBTOTAL of Receipts This Page (optional)			1000.00
ŀ	TOTAL This Period (last page this line number of			
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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s for each category of the	5)	FOR LINE NUMBER: PAGE 132 / 258 (check only one)		
	TEMIZED RECEIPTS		Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and Stat or for commercial purposes, other than using the na	ements magame and ad	y not be sold or used by any dress of any political committ	person tee to so	for the purpose of soliciting contributions		
	AME OF COMMITTEE (In Full)	ITTEE					
لا A.	Full Name (Last, First, Middle Initial) MAURICE MCCABE	Date of Receipt					
	Mailing Address 1244 LAKE TRACE CV.	M + M / D + D / Y + Y + Y Y 0 9 2 9 2 0 1 0 10					
	City	Zip Code		Transaction ID: SA11AI.91468			
	BIRMINGHAM	AL	35244		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer CAS	Occupatio ANESTH	n IESIOLOGIST				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	250.00)			
- В.	Full Name (Last, First, Middle Initial) CHANDRA MCCALL				Date of Receipt		
	Mailing Address 1587 CREEKSTONE CI	M M / D D / Y					
	City	State	Zip Code		Transaction ID: SA11AI.89942		
	BIRMINGHAM	AL	35243		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			500.00		
	Name of Employer PEDIATRIC ANESTHESIA ASSO- CIATES, P.C.	Occupatio PHYSIC	IAN				
	Receipt For: Primary General	Aggregate	e Year-to-Date				
	Other (specify)	0 0	500.00)			
- c.	Full Name (Last, First, Middle Initial) JOHN MCCALL				Date of Receipt		
	Mailing Address 3229 BURNET AVE SHRINERS HOSP. FOR	CHILDRE	EN		M + M / D + D / Y + Y + Y Y 0 9 1 2 2 0 1 0		
	City	State	Zip Code		Transaction ID: SA11AI.89999		
	CINCINNATI	OH	45229		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer UNIV OF CINCINNATI	Occupatio PHYSIC					
	Receipt For: Aggreg		e Year-to-Date 🔻				
	Other (specify)		250.00)			
ſ	SUBTOTAL of Receipts This Page (optional)			•	1000.00		
ľ	TOTAL This Period (last page this line number on	ly)		►			

	SCHEDULE A (FEC Form 3X)			F	OR LINE NUMBER: PAGE 133 / 258		
	• •	Use separate schedule(s) for each category of the) (check only one)			
	TEMIZED RECEIPTS		Detailed Summary Page		X 11a 11b 11c 12		
Г				ļ	13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	r the purpose of soliciting contributions icit contributions from such committee.					
	NAME OF COMMITTEE (In Full)						
	AMERICAN SOCIETY OF ANESTHES	OMMI	ITEE				
A.	Full Name (Last, First, Middle Initial) JOHN MCCARRICK		Date of Receipt				
	Mailing Address P.O. BOX 1987		M M / D D / Y Y Y Y 09 15 2010				
	City	Zip Code		Transaction ID: SA11AI.90211			
	MANCHESTER	СТ	06045		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			500.00		
	Name of Employer MAA	Occupatio ANESTH	n IESIOLOGIST				
	Receipt For:	_ <u> </u>	e Year-to-Date				
	Primary General						
	Other (specify)	0.0	500.00				
- В.	Full Name (Last, First, Middle Initial) DANIEL MCCARTHY				Date of Receipt		
	Mailing Address 3200 TROUP HWY #2		M M / D D / Y Y Y Y 09 28 2010				
	City	State	Zip Code		Transaction ID: SA11AI.91377 Amount of Each Receipt this Period		
	TYLER	ТХ	75701				
	FEC ID number of contributing federal political committee.	С			250.00		
	Name of Employer E TEXAS ANES ASSOC	Occupatio	n IESIOLOGIST				
	Receipt For:	1 1	e Year-to-Date				
	Primary General	Ayyreyall					
	Other (specify)	0 0	250.00				
-	Full Name (Last, First, Middle Initial)	1					
C.	CHARLES MCCOLLUM Mailing Address 4714 MARGARETE S	г			Date of Receipt		
	Maining Address 4714 MARGARETES	Ι.			09 20 2010		
	City	State	Zip Code		Transaction ID: SA11AI.90525		
	DECATUR	AL	35603		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			500.00		
	Name of Employer ANESTHESIA SERVICES OF DE- CATUR						
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼		500.00				
ſ	SUBTOTAL of Receipts This Page (optional)			•	1250.00		
ŀ							
	TOTAL This Period (last page this line number	only)					

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 258 (check only one) 11a X 11a 11b 13 14 15 16 17				
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE				
A.	Full Name (Last, First, Middle Initial) GREGORY MCCOMAS	Date of Receipt						
	Mailing Address 6578 CANYON COVE	PL		09 / D D / Y Y Y Y 06 2010				
	City	State	Zip Code	Transaction ID: SA11AI.89715				
	SALT LAKE CITY	UT	84121	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer MOUNTAIN WEST ANESTHESIA	Occupatio PHYSIC						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General Other (specify)		250.00					
- В.	Full Name (Last, First, Middle Initial) MICHAEL MCCORMICK	1		Date of Receipt				
	Mailing Address 100 SHERWOOD DR.			09 / 26 / Y Y Y 2010				
	City	State	Zip Code	Transaction ID: SA11AI.91136				
	GLASTONBURY	СТ	06033	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer HARTFORD ANESTHESIOLOGIST ASSOCIATES	1 · · ·	IESIOLOGIST					
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_				
	Other (specify) ▼		250.00					
– C.	Full Name (Last, First, Middle Initial) KEITH MCFARLAND			Date of Receipt				
	Mailing Address 13023 BLUE CANYON			M M / D D / Y Y Y Y 09 13 2010				
	City	State	Zip Code	Transaction ID: SA11AI.90087				
	OKLAHOMA CITY	OK	73142	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer SELF	Occupatio ANESTH	n IESIOLOGIST					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]				
Γ	SUBTOTAL of Receipts This Page (optional)			1000.00				
F	TOTAL This Period (last page this line number		•					

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 135 / 258					
	· · ·		Use separate schedule(s) for each category of the	(check only one)					
	ITEMIZED RECEIPTS			X 11a 11b 11c 12					
	Any information copied from such Reports and S or for commercial purposes, other than using the	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)							
	AMERICAN SOCIETY OF ANESTHE	MITTEE							
Α.	Full Name (Last, First, Middle Initial) MICHAEL MCGINNIS	Date of Receipt							
	Mailing Address 4200 W. MEMORIAL SUITE 703	RD.		M M / D D / Y					
	City	State	Zip Code	Transaction ID: SA11AI.90805					
	OKLAHOMA CITY	OK	73120	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer SELF	Occupation MEDICA	on AL DOCTOR						
	Receipt For:	Aggregat	te Year-to-Date 🔻						
	 Primary General Other (specify) ▼ 		500.00]					
в.	Full Name (Last, First, Middle Initial) EDWARD MCGOUGH	1		Date of Receipt					
	Mailing Address 120 S BEND DR			M M / D D / Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: SA11AI.90475					
	PONTE VEDRA BEACH	<u> </u>	32082	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		1000.00					
	Name of Employer EDWARD MCGOUGH MD PA	Occupation	on HESIOLOGIST						
		Aggregat	te Year-to-Date 🔻	_					
	Primary General Other (specify) ▼	0 0	1000.00]					
с.	Full Name (Last, First, Middle Initial) ROBERT MCKAY			Date of Receipt					
	Mailing Address 5 N SAGEBRUSH ST			M M / D D / Y					
	City	State	Zip Code	Transaction ID: SA11AI.90184					
	WICHITA	KS	67230	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		1000.00					
	Name of Employer UNIVERSITY OF KANSAS - WI- CHITA	Occupation PHYSIC							
	Receipt For:	Aggregat	te Year-to-Date 🔻						
	Other (specify) ▼		1000.00						
	SUBTOTAL of Receipts This Page (optional)			2500.00					
	TOTAL This Period (last page this line number								

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 136 / 258 (check only one)				
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	MITTEE						
A.	Full Name (Last, First, Middle Initial) BRIAN MCKENNA							
	Mailing Address 12 S. TEALBROOK D	M M / D D / Y Y Y Y 09 / 30 / 2010						
	City	State	Zip Code	Transaction ID: SA11AI.91613				
	ST. LOUIS	MO	63141	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer WAAI	Occupatio PHYSIC						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General Other (specify) ▼	0 0	500.00					
В.	Full Name (Last, First, Middle Initial) FREDERICK MCKIBBEN			Date of Receipt				
	Mailing Address 1711 HOMEWOOD D			M M / D D / Y Y Y Y 09 / 19 / 2010				
		State CA	Zip Code	Transaction ID: SA11AI.90483				
	ALTADENA		91001	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer SELF	Occupatio PHYSIC						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Other (specify) ▼		250.00					
с.	Full Name (Last, First, Middle Initial) JOSEPH MCLAUGHLIN			Date of Receipt				
	Mailing Address 12729 WALTON RIDG			09 / D D / Y Y Y Y 06 / 2010				
	City MIDLOTHIAN	State VA	Zip Code 23114	Transaction ID: SA11AI.89714				
	FEC ID number of contributing federal political committee.	C	23114	Amount of Each Receipt this Period				
	Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES	Occupatio		_				
	Receipt For:	1 I	e Year-to-Date 🔻	1				
	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 ITEMIZED RECEIPTS	n 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 258 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	ESTHESIOLOGISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial RICHARD MCNEER Mailing Address 18340 SW 122		Date of Receipt 0 9 / 0 1 / Y Y Y Y 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.89535
MIAMI	FL 33196	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer UNIVERSITY OF MIAMI DEPT OF ANESTHESIO Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	668.00	
Full Name (Last, First, Middle Initial RYAN MELCHER		Date of Receipt
METHODIST		
City DES MOINES	State Zip Code IA 50309	Transaction ID: SA11AI.89913
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer ASSOCIATED ANESTHESIOLOG STS, PC	I- Occupation ANESTHESIOLOGIST	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial MELVILLE MERCER Mailing Address 3020 S. WHEI	· · · · · · · · · · · · · · · · · · ·	Date of Receipt
		09 30 2010
City	State Zip Code	Transaction ID: SA11AI.91664
TULSA	OK 74114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ASSOC ANESTH INC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (o	ptional)	833.00
TOTAL This Period (last page this line	e number only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 258 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AME OF COMMITTEE (In Full)	SIOLOGISTS	POLITICAL ACTION COM	IMITTEE
A.	Full Name (Last, First, Middle Initial) ROBERT MICHAELS	Date of Receipt		
	Mailing Address 291 SOUTHHALL LN			09 / D D / Y Y Y Y 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.89492
	MAITLAND	FL	32751	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer JLR MEDICAL GROUP	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General	Aggregate	Year-to-Date V	_
	Other (specify) ▼	0 0	369.00	
- В.	Full Name (Last, First, Middle Initial) CARLOS MIJARES			Date of Receipt
	Mailing Address 7700 SW 176TH ST			M M / D D Y
		State	Zip Code	Transaction ID: SA11AI.90797
		FL	33157	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer UNIV. OF MIAMI SCHOOL OF MEDICINE	Occupation ATTEND	NG ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	_
	Other (specify) ▼	0 0	1000.00	
- C.	Full Name (Last, First, Middle Initial) DAVID MILLER			Date of Receipt
	Mailing Address 336 PALACE DR.			09 / D D / Y Y Y Y 09 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.91712
	TRUSSVILLE	AL	35173	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer UNIVERSITY OF ALABAMA MED- ICAL CENTER	Occupation ANESTH	ESIOLOGIST	
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	 Primary General Other (specify) ▼ 		1000.00	
[SUBTOTAL of Receipts This Page (optional)	1		2041.00
ŀ				
	TOTAL This Period (last page this line number	r only)	I	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 139 / 258 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	rson for the purpose of soliciting contributions		
	AME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	MMITTEE		
Α.	Full Name (Last, First, Middle Initial) MICHAEL MILLER	Date of Receipt		
	Mailing Address 15936 OAK PARK CT	M M / D D / Y		
	City WESTFIELD	State IN	Zip Code 46074	Transaction ID: SA11AI.89519 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer ACI,LLC	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	-	e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	295.00	
в.	Full Name (Last, First, Middle Initial) TIMOTHY MILLER			Date of Receipt
	Mailing Address 1194 HILLSBORO MIL	0 9 3 0 Y Y Y Y 0 9 3 0 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.91610
		FL	33062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SHERIDAN	Occupation PROFES		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00	
C.	Full Name (Last, First, Middle Initial) CHRISTOPHER MILLSON			Date of Receipt
	Mailing Address 2400 WIMBLEDON DF	ł		0 9 0 1 Y Y Y Y 0 9 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.89494
	LAS VEGAS FEC ID number of contributing	NV	89107	Amount of Each Receipt this Period
	federal political committee.	C		83.00
	Name of Employer DESERT ANESTHESIOLOGISTS	Occupation PHYSIC	IAN	
	Receipt For: Primary General	Aggregate	e Year-to-Date T47.00	_
	Other (specify) 🔻	0 0	747.00	
	SUBTOTAL of Receipts This Page (optional)			▶ 374.00
	TOTAL This Period (last page this line number of	only)		•

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each Detailed	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 140 / 258 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any	political committee to	solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITIC	CAL ACTION COM	MITTEE
, А.	Full Name (Last, First, Middle Initial) MITCHELL MINANA	Date of Receipt		
	Mailing Address 1306 E WELDEN DR			M · M / D · D / Y · Y · Y · Y Y 0 9 2 0 2 0 1 0 10
	City	State Zip Co		Transaction ID: SA11AI.90531
	SPOKANE	WA 99223		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			100.00
	Name of Employer PHYS ANESTH GRP	Occupation ANESTHESIOLOG	SIST	
	Receipt For:	Aggregate Year-to-Da	te 🔻	
	Primary General Other (specify) ▼		350.00	
— В.	Full Name (Last, First, Middle Initial) MITCHELL MINANA	1		Date of Receipt
	Mailing Address 1306 E WELDEN DR			09 23 YYYYY 009 2010
	City	State Zip Co		Transaction ID: SA11AI.90944
	SPOKANE	WA 99223		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer PHYS ANESTH GRP	Occupation ANESTHESIOLOG	SIST	
	Receipt For: Primary General	Aggregate Year-to-Da	te 🔻	
	Other (specify)		450.00	
– c.	Full Name (Last, First, Middle Initial) PAUL MINTZ	I		Date of Receipt
	Mailing Address 200 READING BLVD.			M = M / D = D / Y = Y = Y Y 0 9 1 2 2 0 1 0
	City	State Zip Co		Transaction ID: SA11AI.90028
	WYOMISSING	PA 19610		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	Name of Employer READING ANESTHESIA ASSOCI- ATES	Occupation ANESTHESIOLOG	AIST	
	Receipt For:	Aggregate Year-to-Da	ite 🔻	
	Other (specify)		1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		1200.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 258 (check only one)		
	Any information copied from such Reports and State or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	tements may ame and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
	AMERICAN SOCIETY OF ANESTHESIC	MITTEE				
Α.	Full Name (Last, First, Middle Initial) HARRY MINTZER	Date of Receipt				
	Mailing Address 125 GRAMPIAN BLVD.	09 05 Y Y Y Y 000 05 D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
	City	State	Zip Code	Transaction ID: SA11AI.89661		
	WILLIAMSPORT FEC ID number of contributing federal political committee.	PA C	17701	Amount of Each Receipt this Period		
	Name of Employer ANESTHESIA ASSOC. OF WILL- IAMSPORT	Occupation ANESTH	ESIOLOGIST			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 500.00]		
- В.	Full Name (Last, First, Middle Initial) DANIEL MITCHELL			Date of Receipt		
	Mailing Address 3426 W 164TH TER			M M / D D / Y		
	City	State	Zip Code	Transaction ID: SA11AI.90289		
	STILWELL	KS	66085	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer MIDWEST ANESTHESIA ASSOCI- ATES PA Receipt For:	Occupation PHYSICI	AN	_		
	Primary General Other (specify) ▼	Aggregate	Year-to-Date 500.00]		
- C.	Full Name (Last, First, Middle Initial) DEREK MITCHELL			Date of Receipt		
	Mailing Address 3200 TROUP HWY #200)		0 9 / 1 6 / Y Y Y Y 0 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.90280		
	TYLER FEC ID number of contributing federal political committee.	TX C	75701	Amount of Each Receipt this Period		
	Name of Employer EAST TEXAS ANES. ASSOC.	Occupation ANESTH	n ESIOLOGIST			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 250.00]		
ſ	SUBTOTAL of Receipts This Page (optional)		••••••	1250.00		
	TOTAL This Period (last page this line number on	ıly)	·····)			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 258 (check only one) X X 11a 11b 11c 12 13 14 15 16 1 ¹			
	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 ANESTHI	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE			
×.	Full Name (Last, First, Middle Initial) STANLEY MOGELNICKI			Date of Receipt			
	Mailing Address 640 TANGLEWOOD	TRAIL NW		0 9 / D D / Y Y Y Y 0 9 / 0 6 / 2 0 1 0			
	City	State	Zip Code	Transaction ID: SA11AI.89678			
	ATLANTA	GA	30327	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer PHYSICIAN SPECIALISTS IN ANESTH.	Occupation ANESTH	n ESIOLOGIST				
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	250.00]			
_	Full Name (Last, First, Middle Initial) THOMAS MOORE	1		Date of Receipt			
	Mailing Address 1748 VESTWOOD F	M • M / D • D / Y • Y • Y • Y Y Y • Y Y					
	City	State	Zip Code	Transaction ID: SA11AI.89461			
	VESTAVIA HILLS	AL	35216	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		125.00			
	Name of Employer UNIVERSITY OF ALABAMA SCH- OOL OF MEDICI		ESIOLOGIST				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 1125.00]			
	Full Name (Last, First, Middle Initial) GARY MORTON			Date of Receipt			
	Mailing Address 3510 MAGNOLIA BL	VD.		M M / D D / Y Y Y Y 09 06 2010			
	City	State	Zip Code	Transaction ID: SA11AI.89727			
	TEMPLE	ТХ	76502	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer SCOTT AND WHITE CLINIC	Occupation ANESTH	n ESIOLOGIST				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 250.00]			
Γ	SUBTOTAL of Receipts This Page (optional)	1		625.00			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedu for each category of th	he	FOR LINE NUMBER: PAGE 143 / 258 (check only one) X X 11a 11b 11c 12			
			Detailed Summary Pa	age				
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	for the purpose of soliciting contributions solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)							
	AMERICAN SOCIETY OF ANESTHES	NITTEE						
Α.	Full Name (Last, First, Middle Initial) WILLIAM MOSS	Date of Receipt						
	Mailing Address 3142 ROCK PARK DR	09 / 24 / 2010						
	City	State	Zip Code		Transaction ID: SA11AI.91108			
	FORT COLLINS	CO	80528		Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C			500.00			
	Name of Employer NORTHERN CO ANESTH. PROF. CONSULTANTS	Occupatio ANESTH	n IESIOLOGIST					
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Other (specify) ▼	0 0	750	.00				
в.	Full Name (Last, First, Middle Initial) SUNITA MOTIANI				Date of Receipt			
	Mailing Address 4291 WHITE BIRCH DF	٦.			M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y			
	City	Zip Code		Transaction ID: SA11AI.91562				
	LISLE		60532	60532 Amount of Each Receipt th				
	FEC ID number of contributing federal political committee.	C			250.00			
	Name of Employer DUPAGE VALLEY ANESTHESIOL- OGISTS	Occupatio PHYSIC						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Other (specify) ▼	0 0	250	.00				
C.	Full Name (Last, First, Middle Initial) GREGG MOTONAGA				Date of Receipt			
	Mailing Address 340 DIANE LN				M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y			
	City	State	Zip Code		Transaction ID: SA11AI.90236			
	SOLDOTNA	AK	99669	_	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C			250.00			
	Name of Employer CPGH, INC.	Occupatio PHYSIC]			
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Other (specify) ▼	0 0	250	.00				
	SUBTOTAL of Receipts This Page (optional)			🕨	1000.00			
	TOTAL This Period (last page this line number o	only)		🕨				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separates for each categ Detailed Sumr	ory of the	FOR LINE NUMBER: PAGE 144 / 258 (check only one) 11a X 11a 11b 11c 12 I 13 14 15 16 17			
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	AME OF COMMITTEE (In Full)	SIOLOGIST	S POLITICAL A	CTION COMM	ITTEE			
A.	Full Name (Last, First, Middle Initial) FRANK MOYA Mailing Address 5915 PONCE DE LEC	FRANK MOYA						
		09 / 27 / Y Y Y Y 09 / 27 / 2010						
	CORAL GARLES	State FL	Zip Code		Transaction ID: SA11AI.91258			
	CORAL GABLES FEC ID number of contributing federal political committee.	C	33146	1	Amount of Each Receipt this Period 500.00			
	Name of Employer SELF-EMPLOYED	Occupatio ANESTH	n IESIOLOGIST					
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date 🔻	500.00				
- В.	Full Name (Last, First, Middle Initial) CATHLEEN MUCENSKI Mailing Address 7870 DENNLER LN	1			Date of Receipt			
	City	State	Zip Code					
	<u>CINCINNATI</u>	OH	45247		Transaction ID: SA11AI.90545 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C			250.00			
	Name of Employer INDEPENDENT ANESTH		IESIOLOGIST					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼	250.00				
- C.	Full Name (Last, First, Middle Initial) DODD MULLICAN	1			Date of Receipt			
	Mailing Address 4216 OVERLOOK DF	1			M - M / D - D / Y - Y - Y Y			
	City BIRMINGHAM	State AL	Zip Code 35222		Transaction ID: SA11AI.91637 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		U III	500.00			
	Name of Employer ANESTHESIA RESOURCES MANA- GEMENT Bracint Form	1 1	IESIOLOGIST					
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date	1000.00				
ſ	SUBTOTAL of Receipts This Page (optional) .			····· •	1250.00			
ľ	TOTAL This Period (last page this line number	r only)		►				

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 145 / 258 (check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and Si or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	BIOLOGIST	S POLITICAL ACTION COM	MITTEE
۷ A.	, Full Name (Last, First, Middle Initial) JOHN MULLICAN			Date of Receipt
	Mailing Address 330 DON CUBERO PL	ACE		09 10 Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.89970
	SANTA FE FEC ID number of contributing federal political committee.	C	87505	Amount of Each Receipt this Period 1000.00
	Name of Employer SANTA FE ANESTH. SPECIALI-	Occupatio	n IESIOLOGIST	_
	STS		e Year-to-Date V	-
	Primary General Other (specify) ▼		1000.00]
- B.	Full Name (Last, First, Middle Initial) MICHAEL MULLINS			Date of Receipt
	Mailing Address 2415 HEIGHTS AVE	M M / D D / Y Y Y Y 09 10 2010		
	City State		Zip Code	Transaction ID: SA11AI.89974
	LANSING FEC ID number of contributing	MI	48912	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer CARSON CITY HOSPITAL SURG- ERY	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) 🔻	0 0	250.00	
- С.	Full Name (Last, First, Middle Initial) JOEL MUMFORD			Date of Receipt
	Mailing Address 221 ELM HILL RD.			09 / V Y Y Y 09 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.89467
	SPRINGFIELD FEC ID number of contributing	VT	05156	Amount of Each Receipt this Period
	federal political committee.	C		83.00
	Name of Employer V A MEDICAL CENTER	Occupatio PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 747.00]
ſ	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 146 / 258 (check only one) X X 11a 11b 11c 12 13 14 15 16 1			
Any information copied from such Reports an or for commercial purposes, other than using	ny information copied from such Reports and Statements may not be sold or used by any person f for commercial purposes, other than using the name and address of any political committee to sc					
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	MITTEE			
Full Name (Last, First, Middle Initial) BRENT MURDOCK			Date of Receipt			
Mailing Address 6036 WEST FOOT	09 12 2010					
City	State	Zip Code	Transaction ID: SA11AI.90035			
HIGHLAND	UT	84003	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer MOUNTAIN WEST ANESTHESIA	Occupation ANESTH	n ESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 500.00]			
Full Name (Last, First, Middle Initial) GLENN MURPHY Mailing Address DEPARTMENT OF	ANESTHESIO	LOGY	Date of Receipt			
2650 RIDGE AVE.	09 16 2010					
City <u>EVANSTON</u>	State II	Zip Code 60201	Transaction ID: SA11AI.90331 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
Name of Employer NORTHSHORE UNIVERSITY HEA- LTHSYSTEM	Occupation PHYSICI		-			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 250.00]			
Full Name (Last, First, Middle Initial) ERIC MURRAY			Date of Receipt			
Mailing Address 201 SIVLEY RD SW	V STE 300		0 9 2 9 2 0 1 0			
City	State	Zip Code	Transaction ID: SA11AI.91427			
HUNTSVILLE	AL	35801	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer HUNTSVILLE CARDIAC ANESTH- ESIA	Occupation ANESTH	n ESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 500.00]			
SUBTOTAL of Receipts This Page (optional			1250.00			

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 147 / 258 (check only one)					
	ITEMIZED RECEIPTS		for each category of the	X 11a \Box 11b \Box 11c \Box 12					
			Detailed Summary Page						
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions							
1	NAME OF COMMITTEE (In Full)								
	AMERICAN SOCIETY OF ANESTHES	AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMM							
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt					
	Mailing Address 1924 ALCOA HIGHWA	0 9 / D D / Y Y Y Y 0 1 / 2 0 1 0							
	City	State	Zip Code	Transaction ID: SA11AI.89452					
	KNOXVILLE	TN	37920	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		83.00					
	Name of Employer UNIVERSITY ANESTHESIOLOGI- STS	Occupation DOCTO							
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General Other (specify) ▼	0 0	419.00]					
в.	Full Name (Last, First, Middle Initial) ROBERT MURRAY III			Date of Receipt					
	Mailing Address 19 ELM PARK BLVD.			M M / D D / Y Y Y Y 09 01 2010					
	City	State	Zip Code	Transaction ID: SA11AI.89502					
	PLEASANT RIDGE	MI	48069	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		83.00					
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOC	Occupation PHYSIC							
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General Other (specify) ▼	0 0	747.00]					
С.	Full Name (Last, First, Middle Initial) ROSS MUSUMECI	I		Date of Receipt					
	Mailing Address 9 LINCOLN ST.			M M / D D / Y Y Y Y 09 / 01 / 2010					
	City	State	Zip Code	Transaction ID: SA11AI.89429					
	WESTON	MA	02493	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		41.00					
	Name of Employer ANES. ASSOC. OF MASSACHUS- ETTS	Occupation	n IESIOLOGIST						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General Other (specify) ▼		369.00]					
	SUBTOTAL of Receipts This Page (optional)	I		207.00					
	TOTAL This Period (last page this line number		r						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 258 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	AME OF COMMITTEE (In Full)	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
۷ A.	Full Name (Last, First, Middle Initial) JEFFREY MYERS			Date of Receipt
	Mailing Address 3777 BOBBIN MILL F	RD.		09 / D D / Y Y Y Y 09 14 2010
	City	State	Zip Code	Transaction ID: SA11AI.90101
	TALLAHASSEE	FL	32312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer SHERIDAN	Occupatio ANESTH	^{on} IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼		1000.00	
- B.	Full Name (Last, First, Middle Initial) SATHYENDRA MYSORE			Date of Receipt
	Mailing Address 40 WOODS EDGE C	IRCLE		M M / D D / Y Y Y Y 09 12 2010
	City State		Zip Code	Transaction ID: SA11AI.90039
		KY	40741	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SAINT JOSEPH LONDON HOSPI- TAL	Occupation PHYSIC	n IAN-ANESTHESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
- C.	Full Name (Last, First, Middle Initial) SOLMAZ NABIPOUR			Date of Receipt
	Mailing Address 110 FARLEY DR			M M / D D / Y Y Y Y 09 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.90402
	APTOS	CA	95003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer DOMINICAN HOSPITAL	Occupatio ANESTH	m HESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		250.00	
ſ	SUBTOTAL of Receipts This Page (optional).	1		1500.00
┝	UPICIAL OF RECEIPTS THIS Faye (Uptional).			
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 258 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
	AME OF COMMITTEE (In Full)	MITTEE		
A.	Full Name (Last, First, Middle Initial) KENNETH NANNERS			Date of Receipt
	Mailing Address 170 LEEWOOD FARM	IS RD.		09 / D D / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.89674
	WHEELING FEC ID number of contributing federal political committee.	C	26003	Amount of Each Receipt this Period
	Name of Employer MPA INC.	Occupatio		
	Receipt For:		HESIOLOGIST e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		250.00]
- В.	Full Name (Last, First, Middle Initial) AJAY NATH			Date of Receipt
	Mailing Address 23 BARCLAY CT.			0 9 2 7 2 0 1 0
	City State		Zip Code	Transaction ID: SA11AI.91296
	SOMERSET	NJ	08873	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTHESIA CONSULTANTS OF NJ Receipt For:		HESIOLOGIST	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
- C.	Full Name (Last, First, Middle Initial) EMERY NAVORI	I		Date of Receipt
	Mailing Address 412 S PALOMA PL			09 / Y Y Y Y 20 2010
	City	State	Zip Code	Transaction ID: SA11AI.90593
	TAMPA	FL	33609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer FLA GULF TO BAY ANESTHESIA	Occupatio PHYSIC	IAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
ſ	SUBTOTAL of Receipts This Page (optional)			1000.00
ľ	TOTAL This Period (last page this line number	only)		

(SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 150 / 258
			Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
Г	Any information partial from such Departs and O			
	Any information copied from such Reports and Si or for commercial purposes, other than using the	o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHES	IMITTEE		
∠ A.	Full Name (Last, First, Middle Initial) EMERY NAVORI	Date of Receipt		
	Mailing Address 412 S PALOMA PL	M M / D D / Y		
	City	State	Zip Code	Transaction ID: SA11AI.90680
	TAMPA	FL	33609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer FL GULF TO BAY ANESTHESIA	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General	i i	250.00	1
	Other (specify) ▼	0 0		1
- В.	Full Name (Last, First, Middle Initial) EMERY NAVORI			Date of Receipt
	Mailing Address 412 S PALOMA PL			M M / D D / Y Y Y Y Y 09 22 2010
	City	State	Zip Code	Transaction ID: SA11AI.90791
	TAMPA	<u> </u>	33609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer FLA GULF TO BAY ANESTHESIA	Occupation	on HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
- C.	Full Name (Last, First, Middle Initial) MICHAEL NEE			Date of Receipt
0.	Mailing Address 95 HOCKANUM BLVD	UNIT 4508	3	M M / D D / Y Y Y Y
		Chata	Zie Oede	09 07 2010
	City VERNON ROCKVILLE	State CT	Zip Code 06066	Transaction ID: SA11AI.89765 Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer MAA	Occupation ANESTH	on HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00]
ſ	SUBTOTAL of Receipts This Page (optional)			1500.00
┝	SUBTOTAL OF RECEIPES THIS Page (optional)			
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 258 (check only one) 11a X 11a 11b 13 14 15 16 17			
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI					
۷ A.	Full Name (Last, First, Middle Initial) MICHAEL NEED			Date of Receipt			
	Mailing Address 7632 TIMBER SPRING	09 / P P / Y Y Y 09 / 2010					
	City	State	Zip Code	Transaction ID: SA11AI.89520			
	FISHERS FEC ID number of contributing federal political committee.		46038	Amount of Each Receipt this Period 83.00			
	Name of Employer SOUTHEAST ANESTHESIOLOGIS-	Occupatio					
	TS Receipt For:	PHYSIC Aggregate	IAN e Year-to-Date 🔻	-			
	Other (specify)		668.00]			
- B.	Full Name (Last, First, Middle Initial) MARK NELSON	I		Date of Receipt			
	Mailing Address 5500 HEATHROW DF	M M / D D / Y					
	City	State	Zip Code	Transaction ID: SA11AI.89986			
	KNOXVILLE FEC ID number of contributing		37919	Amount of Each Receipt this Period			
	federal political committee.						
	Name of Employer AMAET	Occupatio ANESTH	n IESIOLOGIST				
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	-			
	Other (specify) v	0 0	500.00				
- C.	Full Name (Last, First, Middle Initial) MARK NELSON	•		Date of Receipt			
	Mailing Address 14175 GOLF PKWY			M + M / D + D / Y + Y + Y Y 0 9 2 0 2 0 1 0			
	City BROOKFIELD	State WI	Zip Code 53005	Transaction ID: SA11AI.90528			
	FEC ID number of contributing federal political committee.	C	53005	Amount of Each Receipt this Period 500.00			
	Name of Employer SELF-EMPLOYED	Occupatio PHYSIC		_			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]			
ſ	SUBTOTAL of Receipts This Page (optional)			1083.00			
Ī	TOTAL This Period (last page this line number	only)					

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 258 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	Any information copied from such Reports and S or for commercial purposes, other than using the	erson for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	DMMITTEE	
∠ A.	Full Name (Last, First, Middle Initial) ROBERT NESBITT		Date of Receipt
	Mailing Address 410 1ST AVE SE STE		
	City	State Zip Code	Transaction ID: SA11AI.90700
	CULLMAN	AL 35055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer NESBITT PAIN ASSOCIATES	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	500.00	
— 3.	Full Name (Last, First, Middle Initial) JOHN NGUYEN	1	Date of Receipt
	Mailing Address 19503 STEVENS CRE	M M / D D / Y Y Y 09 17 2010	
	City	State Zip Code	Transaction ID: SA11AI.90391
	CUPERTINO	CA 95014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer COAST ANESTHESIA MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) THAI NGUYEN		Date of Receipt
	Mailing Address 500 S. MAIN STREET	STE 1210	0 9 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.90389
	ORANGE	CA 92868	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer ALLIED ANESTHESIA MED GRP INC.	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	_
	Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional)	I	1000.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153 / 258 (check only one) 11a X 11a 11b 13 14 15 16 17			
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions			
∠ A.	Full Name (Last, First, Middle Initial) DEAN NICHOLS			Date of Receipt			
	Mailing Address 18118 E. WEAVER DR	0 9 / D D / Y Y Y Y 0 9 0 9 2 0 1 0					
	City	State	Zip Code	Transaction ID: SA11AI.89943			
	CENTENNIAL	CO	80016	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer METRO DENVER ANESTHESIA	Occupatio ANESTH	n IESIOLOGIST				
	Receipt For: Primary General	Aggregate Year-to-Date V					
	Other (specify)	0 0	500.00				
- В.	Full Name (Last, First, Middle Initial) MICHAEL NICHOLS			Date of Receipt			
	Mailing Address 1090 DEVINE CIRCLE	Ξ		M M / D D / Y			
	City	State	Zip Code	Transaction ID: SA11AI.89484			
	ATLANTA	GA	30319	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		83.00			
	Name of Employer NOVA SOUTHEASTERN UNIVERS- ITY ANESTHESI	Occupatio ANESTH	n IESIOLOGIST ASSISTANT				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 747.00				
- c.	Full Name (Last, First, Middle Initial) JOSEPHE NICHOLSON			Date of Receipt			
-	Mailing Address 1708 INDIAN CREEK	DR.		M M / D D / Y Y Y Y 09 17 2010			
	City	State	Zip Code	Transaction ID: SA11AI.90419			
	BIRMINGHAM	AL	35243	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer SOUTHERN PERIOPERATIVE SE- RVICE	Occupatio PHYSICI	IAN				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]			
ſ	SUBTOTAL of Receipts This Page (optional)			1083.00			
ŀ	TOTAL This Period (last page this line number						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 258 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) WILLIAM NORDLIE			Date of Receipt
	Mailing Address 12067 N 135TH WAY			09 14 Y Y Y Y 009 14
	City SCOTTSDALE	State AZ	Zip Code 85259	Transaction ID: SA11AI.90165
	FEC ID number of contributing federal political committee.	C	83233	Amount of Each Receipt this Period
	Name of Employer VALLEY ANES. CONSULTANTS, LTD.	Occupation ANESTH	n ESIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 250.00]
B.	Full Name (Last, First, Middle Initial) TODD NOVAK			Date of Receipt
	Mailing Address 3807 SOMERSET DR	APT 205		09 16 Y Y Y Y 09 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.90269
	PRAIRIE VILLAGE FEC ID number of contributing federal political committee.	KS	66208	Amount of Each Receipt this Period
	Name of Employer MIDWEST ANESTHESIA ASSOCI- ATES, P.A. Receipt For:		ESIOLOGIST	_
	Primary General Other (specify) ▼		Year-to-Date 250.00]
C.	Full Name (Last, First, Middle Initial) SHAFEENA NURANI			Date of Receipt
	Mailing Address 1805 TORQUAY AVEN	NUE		M M / D D / Y Y Y Y 09 23 2010
	City	State	Zip Code	Transaction ID: SA11AI.90938
	ROYAL OAK FEC ID number of contributing federal political committee.	C	48073	Amount of Each Receipt this Period
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES	r •	ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 250.00]
	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedu for each category of the		FOR LINE NUMBER: PAGE 155 / 258 (check only one)					
			Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17				
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by a dress of any political com	any person mittee to s	for the purpose of soliciting contributions				
	AMERICAN SOCIETY OF ANESTHES	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMM							
A.	Full Name (Last, First, Middle Initial) RICHARD NUTT				Date of Receipt				
	Mailing Address 324 6TH AVE				M M / D D / Y Y Y Y 09 24 2010				
	City	State	Zip Code		Transaction ID: SA11AI.91105				
	INDIAN ROCKS BEACH	FL	33785	_	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C			250.00				
	Name of Employer FLORIDA GULF TO BAY ANES ASSOC	Occupation ANESTH	n IESIOLOGIST						
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻						
	Other (specify) ▼	0 0	250	.00					
В.	Full Name (Last, First, Middle Initial) KATHLEEN OLEARY				Date of Receipt				
	Mailing Address 666 ELM AND CARLTC	ON ST			0 9 / D D / Y Y Y Y Y 0 1 2 0 1 0				
	City	Zip Code		Transaction ID: SA11AI.89515					
	BUFFALO	NY	14263		Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	<u> </u>		25.00				
	Name of Employer ROSWELL PARK CANCER INSTI- TUTE	Occupation PHYSIC							
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻						
	Other (specify) ▼		225	.00					
С.	Full Name (Last, First, Middle Initial) PAUL OLEARY				Date of Receipt				
	Mailing Address 1174 LAKESIDE DRIVE	Ē			09 21 YYYY 02010				
	City		Zip Code		Transaction ID: SA11AI.90668				
	BIRMINGHAM	MI	48009	-	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C			500.00				
	Name of Employer SOAA		IESIOLOGIST						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Other (specify) ▼	0 0	500	.00					
	SUBTOTAL of Receipts This Page (optional)				775.00				
	TOTAL This Period (last page this line number of	only)		· •					

SCHEDULE A (FEC ITEMIZED RECEIPT	S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 258 (check only one) X X 11a 11b 11c 12 X 13 14 15 16 17 son for the purpose of soliciting contributions
or for commercial purposes, oth	her than using the name and add	o solicit contributions from such committee.	
A. Full Name (Last, First, Midd DOUGLAS OLIN Mailing Address 5270 VI City SANFORD FEC ID number of contributi federal political committee. Name of Employer JLR MEDICAL GROUP Receipt For: Primary Gen	STA CLUB RUN State FL ing Occupatio ANESTH Aggregate	ESIOLOGIST Year-to-Date V	Date of Receipt 0 9 / 0 8 / 2 0 1 0 Transaction ID: SA11AI.89870 Amount of Each Receipt this Period 500.00
City COLUMBIA FEC ID number of contributi federal political committee. Name of Employer ANESTHESIOLOGY CONS OF COLUMBIA Receipt For: Primary Gen Other (specify) ▼	DX 1928 State SC Ing C SULTANTS Aggregate	500.00 Zip Code 29202 n ESIOLOGIST Year-to-Date ▼ 1000.00	Date of Receipt 0 9 / 0 5 / 2 0 1 0 Transaction ID: SA11AI.89652 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Midd RICHARD OLIVER Mailing Address 1715 E City CINCINNATI FEC ID number of contributi federal political committee. Name of Employer IAPSC Receipt For: Primary Gen Other (specify) ▼	MCMILLAN ST # 2 State OH ing C Occupation ANESTH Aggregate	Zip Code 45206	Date of Receipt 09 22 2010 Transaction ID: SA11AI.90771 Amount of Each Receipt this Period 500.00
	Page (optional)		2000.00

ļ	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 157 / 258 (check only one)		
	ITEMIZED RECEIPTS		for each category of the	\overline{X} 11a 11b 11c 12		
			Detailed Summary Page			
	Any information copied from such Reports and St or for commercial purposes, other than using the	on for the purpose of soliciting contributions				
	AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE		
A.	Full Name (Last, First, Middle Initial) JAMES ONEILL					
	Mailing Address 1060 LIVE OAK PLAN	09 / D D / Y Y Y Y 09 29 2010				
	City	State	Zip Code	Transaction ID: SA11AI.91541		
	TALLAHASSEE	FL	32312	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer AAT	Occupatio	on	-		
			IESIOLOGIST			
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻			
	Other (specify)		500.00			
	• • • • (• • • • • • • • • •	0 0		1		
в.	Full Name (Last, First, Middle Initial) TIMOTHY ONEILL			Date of Receipt		
υ.	Mailing Address 5885 LAKE HARBOR F	0 9 2 8 2 0 1 0				
	City	State	Zip Code	Transaction ID: SA11AI.91337		
	MUSKEGON	MI	49441	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer LAKESHORE ANES.	Occupatio ANESTH	on HESIOLOGIST	-		
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify) ▼	0 0	250.00]		
- C.	Full Name (Last, First, Middle Initial) CHERIAN SANTOSH OOMMEN			Date of Receipt		
	Mailing Address 58 ORCHARD FARMS	LN.		M M / D D / Y Y Y Y 09 04 2010		
	City	State	Zip Code	Transaction ID: SA11AI.89615		
	AVON	СТ	06001	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer MILFORD ANESTHESIA ASSOCI- ATES	Occupatio ANESTH	on HESIOLOGIST			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify) ▼		1000.00			
Γ				1750.00		
Ļ	SUBTOTAL of Receipts This Page (optional)		······ •	- 1750.00		
	TOTAL This Period (last page this line number of	only)				

Any information copied from such Reports and Statements or for commercial purposes, other than using the name an NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOG Full Name (Last, First, Middle Initial) BRYAN ORME	d address of any political committee to s	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOG Full Name (Last, First, Middle Initial)	ISTS POLITICAL ACTION COM	<i>N</i> ITTEE	
		Date of Receipt	
Mailing Address 10001 E 33RD STREET		09 08 Y Y Y Y 09 08	
City Stat	e Zip Code	Transaction ID: SA11AI.89831	
JONES OK	73049	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.		500.00	
	pation STHESIOLOGIST	_	
Receipt For: Aggruphic Agg	egate Year-to-Date 🔻		
Other (specify) ▼	500.00		
Full Name (Last, First, Middle Initial) JON PACE		Date of Receipt	
Mailing Address 1850 N CENTRAL AVE STE 1	09 / D D / Y Y Y Y 09 29 2010		
City Stat	e Zip Code	Transaction ID: SA11AI.91462	
PHOENIX AZ	85004	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.		1000.00	
	pation SICIAN	_	
Receipt For: Aggr.	egate Year-to-Date 🔻		
Other (specify) ▼	1000.00		
Full Name (Last, First, Middle Initial) C. KEVIN PACE		Date of Receipt	
Mailing Address 231 CHARLESTON COURT, S	Mailing Address 231 CHARLESTON COURT, SOUTH		
City Stat	•	Transaction ID: SA11AI.90512	
MONTGOMERY AL	36117	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.		1000.00	
MONTGOMERY ANESTHESIA ASS- OC.	oation STHESIOLOGIST		
Receipt For: Aggr	egate Year-to-Date 🔻		
Other (specify) ▼	1000.00		
SUBTOTAL of Receipts This Page (optional)		2500.00	
TOTAL This Period (last page this line number only)	·		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 258 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions oslicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
⊻ ۹.	Full Name (Last, First, Middle Initial) CRAIG PADAVICH			Date of Receipt
	Mailing Address 660 NOBLE HILL RD	0 9 3 0 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.91589
	YAKIMA FEC ID number of contributing federal political committee.	WA C	98908	Amount of Each Receipt this Period 250.00
	Name of Employer PHYSICIAN ANES. ASSOC.	Occupatio ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	PYear-to-Date ▼ 250.00]
- 3.	Full Name (Last, First, Middle Initial) PATRICIA PANCOAST Mailing Address 19031 HILLTOP RD			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.90876
	LAKE OSWEGO FEC ID number of contributing federal political committee.	OR	97034	Amount of Each Receipt this Period 500.00
	Name of Employer OREGON ANES GROUP, P.C.	Occupatio ANESTH	n ESIOLOGIST	-
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
-	Full Name (Last, First, Middle Initial) MICHAEL PANGER			Date of Receipt
	Mailing Address 146 WHISPERING W	0 9 0 7 2 0 1 0		
	City CHARLESTON	State WV	Zip Code 25304	Transaction ID: SA11AI.89742 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer GENERAL ANESTHESIA SERVIC- ES, INC.	Occupatio PHYSICI		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
Γ				1250.00

for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any person e name and address of any political committee to	FOR LINE NUMBER: PAGE 160 / 258 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee. 10 10 10
for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	Statements may not be sold or used by any person a name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE		
	SIOLOGISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) SPARKHILL PARKHILL		Date of Receipt
Mailing Address 300 S. ARLINGTON A		
City	State Zip Code	Transaction ID: SA11AI.89932
RENO FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer ASSOCIATED ANES. OF RENO	Occupation ANESTHESIOLOGIST	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. LEE PARMLEY		Date of Receipt
	M M / D D / Y Y Y Y 09 / 01 / 2010	
•		Transaction ID: SA11AI.89496 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer VANDERBILT UNIVERSITY MED- ICAL CENTER	Occupation PHYSICIAN	-
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1125.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
	State Zip Code MD 21043	Transaction ID: SA11AI.89636 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PARKWAY ANESTHESIA ASSOCI- ATES	Occupation ANESTHESIOLOGIST	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
UBTOTAL of Receipts This Page (optional).	· · · · · · · · · · · · · · · · · · ·	875.00
	City RENO FEC ID number of contributing federal political committee. Name of Employer ASSOCIATED ANES. OF RENO Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. LEE PARMLEY Mailing Address 1211 21ST AVE S MEDICAL ARTS BUIL City NASHVILLE FEC ID number of contributing federal political committee. Name of Employer VANDERBILT UNIVERSITY MED-ICAL CENTER Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) KATHLEN PARR Mailing Address 5008 ILCHESTER RD City ELLICOTT CITY FEC ID number of contributing federal political committee. Name of Employer PARKWAY ANESTHESIA ASSOCI- ATES Receipt For: Primary General Other (specify) ▼ UBTOTAL of Receipts This Page (optional)	City State Zip Code RENO NV 89501 FEC ID number of contributing federal political committee. C

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 258 (check only one) 11a X 11a 11b 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may i e name and addr	not be sold or used by any pers ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) DHARINI PATEL	Date of Receipt		
	Mailing Address 21246 RONDA CIR			0 9 0 2 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.89564
	HUNTINGTON BEACH	CA	92648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer DHARINII PATEL	Occupation SELF		
	Receipt For:	Aggregate Y	Year-to-Date 🔻	_
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) HARESH PATEL			Date of Receipt
	Mailing Address 1120 ENCLAVE RD			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.89919
	CHATTANOOGA FEC ID number of contributing federal political committee.	TN	37415	Amount of Each Receipt this Period
	Name of Employer ACE	Occupation ANESTHE	SIOLOGIST	_
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00]
С.	Full Name (Last, First, Middle Initial) VINIT PATIL			Date of Receipt
	Mailing Address 515 GENTLEMANS F	RIDGE		09 / 28 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.91371
	SIGNAL MOUNTAIN	TN	37377	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer ACE	Occupation MD		
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1000.00]
	SUBTOTAL of Receipts This Page (optional).			2500.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 258 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
A.	Full Name (Last, First, Middle Initial) SCOTT PAULSEN			Date of Receipt
	Mailing Address 3103 153RD ST			M M / D D / Y
	City URBANDALE	State IA	Zip Code 50323	Transaction ID: SA11AI.90641
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, P.C.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
в.	Full Name (Last, First, Middle Initial) ROBERT PEASE			Date of Receipt
	Mailing Address P.O. BOX 220909			0 9 / 1 5 / Y Y Y Y 2 0 1 0
	City ANCHORAGE	State AK	Zip Code 99522	Transaction ID: SA11AI.90229
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer PAAMG	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
C.	Full Name (Last, First, Middle Initial) TIMOTHY PEDERSON			Date of Receipt
	Mailing Address 39 SUMMIT ST.			M M / D D / Y Y Y Y 09 26 2010
	City	State	Zip Code	Transaction ID: SA11AI.91164
	NEWTON FEC ID number of contributing federal political committee.	C	02458	Amount of Each Receipt this Period
	Name of Employer COMMONWEALTH ANESTHESIA ASSOC.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	≥ Year-to-Date ▼ 250.00]
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 163 / 258 (check only one)
	Any information copied from such Reports and or for commercial purposes, other than using th	son for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL ACTION CO	MMITTEE
× .	Full Name (Last, First, Middle Initial) WILLIAM PEDERSON	Date of Receipt	
	Mailing Address 1819 DENVER WES	DRIVE #200	09 29 2010
	City	State Zip Code	Transaction ID: SA11AI.91434
	GOLDEN FEC ID number of contributing	CO 80401	Amount of Each Receipt this Period
	federal political committee.		500.00
	Name of Employer PHYSICIAN ANESTHESIA SERV-	Occupation PHYSICIAN	
	ICES Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	500.00	
-	Full Name (Last, First, Middle Initial) WILLIAM PEKARSKE		Date of Receipt
	Mailing Address 1281 E. CALLE DE L	M M / D D / Y	
	City	State Zip Code	Transaction ID: SA11AI.89480
	TUCSON	AZ 85718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.00
	Name of Employer SOUTHERN ARIZONA ANESTHES- IA SERVICES	Occupation PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	747.00	
-	Full Name (Last, First, Middle Initial) STAN PERKINS	I	Date of Receipt
	Mailing Address 3200 TROUP HWY #	200	0 9 28 2010
	City	State Zip Code	Transaction ID: SA11AI.91379
	TYLER	TX 75701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer EAST TEXAS ANES. ASSOC.	Occupation PHYSICIAN	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify)	250.00	
Γ	SUBTOTAL of Receipts This Page (optional).		833.00
┢			
	TOTAL This Period (last page this line number	r only)	

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	_	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 / 258 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and so for commercial purposes, other than using the	Statements may e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AME OF COMMITTEE (In Full)	SIOLOGIST	S POLITICAL ACTION CON	IMITTEE
⊻ A.	Full Name (Last, First, Middle Initial) ANDREW PETERS	Date of Receipt		
	Mailing Address 1401 WEST BAY DR	IVE		09 / D D / Y Y Y Y 24 2010
	City	State	Zip Code	Transaction ID: SA11AI.91099
	LARGO	FL	33770	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer DIAGNOSTIC CLINIC	Occupatio MDA	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
– В.	Full Name (Last, First, Middle Initial) THEODORE PETERSON			Date of Receipt
	Mailing Address 3632 21 ST AVE. S.			M M / D D / Y Y Y Y 09 24 2010
	City	State	Zip Code	Transaction ID: SA11AI.91089
	ST. CLOUD	MN	56301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANES ASSOC ST CLOUD	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	250.00	
– c.	Full Name (Last, First, Middle Initial) W. CURTIS PETERSON			Date of Receipt
	Mailing Address P. O. BOX 3870			M M / D D / Y Y Y Y 09 16 2010
		State UT	Zip Code	Transaction ID: SA11AI.90319
	SALT LAKE CITY FEC ID number of contributing	C	84110	Amount of Each Receipt this Period
	federal political committee.			
	Name of Employer PEDIATRIC ANESTHESILOGIST- S, INC	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)	0 0	250.00	
Γ	SUBTOTAL of Receipts This Page (optional).			750.00
F	TOTAL This Period (last page this line number		-	

				1	FOR LINE NUMBER: PAGE 165/258
	SCHEDULE A (FEC Form 3X)		Use separate s		(check only one)
	ITEMIZED RECEIPTS		for each catego Detailed Summ		X 11a 11b 11c 12
				aly rage	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	ay not be sold or use ddress of any politic	ed by any perso al committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
ĺ	NAME OF COMMITTEE (In Full)				
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL A		MITTEE
Α.	Full Name (Last, First, Middle Initial) LANG-HA PHAM	Date of Receipt			
	Mailing Address 10015 PETRA CT NE				0 9 / D D / Y Y Y Y 0 5 / 2 0 1 0
		State	Zip Code		Transaction ID: SA11AI.89637
	ALBUQUERQUE	NM	87122		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer PRESBYTERIAN HOSPITAL	Occupatio MD	on		
	Receipt For:	Aggregat	te Year-to-Date 🔻		
	Primary General			500.00	
_	Other (specify)	0 0	8 8 8 8 8	500.00	
в.	Full Name (Last, First, Middle Initial)				Date of Receipt
	Mailing Address 4549 RAYNOR CT.				09 / 23 / Y Y Y Y 09 23 / 2010
	City	State	Zip Code		Transaction ID: SA11AI.90948
	MASON	OH	45040		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer PERIOP MED CONSULTS	Occupation ANESTH	^{on} HESIOLOGIST		
	Receipt For:	Aggregat	te Year-to-Date 🔻		
	Primary General			500.00	
_	Other (specify)	0.0	0 0 0 0		
C.	Full Name (Last, First, Middle Initial) MARK PHILLIPS				Date of Receipt
0.	Mailing Address 619 19TH ST S				
	City	State	Zip Code		Transaction ID: SA11AI.90747
	BIRMINGHAM	AL	35249		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer UAB	Occupation PHYSIC			
	Receipt For:	Aggregat	te Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	0 0 0 0 0	250.00	
[SUBTOTAL of Receipts This Page (optional)	1			1250.00
	GODICIAL OF RECEIPTS THIS Page (optional)			••••••	
	TOTAL This Period (last page this line number	only)		►	

SCHEDULI ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 / 258 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
or for commercia	l purposes, other than using th	son for the purpose of soliciting contributions o solicit contributions from such committee.		
	DMMITTEE (In Full) I SOCIETY OF ANESTHE	ESIOLOGIST	S POLITICAL ACTION CON	MITTEE
A. PAUL PICKAR		Date of Receipt		
Mailing Addre	ss 5680 RIVERVIEW PI	LANTATION	DR	09 30 Y Y Y Y Y 2010
City		State	Zip Code	Transaction ID: SA11AI.91721
THEODOR	E	AL	36582	Amount of Each Receipt this Period
FEC ID numb federal politica	er of contributing al committee.	C		250.00
Name of Emp COASTAL A	lover NESTHESIA	Occupatio PHYSIC		
Receipt For:	Caraval	Aggregate	e Year-to-Date 🔻	
Other (s	General General specify) ▼	0.0	250.00	
. LINDA POLLE		1		Date of Receipt
Mailing Addre	Mailing Address 12 RIDGEWAY ST			09 / D D / Y Y Y Y 09 / 13 / 2010
City		State	Zip Code	Transaction ID: SA11AI.90083
ANN ARBO	R	MI	48104	Amount of Each Receipt this Period
FEC ID numb federal politica	er of contributing al committee.	C		500.00
<u>ALTH SYSTE</u>	OF MICHIGAN HE-		IESIOLOGIST	
Receipt For: Primary Other (s	General General ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (La EDWARD PRI	ast, First, Middle Initial) EJEAN			Date of Receipt
Mailing Addre	ss 9706 VALLEY LAKE	CT.		0 9 2 0 2 0 1 0
City		State	Zip Code	Transaction ID: SA11AI.90522
IRVING		TX	75063	Amount of Each Receipt this Period
FEC ID numb federal politica	er of contributing al committee.	C		500.00
Name of Emp AFC/UTSW	loyer	Occupatio ANESTH	on IESIOLOGIST	
Receipt For: Primary Other (s	General specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of	Receipts This Page (optional)			1250.00
	eriod (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167 / 258 (check only one)
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	AME OF COMMITTEE (In Full)	SIOLOGISTS POLITICAL ACTION COM	MITTEE
⊻ A.	Full Name (Last, First, Middle Initial) REX PRITCHARD	Date of Receipt	
	Mailing Address 17268 RIDGE CRES	M M / D D / Y Y Y Y 09 24 2010	
	City	State Zip Code	Transaction ID: SA11AI.91057
	FLINT	TX 75762	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer EAST TEXAS ANESTHESIOLOGY ASSOC.	Occupation PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
– В.	Full Name (Last, First, Middle Initial) DAVID PROVENZANO		Date of Receipt
	Mailing Address 702 AUGUSTA DRIV	E	M M / D D / Y Y Y Y 09 05 2010
	City	State Zip Code	Transaction ID: SA11AI.89658
	BRIDGEVILLE	PA 15017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer OHIO VALLEY GENERAL HOSPI- TAL DEPT. OF	Occupation MD	_
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) \bigtriangledown	250.00	
– c.	Full Name (Last, First, Middle Initial) DANICA PRUETT		Date of Receipt
	Mailing Address 806 MULLINS HILL D	R.	09 27 Y Y Y Y 009 27 2010
	City	State Zip Code	Transaction ID: SA11AI.91303
	HUNTSVILLE	AL 35802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer DANICA Q PRUETT M.D.	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1000.00	
ſ	SUBTOTAL of Receipts This Page (optional) .	·	1500.00
	TOTAL This Period (last page this line numbe	r only)	

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements may r	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 / 258 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 11 11 12
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	e name and addre	ess of any political committee to	solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) MIHAEL PUC Mailing Address 119 GADWALL LN			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.90016
	MANLIUS	NY	13104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ST. JOSEPH HOSPITAL HEALTH CENTER DEPT	11	SIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	∕ear-to-Date ▼ 250.00]
- В.	Full Name (Last, First, Middle Initial) P. PURVES			Date of Receipt
	Mailing Address PO BOX 627			09 / 29 / Y Y Y Y 09 / 29 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.91497
	AUBURN FEC ID number of contributing federal political committee.	AL C	36831	Amount of Each Receipt this Period
	Name of Employer SELF	Occupation ANESTHE	SIOLOGIST	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	<pre>/ear-to-Date ▼ 500.00</pre>]
– c.	Full Name (Last, First, Middle Initial) JAMES QUALKINBUSH			Date of Receipt
	Mailing Address 6320 BRAEWICK RD.			M M / D D / Y Y Y Y Y 09 23 2010
		State	Zip Code	Transaction ID: SA11AI.90953
	INDIANAPOLIS FEC ID number of contributing federal political committee.	IN C	46226	Amount of Each Receipt this Period
	Name of Employer ACI	Occupation ANESTHE	SIOLOGIST	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 250.00]
	SUBTOTAL of Receipts This Page (optional)	•		1000.00
	TOTAL This Period (last page this line number	only)		

	CHEDIII E A (EEC Form 2V)				FOR LINE NUMBER: PAGE 169 / 258
	SCHEDULE A (FEC Form 3X)		Use separate sched for each category of		(check only one)
	ITEMIZED RECEIPTS		Detailed Summary F		X 11a 🗌 11b 🗌 11c 🔲 12
г				Ů	13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.			
	AMERICAN SOCIETY OF ANESTHES	AITTEE			
Α.	Full Name (Last, First, Middle Initial) JOHN QUINN	Date of Receipt			
	Mailing Address 90 COWDRAY PARK	M M / D D / Y			
	City	State	Zip Code		Transaction ID: SA11AI.89634
	COLUMBIA	SC	29223		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer ANESTHESIOLOGY CONSULTANTS OF COLUMBIA	Occupation PHYSIC			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General		50	0.00	
	Other (specify)	0 0		0.00	
в.	Full Name (Last, First, Middle Initial) ANDREW QUIROZ				Date of Receipt
	Mailing Address 4720 RICHMOND RD.	0 9 / D D / Y Y Y Y 0 9 / 16 2 0 1 0			
	City	State	Zip Code		Transaction ID: SA11AI.90304
	TYLER	TX	75703		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer E TEXAS ANES ASSOC	Occupation PHYSIC			
	Receipt For:		e Year-to-Date 🔻		-
	Primary General		1 1 1 1 1 1	0.00	
	Other (specify)	0 0		0.00	
с.	Full Name (Last, First, Middle Initial) CRISPIN QUITOS				Date of Receipt
	Mailing Address 1018 HARRINGTON L	N.			09 / D D / Y Y Y Y 2010
	City	State	Zip Code		Transaction ID: SA11AI.90292
	EAST LANSING	MI	48823		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.				500.00
	Name of Employer LANSING ANESTHESIOLOGIST, P.C.	Occupation ANESTH	n IESIOLOGIST		1
	Receipt For:		e Year-to-Date 🔻		
	Other (specify) ▼	0 0	50	0.00	
[1250.00
	SUBTOTAL of Receipts This Page (optional)			•••••	1250.00
	TOTAL This Period (last page this line number	only)		►	

	SCHEDULE A (FEC Form 3X)		Use separate schedule	0(c)	FOR LINE NUMBER: PAGE 170 / 258				
	ITEMIZED RECEIPTS		for each category of th	ne	(check only one)				
_			Detailed Summary Pag	ge					
	Any information copied from such Reports and S or for commercial purposes, other than using the	for the purpose of soliciting contributions olicit contributions from such committee.							
	AMERICAN SOCIETY OF ANESTHE								
Α.	Full Name (Last, First, Middle Initial) LLOYD RADER	Date of Receipt							
	Mailing Address 2301 PAWNEE CROS	M M / D D / Y Y Y Y Y 09 23 2010							
	City	State	Zip Code		Transaction ID: SA11AI.90930				
	EDMOND	OK	73034		Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer AFFIL ANESTH	Occupation PHYSIC							
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Other (specify) ▼		500.	00					
		0 0	0 0 0 0 0	0 0					
в.	Full Name (Last, First, Middle Initial) RADHIKA RADHAKRISHNAN				Date of Receipt				
	Mailing Address 46 MCBRIDE WAY			M · M / D · D / Y · Y · Y · Y Y					
	City	Zip Code		Transaction ID: SA11AI.90069					
	BRIDGEWATER	NJ	08807		Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C			250.00				
	Name of Employer ROBERTWOOD JOHNSON UNIV. MED. SCHOOL	Occupation ANESTH	n IESIOLOGIST						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General Other (specify) ▼		250.	00					
-	Full Name (Last, First, Middle Initial)				Data of Despirat				
C.	ALESSANDRO RADIGHIERI Mailing Address 1548 COOKS XING				Date of Receipt				
		State	Zip Code						
	City TYLER	TX	75703		Transaction ID: SA11AI.90504 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C]	250.00				
	Name of Employer EAST TEXAS ANESTHESIOLOGY	n							
	ASSOC Receipt For:	PHYSIC			4				
	Primary General	Aggregate	e Year-to-Date 🔻						
	Other (specify) ▼	0 0	250.	00					
ſ	SUBTOTAL of Doppinto This Dopp (aptional)	1			1000.00				
┝	SUBTOTAL of Receipts This Page (optional) .								
	TOTAL This Period (last page this line number	r only)		🕨					

			[f
S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 171 / 258
			for each category of the	(check only one)
•			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
		MITTEE		
∠ A.	Full Name (Last, First, Middle Initial) JONATHAN RADIN	Date of Receipt		
	Mailing Address 12720 FRANK DR S			M M / D D / Y Y Y Y Y 09 22 2010
	City	State	Zip Code	Transaction ID: SA11AI.90803
	SEMINOLE	FL	33776	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer BAY AREA ANESTHESIA	Occupation ANESTH	n IESIOLOGIST	-
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		250.00	1
_	Other (specify)	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) MATTHEW RAGLAND			Date of Receipt
Б.	Mailing Address 315 N ROLLSTON AV	E APT 201		0 9 2 3 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.90918
	FAYETTEVILLE	AR	72701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer NORTHWEST ANESTHESIOLOGY ASSOCIATES	Occupation PHYSICI		-
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)		250.00]
– c.	Full Name (Last, First, Middle Initial) CHRISTINE RALPH	1		Date of Receipt
	Mailing Address 12630 W 67TH PL			M M / D D / Y Y Y Y 09 13 2010
	City	State	Zip Code	Transaction ID: SA11AI.90062
	ARVADA	CO	80004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer COLORADO PERMANENTE MEDIC- AL GROUP	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)		250.00]
Γ	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number	only)	·····	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 / 258 (check only one) 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full)	ie name and ad	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) MARK RANSOM	Date of Receipt		
	Mailing Address 859 MORNING SUN	DR		09 / D D / Y Y Y Y 09 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.90333
	ENCINITAS FEC ID number of contributing	CA	92024	Amount of Each Receipt this Period
	federal political committee.			
	Name of Employer ASMG	Occupatio PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	0 0	250.00]
- B.	Full Name (Last, First, Middle Initial) SRIPAD RAO			Date of Receipt
	Mailing Address 1504 BAY RD APT 33	M / D D / Y		
	City State		Zip Code	Transaction ID: SA11AI.89436
	MIAMI BEACH FEC ID number of contributing	<u> </u>	33139	Amount of Each Receipt this Period
	federal political committee.	C		83.00
	Name of Employer RYDER TRAUMA CENTER ANEST- HESIOLOGY	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify)	0 0	253.00]
- C.	Full Name (Last, First, Middle Initial) STEVEN READ	1		Date of Receipt
	Mailing Address 102 WATERSTONE	CV		M M / D D / Y Y Y Y 09 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.89522
	GEORGETOWN FEC ID number of contributing	TX C	78628	Amount of Each Receipt this Period 41.00
	federal political committee. 	Occupatio	n	
	OF ANESTHES	ANESTH	IESIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 295.00]
[374.00
ŀ	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	er only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s	s)	FOR LINE NUMBER: PAGE 173 / 258 (check only one)				
			for each category of the Detailed Summary Page	9	X 11a 11b 11c 12 13 14 15 16 17				
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any dress of any political commit	person ttee to s	for the purpose of soliciting contributions				
	AME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMM							
A.	Full Name (Last, First, Middle Initial) SUDHAKAR REDDY	Date of Receipt							
	Mailing Address 1704 PATRIOT LN	M · M / D · D / Y · Y · Y · Y Y Y · Y Y							
	City HIXSON		Transaction ID: SA11AI.91196						
	FEC ID number of contributing federal political committee.	TN C	37343		Amount of Each Receipt this Period 500.00				
	Name of Employer ACE	Occupatio MD	n						
	Receipt For:	=	e Year-to-Date 🔻		-				
	 Primary General Other (specify) ▼ 		500.00	D					
В.	Full Name (Last, First, Middle Initial) JEFFREY REED				Date of Receipt				
	Mailing Address 4200 W. MEMORIAL F	M M / D D / Y Y Y Y 09 22 2010							
		Zip Code		Transaction ID: SA11AI.90790					
	OKLAHOMA CITY FEC ID number of contributing	OK	73120		Amount of Each Receipt this Period				
	federal political committee.	C			250.00				
	Name of Employer SELF-EMPLOYED	Occupation PHYSIC							
	Receipt For:	1 · · · · · · · · · · · · · · · · · · ·	e Year-to-Date 🔻						
	Primary General Other (specify) ▼	0 0	250.00	D					
С.	Full Name (Last, First, Middle Initial) DIANE REYNOLDS				Date of Receipt				
	Mailing Address 501 20TH ST STE 606	6			M M / D D / Y Y Y Y 09 23 2010				
		State	Zip Code		Transaction ID: SA11AI.90882				
	KNOXVILLE FEC ID number of contributing		37916		Amount of Each Receipt this Period				
	federal political committee.	Occupatio							
	Name of Employer ANES MED ALLIANCE OF EAST TN		n IESIOLOGIST						
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻						
	Other (specify)	0 0	250.00	ָר ווי					
	SUBTOTAL of Receipts This Page (optional)			•	1000.00				
	TOTAL This Period (last page this line number	only)		•					

ITEM	EDULE A (FEC Form 3X) IZED RECEIPTS	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 174 / 258 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 11 11 11 12
	mmercial purposes, other than using the E OF COMMITTEE (In Full) ERICAN SOCIETY OF ANESTHES	o solicit contributions from such committee.		
A. KEIT	Name (Last, First, Middle Initial) H RIABOV ng Address 3 WARWICK RD	Date of Receipt		
City		State	Zip Code	Transaction ID: SA11AI.89618
<u>CH</u>	АТНАМ	NJ	07928	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		500.00
Nam AAM	e of Employer	Occupatio ANESTH	n IESIOLOGIST	
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00	
B. RAF	Name (Last, First, Middle Initial) AEL RICO ng Address 1627 BRICKELL AVE.	#1401		Date of Receipt
		09 28 2010		
City		State	Zip Code	Transaction ID: SA11AI.91366
MIA	MI	<u> </u>	33129	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		250.00
	e of Employer /ERSITY OF MIAMI	Occupatio CHIEF A	n NESTHESIOLOGIST	
Rece	eipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date 250.00]
	Name (Last, First, Middle Initial) DN RIGOL			Date of Receipt
Maili	ng Address 3117 PALM VISTA			M M / D D / Y
City		State	Zip Code	Transaction ID: SA11AI.89802
FEC	ID number of contributing ral political committee.	C	70003	Amount of Each Receipt this Period
Nam SEL	e of Employer F	Occupatio ANESTH	n IESIOLOGIST	-
Rece	eipt For: Primary General Other (specify) ▼	1 1	e Year-to-Date 500.00]
SUBTO	DTAL of Receipts This Page (optional)			1250.00
TOTAL	. This Period (last page this line number	only)		-

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 175 / 258
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	son for the purpose of soliciting contributions to solicit contributions from such committee.		
ľ	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHES	MMITTEE		
Α.	Full Name (Last, First, Middle Initial) STEVEN RITROSKY	Date of Receipt		
	Mailing Address 15090 SHAMROCK DF	R.		M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.91604
	FORT MYERS	FL	33912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MAPMC	Occupation	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) DAVID RITTER			Date of Receipt
	Mailing Address 6234 NW 23RD TER			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.89915
	BOCA RATON	FL	33496	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer DAVID RITTER MD PA	Occupatio PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00	
с.	Full Name (Last, First, Middle Initial) DAVID RITTER			Date of Receipt
	Mailing Address 6234 NW 23RD TER			M M / D D / Y Y Y Y 09 27 2010
	City	State	Zip Code	Transaction ID: SA11AI.91306
	BOCA RATON	FL	33496	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer DAVID RITTER, MD, PA	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00	
	SUBTOTAL of Receipts This Page (optional)	I		750.00
	TOTAL This Period (last page this line number			•

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 176/258					
	• •		Use separate schedule(s) for each category of the	(check only one)					
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12					
г				13 14 15 16 17					
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)							
	AMERICAN SOCIETY OF ANESTHES	AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI							
Α.	Full Name (Last, First, Middle Initial) CHARLES ROBERSON	Date of Receipt							
	Mailing Address 125 SUNSET LN	09 / 24 / Y Y Y Y 2010							
	City	State	Zip Code	Transaction ID: SA11AI.91049					
	TEMPLE	TX	76502	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer SCOTT & WHITE CLINIC	Occupation ANESTH	n IESIOLOGIST						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General		500.00	1					
	Other (specify)	0 0	500.00						
в.	Full Name (Last, First, Middle Initial) JOHN ROBERTS			Date of Receipt					
	Mailing Address 201 GOVERNORS DR	M M / D D / Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: SA11AI.91516					
	HUNTSVILLE	AL	35801	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer TENNESSEE VALLEY PAIN CON- SULTANTS	Occupation PHYSIC							
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General		500.00	1					
	Other (specify)	0 0							
с	Full Name (Last, First, Middle Initial) KEVIN ROBERTS			Date of Receipt					
	Mailing Address 240 WALNUT LN.			M M / D D / Y Y Y Y 09 / 01 / 2010					
	City	State	Zip Code	Transaction ID: SA11AI.89428					
	SLINGERLANDS	NY	12159	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		83.00					
	Name of Employer ALBANY MEDICAL CENTER HOS- PITAL	Occupation	n HESIOLOGIST						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General Other (specify) ▼		747.00]					
ſ		I		1083.00					
╞	SUBTOTAL of Receipts This Page (optional)		••••••						
	TOTAL This Period (last page this line number	only)							

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 177 / 258 (check only one)
Any or fo	information copied from such Reports and S or commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
	Full Name (Last, First, Middle Initial) MARK ROBERTS			Date of Receipt
Ν	Mailing Address 3200 TROUP HWY S	M M / D D / Y Y Y Y 09 16 2010		
	City	State	Zip Code	Transaction ID: SA11AI.90306
- F	TYLER FEC ID number of contributing ederal political committee.	TX C	75701	Amount of Each Receipt this Period
F	Name of Employer EAST TEXAS ANES. ASSOC., P.A. Receipt For: Primary General Other (specify)	Occupatio PHYSICI Aggregate		
5	Full Name (Last, First, Middle Initial) STEVEN ROBICSEK Mailing Address DEPARTMENT OF AN P.O. BOX 100254	NESTHESIO	LOGY	Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.89430
F	GAINESVILLE FEC ID number of contributing ederal political committee.	FL	32610	Amount of Each Receipt this Period
_	Name of Employer JNIVERSITY OF FLORIDA Receipt For: Primary General Other (specify) ▼	1	n IESIOLOGIST 9 Year-to-Date 225.00]
	Full Name (Last, First, Middle Initial) JOHN ROBINSON			Date of Receipt
-	Mailing Address 4969 W. 88TH ST.			0 9 1 6 2 0 1 0
	Dity PRAIRIE VILLAGE	State KS	Zip Code 66207	Transaction ID: SA11AI.90257 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
1	Name of Employer MIDWEST ANESTHESIA ASSOCI- ATES	- I	ESIOLOGIST	
F	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00]
su	BTOTAL of Receipts This Page (optional)		·····	525.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 178 / 258 (check only one)
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
		IMITTEE		
Α.	Full Name (Last, First, Middle Initial) KAI RODNING Mailing Address 3750 RHONDA DR N	Date of Receipt		
				09 28 2010
	City MOBILE	State AL	Zip Code 36608	Transaction ID: SA11AI.91384
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer COASTAL ANESTHESIA	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
- B.	Full Name (Last, First, Middle Initial) LEOPOLDO RODRIGUEZ			Date of Receipt
	Mailing Address 21050 POINT PLACE # ATLANTIC 3 AT THE PO	JINT		M M / D D / Y Y Y Y 09 / 01 / 2010
	City AVENTURA	State FL	Zip Code 33180	Transaction ID: SA11AI.89527
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 83.00
	Name of Employer SHERIDAN HEALTHCARE INC	Occupation MEDICA	n L DIRECTOR OF THE SUR	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 747.00	
- C.	Full Name (Last, First, Middle Initial) TIMOTHY ROEDIG			Date of Receipt
0.	Mailing Address 8956 GREY HAWK POI	NT		0 9 1 4 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.90154
	ORLANDO FEC ID number of contributing federal political committee.	FL C	32836	Amount of Each Receipt this Period
	Name of Employer JLR MEDICAL GROUP	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) $rightarrow$	Aggregate	e Year-to-Date V 750.00]
ſ	SUBTOTAL of Receipts This Page (optional)			583.00
ŀ	TOTAL This Period (last page this line number or	nly)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 179 / 258 (check only one) X X 11a 11b 11c 12 13 14 15 16 17					
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	solicit contributions from such committee.							
		AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI							
Α.	Full Name (Last, First, Middle Initial) PETER ROESSLER			Date of Receipt					
	Mailing Address 19031 HILLTOP RD	M M / D D / Y							
		State	Zip Code	Transaction ID: SA11AI.90875					
	LAKE OSWEGO	OR	97034	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer OREGON ANES GRP	Occupation ANESTH	n ESIOLOGIST						
	Receipt For:	Aggregate	Year-to-Date 🔻						
	Other (specify) ▼	0 0	500.00]					
В.	Full Name (Last, First, Middle Initial) SUSANNE ROESSLER			Date of Receipt					
υ.	Mailing Address 4233 POCONO CT.			0 9 2 0 2 0 1 0					
	City	State	Zip Code	Transaction ID: SA11AI.90561					
	FAIR OAKS	CA	95628	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer SACRAMENTO ANESTHESIA MED- ICAL GROUP, I	Occupation ANESTH	n ESIOLOGIST	_					
	Receipt For:	Aggregate	Year-to-Date V						
	Other (specify) ▼		250.00]					
C.	Full Name (Last, First, Middle Initial) ROBERT ROETTGER			Date of Receipt					
•	Mailing Address 9051 ITASCA TRAIL NO	ORTH		M M / D D / Y Y Y Y 09 24 2010					
	City	State	Zip Code	Transaction ID: SA11AI.91085					
	GRANT	MN	55082	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, PA	Occupation PHYSICI							
	Receipt For:		Year-to-Date 🔻						
	Other (specify)	0 0	250.00						
	SUBTOTAL of Receipts This Page (optional)		•••••	1000.00					
	TOTAL This Period (last page this line number o	only)							

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 180 / 258 (check only one)						
			for each category of the							
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$						
Г	Any information conied from such Deports and S	totomonto mo	w not be cold or used by only p							
	Any information copied from such Reports and S or for commercial purposes, other than using the	name and ad	Idress of any political committe	e to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
	AMERICAN SOCIETY OF ANESTHES									
	AMENICAN SOCIETT OF ANESTHE	SIOLOGIST	ST DEMORE ACTION OF							
	Full Name (Last, First, Middle Initial)									
Α.	ANNE ROGERS	Date of Receipt								
	Mailing Address 6005 RIVER RD			09 30 Y Y Y Y 09 30 2010						
	City	State	Zip Code	Transaction ID: SA11AI.91587						
	NORFOLK	VA	23505	Amount of Each Receipt this Period						
			23303	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		100.00						
	rederar politicar committee.									
	Name of Employer ATLANTIC ANESTHESIA INC	Occupatio	n							
		ANESTH	IESIOLOGIST							
	Receipt For:	Aggregat	e Year-to-Date 🔻							
	Primary General		1000.00	·						
	Other (specify)	0.0								
_										
_	Full Name (Last, First, Middle Initial)									
В.				Date of Receipt						
	Mailing Address 14465 NW BELLE PL	09 08 2010								
	City	State	Zip Code	Transaction ID: SA11AI.89877						
	BEAVERTON	OR	97006							
			97000	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.			250.00						
	Name of Employer OREGON ANESTHESIOLOGY GRO-	Occupatio	on							
	UP, P.C.	ANESTH	HESIOLOGIST							
	Receipt For:	Aggregate	e Year-to-Date 🔻							
	Primary General		250.00	·						
	Other (specify)		230.00							
_										
C.	Full Name (Last, First, Middle Initial) FRANK ROSEMEIER			Date of Receipt						
U .	Mailing Address 10004 CRYSTALLINE									
	Maining Address 10004 CRTSTALLINE	COURT		09 01 2010						
	City	State	Zip Code	Transaction ID: SA11AI.89525						
	ORLANDO	FL	32836	Amount of Each Receipt this Period						
	FEC ID number of contributing									
	federal political committee.	C		41.00						
	Name of Employer JLR MEDICAL GROUP	Occupatio								
		1 I]						
	Receipt For:	Aggregat	e Year-to-Date 🔻							
	Primary General		254.00							
	Other (specify)			<u> </u>						
Г										
				391.00						
ļ	SUBTOTAL of Receipts This Page (optional)			▶						
	TOTAL This Period (last page this line number	only)								

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	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 181 / 258
	SCHEDULE A (I LOT UNIT SX)		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
г				13 14 15 16 17
	Any information copied from such Reports and S	Statements ma	y not be sold or used by any pers	on for the purpose of soliciting contributions
	or for commercial purposes, other than using the	e name and ad	Idress of any political committee to	o solicit contributions from such committee.
Γ	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHE			
	AMENICAN SOCIETT OF ANESTHE	SIGLOUIST	STOLITICAL ACTION CON	
Z				
•	Full Name (Last, First, Middle Initial)	Data of Descript		
Α.	GERALD ROSEN	Date of Receipt		
	Mailing Address 4300 ALTON RD.			
				09 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.90387
	MIAMI	FL	33140	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
				_
	Name of Employer MIAMI BEACH ANESTHESIOLOGY	Occupatio		
	ASSOC.		HESIOLOGIST	
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General			1
	Other (specify)		250.00	
		0 0		-
-				
_	Full Name (Last, First, Middle Initial)			
В.	FRANK ROSINIA			Date of Receipt
	Mailing Address 23 IDLEWOOD PL			M M / D D / Y Y Y Y
				09 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.89529
	RIVER RIDGE	LA	70123	Amount of Each Receipt this Period
			10120	
	FEC ID number of contributing	C		41.00
	federal political committee.			
	Nome of Employee	Occuratio		_
	Name of Employer TULANE UNIVERSITY SCHOOL	Occupatio		
	OF MEDICINE		IAN, DEPARTMENT OF AN	ESTHESIOLOGY
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General			1
	Other (specify)		369.00	
				-
-	Full Name (Last, First, Middle Initial)	1		
C.	LAWRENCE ROY			Date of Receipt
0.				
	Mailing Address 2420 FREEMAN MAN	IOR DR		0 9 0 1 Y Y Y Y 0 9 0 1 2 0 1 0
	<u></u>		7: 0 1	
	City	State	Zip Code	Transaction ID: SA11AI.89504
	JONES	OK	73049	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		83.00
	Name of Employer OKLAHOMA ANESTHESIA CONSU-	Occupatio	on	
		MEDICA	AL DOCTOR	
	LTANTS Receipt For:	1		
	Primary General	Aggregat	e Year-to-Date 🔻	_
			747.00	
	Other (specify)	0 0		
-				
Г				
	SUBTOTAL of Receipts This Page (optional) .		-	374.00
L	CODICIAL OF RECEIPTS THIS FAGE (OPTIONAL).			
	TOTAL This Period (last page this line number	r only)	I	

ļ	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 182 / 258 (check only one)					
	TEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12					
			Detailed Summary Page						
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full)								
	AMERICAN SOCIETY OF ANESTHES	MITTEE							
A.	Full Name (Last, First, Middle Initial) WILLIAM RUDA	Date of Receipt							
	Mailing Address 60 TWIN OAKS RD.		0 9 / D D / Y Y Y Y 0 3 / 2 0 1 0						
	City	State	Zip Code	Transaction ID: SA11AI.89599					
	BRIDGEWATER	NJ	08807	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer ANESTHESIA CONSULTANTS OF NJ, L.L.C.	Occupatio ANESTH	n IESIOLOGIST						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General Other (specify) ▼	0.0	500.00]					
- В.	Full Name (Last, First, Middle Initial) RONALD RUDAK			Date of Receipt					
	Mailing Address 3200 TROUP HWY S								
	City	State	Zip Code	Transaction ID: SA11AI.90861					
	TYLER	TX	75701	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer E TEXAS ANES ASSOC	Occupatio PHYSIC							
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General Other (specify) ▼	0 0	250.00]					
– C.	Full Name (Last, First, Middle Initial) ABELARDO RUIZ	1		Date of Receipt					
	Mailing Address 3260 STAPLEFORD C	CHASE		M M / D D / Y Y Y Y 09 20 2010					
	City	State	Zip Code	Transaction ID: SA11AI.90552					
	VIRGINIA BEACH	VA	23452	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer ATLANTIC ANESTH	Occupatio ANESTH	n IESIOLOGIST						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General Other (specify) ▼		250.00]					
Γ	SUBTOTAL of Receipts This Page (optional)			1000.00					
F	TOTAL This Period (last page this line number								

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 183 / 258
	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Statem or for commercial purposes, other than using the name	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)		
	AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL ACTION COM	ЛITTEE
Α.	Full Name (Last, First, Middle Initial) STEPHEN RUPP		Date of Receipt
	Mailing Address 1100 9TH AVE # B2-AN DEPARTMENT OF ANEST	09 11 2010	
	City	State Zip Code	Transaction ID: SA11AI.89991
	SEATTLE	WA 98101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
		ccupation NESTHESIOLOGIST	_
	Receipt For: A Primary General	ggregate Year-to-Date 🔻	
	Other (specify) ▼	500.00	
В.	Full Name (Last, First, Middle Initial) HAROLD RUST		Date of Receipt
	Mailing Address 1136 HEATHER CIR		M M / D D / Y
		State Zip Code	Transaction ID: SA11AI.89756
		UT 84025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	MOUNTAIN WEST ANESTHESIOL-	ccupation NESTHESIOLOGIST	
	Receipt For: A Primary General	ggregate Year-to-Date 🔻	
	Other (specify) ▼	250.00	
C.	Full Name (Last, First, Middle Initial) THOMAS RYAN		Date of Receipt
	Mailing Address 4655 N. MURRAY AVE.		09 / ^D 0 · ^D / ^Y · ^Y · ^Y · ^Y
	,	State Zip Code	Transaction ID: SA11AI.90536
		WI 53211	Amount of Each Receipt this Period
			250.00
	SUMMIT ANESTH	ccupation NESTHESIOLOGIST	_
	Receipt For: A Primary General	ggregate Year-to-Date 🔻	
	Other (specify)	250.00	
	SUBTOTAL of Receipts This Page (optional)	•	1000.00
	TOTAL This Period (last page this line number only)	>	

		Г		FOR LINE NUMBER: PAGE 184/258					
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)					
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12					
г			, ,	13 14 15 16 17					
	or for commercial purposes, other than using the	ny information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to s							
	NAME OF COMMITTEE (In Full)								
	AMERICAN SOCIETY OF ANESTHE	IMITTEE							
Α.	Full Name (Last, First, Middle Initial) JAMES SALVATORE	Date of Receipt							
	Mailing Address 10 HASTINGS DR	09 / D D / Y Y Y Y 23 / 2010							
	City	State	Zip Code	Transaction ID: SA11AI.90865					
	PUEBLO	CO	81001	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer PHYS ANES PUEBLO	Occupation ANESTHE	ESIOLOGIST						
	Receipt For:	Aggregate	Year-to-Date 🔻						
	Primary General		500.00	1					
_	Other (specify)	0 0	500.00	1					
в.	Full Name (Last, First, Middle Initial) DAVID SAMUELS			Date of Receipt					
	Mailing Address 5121 SAN JOSE			M M / D D / Y					
	City	State	Zip Code	Transaction ID: SA11AI.90393					
	TAMPA	FL	33629	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer DAVID J SAMUELS, MD PA	Occupation PHYSICIA							
	Receipt For:	Aggregate	Year-to-Date 🔻						
	Primary General		250.00	1					
	Other (specify)	0 0	230.00]					
с.	Full Name (Last, First, Middle Initial) ANTONIO SANTOS			Date of Receipt					
	Mailing Address 3100 E. FLETCHER A	AVE.		M M / D D / Y					
	City	State	Zip Code	Transaction ID: SA11AI.91176					
	TAMPA	FL	33613	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer UNICOM ANESTHESIA ASSOCIA- TES	Occupation ANESTHE	ESIOLOGIST						
	Receipt For:	Aggregate `	Year-to-Date 🔻						
	Primary General Other (specify) ▼	0 0	250.00]					
ſ				1000.00					
╞	SUBTOTAL of Receipts This Page (optional) .								
	TOTAL This Period (last page this line number	r only)							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 185 / 258 (check only one) X X 11a 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using t	l Statements may he name and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MERICAN SOCIETY OF ANESTHE	ESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
<u>ب</u> ۸.	Full Name (Last, First, Middle Initial) SHANNON SAVAGE		04	Date of Receipt
	Mailing Address 52 MEDICAL PARK	EAST DR., #3	21	09 / 22 / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.90716
	BIRMINGHAM FEC ID number of contributing federal political committee.	AL C	35235	Amount of Each Receipt this Period 1000.00
	Name of Employer ANESTHESIA GROUP EAST	Occupation ANESHE	SIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 1000.00]
. —	Full Name (Last, First, Middle Initial) SAMUEL SAYSON Mailing Address 5710 PROVIDENCE		חק מון	Date of Receipt
		09 / 14 / Y Y Y Y 09 / 14		
		State	Zip Code	Transaction ID: SA11AI.90133
	CHARLOTTE FEC ID number of contributing federal political committee.	NC C	28277	Amount of Each Receipt this Period 500.00
	Name of Employer PRESBYTERIAN ANES ASSOC	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 500.00]
	Full Name (Last, First, Middle Initial) IAN SCHAJA			Date of Receipt
	Mailing Address 1601 CLINT MOORE STE 160	ERD		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y
	City	State	Zip Code	Transaction ID: SA11AI.90449
	BOCA RATON FEC ID number of contributing federal political committee.	FL C	33487	Amount of Each Receipt this Period 1000.00
	Name of Employer BROAD PAIN CARE CONSULTAN- TS	Occupation ANESTH	ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 1000.00	
s	UBTOTAL of Receipts This Page (optional)			2500.00

	SCHEDULE A (FEC Form 3X)		Use separate sched	dule(s)	FOR LINE NUMBER: PAGE 186 / 258 (check only one)			
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		$\begin{array}{c c} X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 16 \\ \hline 17 \\ \hline 17 \\ \hline 17 \\ \hline 10 \\ \hline 10 \\ \hline 17 \\ \hline 10 \\ \hline 10 \\ \hline 17 \\ \hline 10 \\ \hline 10$			
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements ma name and ad	y not be sold or used by dress of any political co	any person mmittee to s	for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESI	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMM						
لا A.	Full Name (Last, First, Middle Initial) PHYLLIS SCHAPIRE				Date of Receipt			
	Mailing Address 52 CEDAR HILL LN				0 9 / 2 6 / Y Y Y Y 0 1 0			
	City MEDIA	State PA	Zip Code 19063		Transaction ID: SA11AI.91152 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C			400.00			
	Name of Employer ASSOCIATES IN ANESTHESIA	Occupation ANESTH	n IESIOLOGIST		-			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻	0.00	-			
- B.	Full Name (Last, First, Middle Initial) WILLIAM SCHIMPKE				Date of Receipt			
	Mailing Address 289 GRAY WOODS LN				M M / D D Y			
		State MI	Zip Code		Transaction ID: SA11AI.90682			
	LAKE ANGELUS FEC ID number of contributing federal political committee.	C	48326		Amount of Each Receipt this Period			
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES Receipt For:	Occupation PHYSIC			-			
	Primary General Other (specify) ▼		1 1 1 1 1 1	0.00				
- C.	Full Name (Last, First, Middle Initial) MARK SCHNEIDER				Date of Receipt			
	Mailing Address 4 N HAMPSHIRE CT				M M / D D / Y Y Y Y 09 06 2010			
	City WILMINGTON	State DE	Zip Code 19807		Transaction ID: SA11AI.89729			
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period			
	Name of Employer ANESTHESIA SERVICES, P.A.	Occupation ANESTH	n IESIOLOGIST		-			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 25	0.00				
	SUBTOTAL of Receipts This Page (optional)			····· Þ	900.00			
ľ	TOTAL This Period (last page this line number o	nly)		►				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 187 / 258 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	MITTEE		
∠ A.	Full Name (Last, First, Middle Initial) JOHN SCHRAM			Date of Receipt
	Mailing Address 18179 N. FRUITPORT	RD.		09 26 Y Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.91168
	SPRING LAKE	MI	49456	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer LAKESHORE ANESTHESIA SERV- ICES	Occupatio ANESTH	m IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	250.00	
- В.	Full Name (Last, First, Middle Initial) HARRY SCHRIER			Date of Receipt
	Mailing Address 7390 S.W. 153RD ST.			09 25 YYYYY 009 2010
	City	State	Zip Code	Transaction ID: SA11AI.91123
	MIAMI	FL	33157	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANES. ASSOC. OF GREATER MIAMI, PA	Occupatio MD ANE	n ESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
- c.	Full Name (Last, First, Middle Initial) MICHAEL SCHUR			Date of Receipt
•	Mailing Address 1304 OAK ST.			
	City	State	Zip Code	Transaction ID: SA11AI.90118
	MELBOURNE	FL	32901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer BREVARD ANESTHESIA SERVIC- ES	Occupatio PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
ſ	SUBTOTAL of Receipts This Page (optional)	I		1000.00
ŀ	TOTAL This Period (last page this line number		•	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 188 / 258 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION CON	MITTEE
Α.	Full Name (Last, First, Middle Initial) ALAN JAY SCHWARTZ Mailing Address 1000 SHARPLESS RC	DAD		Date of Receipt
			Zin Code	09 01 2010
	City MELROSE PARK	State PA	Zip Code 19027	Transaction ID: SA11AI.89466 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.00
	Name of Employer CHILDRENS HOSPITAL OF PHI- LADELPHIA	Occupation PHYSIC	IAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 369.00]
- В.	Full Name (Last, First, Middle Initial) KAMLESH SHAH Mailing Address 2 HILLCREST CT.			Date of Receipt
	-		7.0.1	09 22 2010
	City BURR RIDGE	State IL	Zip Code 60527	Transaction ID: SA11AI.90793 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTHESIOLOGISTS LTD	1 1	IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
- C.	Full Name (Last, First, Middle Initial) MANOJ SHAHANE			Date of Receipt
	Mailing Address 10 VOCISANO CT			M M / D D / Y Y Y Y Y 09 27 2010
	City <u>PISCATAWAY</u>	State NJ	Zip Code 08854	Transaction ID: SA11AI.91231 Amount of Each Receipt this Period
	FISCALAWAT FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SUMMIT ANESTHESIA ASSOCIA- TES	1 -	IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
ſ	SUBTOTAL of Receipts This Page (optional)	•		791.00
Ī	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 189 / 258 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	AITTEE	
Α.	Full Name (Last, First, Middle Initial) ARYEH SHANDER		Date of Receipt
	Mailing Address 10 MYRTLE AVENUE		09 / 22 / 2010
	City	State Zip Code	Transaction ID: SA11AI.90778
	DEMAREST FEC ID number of contributing federal political committee.	NJ 07627	Amount of Each Receipt this Period
	Name of Employer NORTHERN VALLEY ANES	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00	
- B.	Full Name (Last, First, Middle Initial) FRED SHAPIRO		Date of Receipt
	Mailing Address 330 BROOKLINE AVE DEPARTMENT OF AN	M M / D D / Y Y Y Y 09 / 29 / 2010	
	City BOSTON	State Zip Code MA 02215	Transaction ID: SA11AI.91457 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer HARVARD MEDICAL SCHOOL	Occupation PHYSICIAN ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) MATTHEW SHATZ		Date of Receipt
	Mailing Address 28 JAROMBEK DR.		0 9 / D D / Y Y Y Y 0 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.89750
	TOWACO FEC ID number of contributing federal political committee.	NJ 07082	Amount of Each Receipt this Period
	Name of Employer GARDEN STATE ANESTHESIA SERVICES Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	······	750.00
ſ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 190 / 258 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 11 11 11
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE			
A.	Full Name (Last, First, Middle Initial) LOYD SHAW Mailing Address 201 S BEATY ST			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.91423
	ATHENS	AL	35611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer ANESTHESIA SERVICES OF DE- CATUR	Occupatio M.D.	on	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date V 1000.00]
- B.	Full Name (Last, First, Middle Initial) BRIAN SHEPHERD			Date of Receipt
	Mailing Address 2200 SHIREWOOD L			M M / D D Y
	City	State	Zip Code	Transaction ID: SA11AI.91298
	SIGNAL MOUNTAIN	TN	37377	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer ANESTHESIOLOGY CONSULTANTS EXCHANGE	1 1	IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	1000.00]
с.	Full Name (Last, First, Middle Initial) HORNGFU SHIAU			Date of Receipt
	Mailing Address 8 MEADOW CT.			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.89998
	MONTVILLE	NJ	07045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer MORRIS ANESTHESIA GROUP	Occupation PHYSIC	IAN	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0.0	1000.00	
	SUBTOTAL of Receipts This Page (optional)			3000.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 191 / 258 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	AMERICAN SOCIETY OF ANESTHE		
∠ A.	Full Name (Last, First, Middle Initial) LAWRENCE SHINBAUM	Date of Receipt	
	Mailing Address 343 ROLLING HILLS	DR	09 06 2010
	City	State Zip Code	Transaction ID: SA11AI.89672
	FAIRFIELD	CT 06824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer MILFORD ANESTHESIA ASSOCI- ATES	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
– В.	Full Name (Last, First, Middle Initial) LARRY SHIRLEY	1	Date of Receipt
	Mailing Address 2705 RAMBLING DR.		M M / D D / Y Y Y Y 09 23 2010
	City	State Zip Code	Transaction ID: SA11AI.90929
	EDMOND	OK 73025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer NORTHWEST ANESTHESIA	Occupation PHYSICIAN	
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Other (specify)	250.00	
– C.	Full Name (Last, First, Middle Initial) DONALD SHOEMAKER	1	Date of Receipt
	Mailing Address 11704 E. ARBOR DR.		0 9 0 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.89718
	ANCHORAGE FEC ID number of contributing	KY 40223	Amount of Each Receipt this Period
	federal political committee.		500.00
	Name of Employer WILLIAMS AND WAGNER, PSC	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify)	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	· ······	1250.00
ľ	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 192 / 258 (check only one) 11a X 11a 11b 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
۷ A.	, Full Name (Last, First, Middle Initial) KAREN SIBERT	Date of Receipt		
	Mailing Address 4146 SUNNYSLOPE	AVE.		M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.89510
	SHERMAN OAKS	CA	91423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer CEDARS-SINAI MEDICAL CENT- ER ANES. DEPT	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	369.00	
- В.	Full Name (Last, First, Middle Initial) BERNIS SIMMONS			Date of Receipt
	Mailing Address 52 MEDICAL PARK E	EAST, STE 32	21	M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.90579
	BIRMINGHAM	AL	35216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer ANESTHESIA GROUP EAST	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	1000.00	
- C.	Full Name (Last, First, Middle Initial) MICHAEL SIMON	1		Date of Receipt
	Mailing Address 35 GELLATLY DR.			M M / D D / Y Y Y Y 09 01 2010
		State	Zip Code	Transaction ID: SA11AI.89487
	WAPPINGERS FALLS FEC ID number of contributing	NY	12590	Amount of Each Receipt this Period
	federal political committee.	C		83.00
	Name of Employer NAPA	Occupation PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	PYear-to-Date ▼ 747.00]
ſ	SUBTOTAL of Receipts This Page (optional)			1124.00
F	TOTAL This Period (last page this line number		•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 193 / 258 (check only one) (check 111 - 112) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
∠ A.	Full Name (Last, First, Middle Initial) DAVID SKINNER			Date of Receipt
	Mailing Address 26082 GLEN CANYON	N		0 9 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.91608
	LAGUNA HILLS	CA	92653	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer CAA	Occupatio PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0.0	500.00]
— В.	Full Name (Last, First, Middle Initial) KAREN SLACK			Date of Receipt
	Mailing Address 90 BAHAMA CIRCLE			M M / D D Y
	City	State	Zip Code	Transaction ID: SA11AI.90740
		FL	33606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MILLENNIUM ANESTHESIA CARE	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		250.00	
— c.	Full Name (Last, First, Middle Initial) PATRICK SLATEV	1		Date of Receipt
	Mailing Address 16405 ERNEST CT			M M / D D / Y Y Y Y 09 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.90428
	EDMOND	OK	73013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer AFFILIATED ANESTHESIOLOGI- STS	1 I	IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0.0	500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 194 / 258 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
∠ A.	Full Name (Last, First, Middle Initial) PAUL SLAVENAS			Date of Receipt
	Mailing Address 660 N WESTMORELA	ND RD		09 14 Y Y Y Y 09 14
	City	State	Zip Code	Transaction ID: SA11AI.90125
	LAKE FOREST	IL	60045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTHESIA CONSULTANTS LI- MITED	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	500.00	
– B.	Full Name (Last, First, Middle Initial) ALEXEY SLUCKY			Date of Receipt
	Mailing Address 333 W. HAMPDEN AVI	E., SUITE 6	500	0 9 0 1 Y Y Y Y 0 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.89488
	ENGLEWOOD	CO	80110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer SOUTH DENVER ANESTHESIOLO- GISTS, PC Receipt For: Primary General	Occupatio PHYSIC Aggregate		
	Other (specify) ▼	0 0	747.00	
– C.	Full Name (Last, First, Middle Initial) TODD SMAKA			Date of Receipt
	Mailing Address 7865 EMERALD WIND	S CIRCLE		M M / D D / Y Y Y Y 09 08 2010
	City	State	Zip Code	Transaction ID: SA11AI.89839
	BOYNTON BEACH	FL	33473	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UNIV. OF MIAMI ANES DEPT C-300	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
Γ	SUBTOTAL of Receipts This Page (optional)			1083.00
F	TOTAL This Period (last page this line number of			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 195 / 258 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
۷ A.	Full Name (Last, First, Middle Initial) BLAIR SMITH			Date of Receipt
	Mailing Address 1046 LAKE COLONY	LN.		09 / D D / Y Y Y Y 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.89481
	BIRMINGHAM FEC ID number of contributing federal political committee.	AL C	35242	Amount of Each Receipt this Period 83.00
	Name of Employer UNIVERSITY OF ALABAMA HSF	Occupation ANESTH	n ESIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 747.00]
- В.	Full Name (Last, First, Middle Initial) DARYL SMITH	1		Date of Receipt
	Mailing Address 4615 PIONEER TRAI	L		09 / 27 Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.91253
	OKEMOS FEC ID number of contributing federal political committee.	C	48864	Amount of Each Receipt this Period 400.00
	Name of Employer LANSING ANESTH	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 400.00]
- C.	Full Name (Last, First, Middle Initial) JOSHUA SMITH			Date of Receipt
	Mailing Address 505 LANSDOWNE PL	-		09 / 0 V V V V V 09 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.91733
	BIRMINGHAM FEC ID number of contributing federal political committee.	C	35226	Amount of Each Receipt this Period
	Name of Employer UNIV OF ALABAMA MEDICAL <u>CENTER</u> Receipt For: Primary General Other (specify) ▼	Occupation P Aggregate	n Year-to-Date ▼ 1000.00]
ſ	SUBTOTAL of Receipts This Page (optional) .	•	······	1483.00
Ī	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 196 / 258 (check only one) X X 11a 11b 11c 12 13 14 15 16
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION CON	IMITTEE
∠	Full Name (Last, First, Middle Initial) PERRY SMITH			Date of Receipt
	Mailing Address 4017 OLD LEEDS RIE	DGE		M M / D D / Y Y Y Y 09 13 2010
	City	State	Zip Code	Transaction ID: SA11AI.90065
	BIRMINGHAM	AL	35213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UAB	Occupatio ANESTH	n ESIOLOGIST	
	Receipt For:	1	Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00]
-	Full Name (Last, First, Middle Initial) SAMUEL MORGAN SMITH	1		Date of Receipt
	Mailing Address 7821 NIGHT HAWK F	RD.		0 9 2 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.91184
	CHATTANOOGA	TN	37421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ACE	Occupatio MD	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 500.00]
_	Full Name (Last, First, Middle Initial) WILLIAM SMITH			Date of Receipt
-	Mailing Address 2223 EDGEMONT			09 24 2010
	City	State	Zip Code	Transaction ID: SA11AI.91095
	BRISTOL	TN	37620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer BRISTOL ANESTHESIA SERV	Occupatio ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		2000.00

A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE Full Name (Last, First, Middle Initial)	e name and address of any po	r used by any person plitical committee to s	for the purpose of soliciting contributions
	AMERICAN SOCIETY OF ANESTHE Full Name (Last, First, Middle Initial)	SIOLOGISTS POLITICA		
				1ITTEE
	GREGORY SOMERVILLE			Date of Receipt
	Mailing Address 6208 DEVILS HOLLC	W RD.		M M / D D / Y Y Y Y 09 01 2010
	City	State Zip Code		Transaction ID: SA11AI.89533
	FORT WAYNE	IN 46814		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS OF FORT W	Occupation ANESTHESIOLOGIS	т	
	Receipt For:	Aggregate Year-to-Date	▼	-
	Primary General Other (specify) ▼		336.00	
. —	Full Name (Last, First, Middle Initial) SHANNON SORAH	<u> </u>		Date of Receipt
	Mailing Address 11743 COUCH MILL	ROAD		M M / D D / Y Y Y Y 09 01 2010
	City	State Zip Code		Transaction ID: SA11AI.89536
	KNOXVILLE	TN 37932		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer METHODIST MED. CTR. ANES. GR.	Occupation ANESTHESIOLOGIS	т	
	Receipt For: Primary General	Aggregate Year-to-Date	▼	
	Other (specify)		336.00	
	Full Name (Last, First, Middle Initial) JAMES SPERRAZZA			Date of Receipt
	Mailing Address 940 WOODLAND AV	ENUE		0 9 1 7 2 0 1 0
	City	State Zip Code		Transaction ID: SA11AI.90434
	PLAINFIELD	NJ 07060		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTHESIA CONSULTANTS OF NJ	Occupation PHYSICIAN]
	Receipt For: Primary General	Aggregate Year-to-Date	1 1 1 1	
	Other (specify)		500.00	
s	UBTOTAL of Receipts This Page (optional)	-	····· •	582.00

l	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 198 / 258 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	solicit contributions from such committee.
	/	SIOLOGISTS POLITICAL ACTION COMI	MILLE
Α.	Full Name (Last, First, Middle Initial) MARK SPIRO		Date of Receipt
	Mailing Address 10012 E. CALLE DE I	AS BRISAS	09 / D D / Y Y Y Y 005 / 2010
	City	State Zip Code AZ 85255	Transaction ID: SA11AI.89635
	SCOTTSDALE FEC ID number of contributing federal political committee.	AZ 85255	Amount of Each Receipt this Period
	Name of Employer VALLEY ANESTHESIOLOGY CON- SULTANTS	Occupation ANESTHESIOLOGIST	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
в.	Full Name (Last, First, Middle Initial) BRETT SPRTEL Mailing Address 11934 CROSSING DI	EER CT	Date of Receipt
	City	State Zip Code	
	ROSCOMMON	MI 48653	Transaction ID: SA11AI.89738 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer MERCY HOSPITAL GRAYLING DEPT OF ANESTH	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00]
– C.	Full Name (Last, First, Middle Initial) THOMAS STAMOS	1	Date of Receipt
	Mailing Address 1441 SCHOETTLER	RD.	M M / D D / Y Y Y Y 09 09 2010
		State Zip Code	Transaction ID: SA11AI.89950
	CHESTERFIELD FEC ID number of contributing federal political committee.	MO 63017	Amount of Each Receipt this Period 1000.00
	Name of Employer WESTERN ANESTHESIOLOGISTS ASSOCIATES	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
Γ	SUBTOTAL of Receipts This Page (optional) .	I	1750.00
	TOTAL This Period (last page this line number	r only)	

l	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 199 / 258 (check only one) (check 1110) X 11a 11b 11c 12 I 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
⊻ A.	Full Name (Last, First, Middle Initial) GLYNNE STANLEY			Date of Receipt
	Mailing Address 270 MIDDLETON RC	DAD		0 9 0 1 Y Y Y Y 0 9 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.89474
	BOXFORD	MA	01921	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer ANESTHESIA ASSOCIATES OF MASSACHUSETTS	Occupatio PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 369.00	
– B.	Full Name (Last, First, Middle Initial) RICHARD STARK			Date of Receipt
	Mailing Address 915 E. EAGLE LAKE	DR.		M M / D D / Y Y Y Y 09 12 2010
	City	State	Zip Code	Transaction ID: SA11AI.90034
	KALAMAZOO	MI	49009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer KALAMAZOO ANESTHESIOLOGY	Occupatio PHYSIC	IAN	_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0.0	500.00	
- C.	Full Name (Last, First, Middle Initial) MARION STARKS			Date of Receipt
	Mailing Address 1204 N. WINDOMER	RE AVE.		0 9 0 1 Y Y Y Y 0 9 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.89450
	DALLAS	TX	75208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer ANESTHESIA RESOURCES FOR CHILDREN	Occupatio PHYSIC	IAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 750.00	1
Г		0 0		
	SUBTOTAL of Receipts This Page (optional)			666.00
	TOTAL This Period (last page this line number	er only)		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 200 / 258			
	· · ·		Use separate schedule(s) for each category of the	(check only one)			
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
Г				13 14 15 16 17			
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	ay not be sold or used by any perso Idress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MITTEE			
	Full Name (Least Eirst Middle Initial)						
Α.	ELDON STEELE	Full Name (Last, First, Middle Initial) ELDON STEELE					
	Mailing Address 1904 LAMPLIGHT LN			09 / Y Y Y Y 09 20 2010			
	City	State	Zip Code	Transaction ID: SA11AI.90503			
	TYLER	TX	75701	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		250.00			
	federal political committee.						
	Name of Employer E TEXAS ANES ASSOC	Occupatio					
	Receipt For:	PHYSIC	e Year-to-Date V	_			
	Primary General	Aggregat		1			
	Other (specify)	0 0	250.00				
-	Full Name (Last, First, Middle Initial)						
В.	LOUIS STOOL			Date of Receipt			
	Mailing Address PO BOX 7637			09 / 27 / Y Y Y 2010			
	City	State	Zip Code	Transaction ID: SA11AI.91197			
	DALLAS	TX	75209	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer UNIVERSITY OF TEXAS SOUTH-	Occupatio					
	WESTERN MEDIC Receipt For:	1 1					
	Primary General	Aggregate	e Year-to-Date	1			
	Other (specify)		500.00				
-	Full Name (Last, First, Middle Initial)	1					
C.	AIMEE STOTZ			Date of Receipt			
	Mailing Address 5079 W. CATALPA			09 15 Y Y Y Y 09 15 2010			
	City	State	Zip Code	Transaction ID: SA11AI.90227			
	CHICAGO	IL	60630	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		300.00			
	Name of Employer ANESTHESIA CONSULTANTS,	Occupatio					
	LTD.	1 I	HESIOLOGIST				
	Receipt For: Primary General	Aggregat	e Year-to-Date 🔻	1			
	Other (specify) ▼		300.00				
[SUBTOTAL of Receipts This Page (optional)	1		1050.00			
	OUDIVIAL OF HECEIPIS THIS FAGE (UPLICITAL)						
	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 201 / 258 (check only one) 11c X 11a 11b 11c 12 13 14 15 16 17				
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions				
	AME OF COMMITTEE (In Full)	BIOLOGISTS POLITICAL ACTION COMM	<i>I</i> ITTEE				
۷ A.	Full Name (Last, First, Middle Initial) FRANCIS SULLIVAN						
	Mailing Address 8915 MERION DR.		09 / D D / Y Y Y Y 09 / 22 / 2010				
	City	State Zip Code	Transaction ID: SA11AI.90757				
	DULUTH	GA 30097	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	500.00				
	Name of Employer NORTHSIDE ANES. CONSULTAN- TS	Occupation ANESTHESIOLOGIST					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	500.00					
- B.	Full Name (Last, First, Middle Initial) MARK SUNDET	I	Date of Receipt				
	Mailing Address 1215 PLEASANT ST S	STE 400	09 / D D / Y Y Y Y 09 30 2010				
	City	State Zip Code	Transaction ID: SA11AI.91716				
	DES MOINES	IA 50309	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	500.00				
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, P.C.	Occupation PHYSICIAN	_				
	Receipt For:	Aggregate Year-to-Date 🔻					
	Other (specify) ▼	500.00					
- C.	Full Name (Last, First, Middle Initial) MATTHEW SUPRON		Date of Receipt				
	Mailing Address 729 SPRUCE ST.		09 / 07 / Y Y Y 09 07 2010				
	City	State Zip Code	Transaction ID: SA11AI.89752				
	MARQUETTE	MI 49855	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer ANESTHESIOLOGY OF MARQUET- TE	Occupation ANESTHESIOLOGIST					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
ſ	SUBTOTAL of Receipts This Page (optional)	· ······	1250.00				
ŀ	TOTAL This Period (last page this line number	only)					

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 202 / 258 (check only one) X X 11a 13 14 15 16
	Any information copied from such Reports and sor for commercial purposes, other than using the			
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS I	POLITICAL ACTION COM	MITTEE
. Ľ	Full Name (Last, First, Middle Initial) MAYA SURESH			Date of Receipt
	Mailing Address 1709 DRYDEN RD S	TE 1700		0 9 / D D / Y Y Y Y 0 9 / 01 / 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.89470
	HOUSTON	TX	77030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer BAYLOR COLLEGE OF MEDICINE	Occupation ANESTHE	SIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date V 747.00	1
-	Full Name (Last, First, Middle Initial) JOHAN SUYDERHOUD Mailing Address 3467 N VENICE ST			Date of Receipt
	-			09 24 2010
	City ARLINGTON	State VA	Zip Code	Transaction ID: SA11AI.91079
	FEC ID number of contributing federal political committee.	C	22207	Amount of Each Receipt this Period 300.00
	Name of Employer GEORGETOWN HOSPITAL	Occupation ANESTHE	SIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date V 300.00]
-	Full Name (Last, First, Middle Initial) KENNETH SWANK			Date of Receipt
	Mailing Address 6198 E PRINCETON	AVE		09 / ^D ^D / ^Y ^Y ^Y ^Y ^Y ^Y
	City	State	Zip Code	Transaction ID: SA11AI.90203
	ENGLEWOOD	CO	80111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SOUTH DENVER ANESTHESIOLO- GISTS	Occupation PHYSICIA	N	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date 250.00]
Γ	SUBTOTAL of Receipts This Page (optional).			633.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 203 / 258 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL ACTION CO	MMITTEE
∠ \.	Full Name (Last, First, Middle Initial) THOMAS SWYGERT		Date of Receipt
	Mailing Address 7014 PRESTONSHIR	E LN.	M M / D D / Y Y Y Y 09 01 2010
	City	State Zip Code	Transaction ID: SA11AI.89495
	DALLAS FEC ID number of contributing federal political committee.	TX 75225	Amount of Each Receipt this Period 41.00
	Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 369.00	
-	Full Name (Last, First, Middle Initial) MICHAL SZLABOWICZ Mailing Address 7210 BERGAMO WA	Y APT 201	Date of Receipt
	City	State Zip Code	0 9 2 9 2 0 1 0 Transaction ID: SA11AI.91552
	FORT MYERS	FL 33966	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer MAPMC	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) JOSEPH TALARICO	1	Date of Receipt
	Mailing Address DEPARTMENT OF AI 200 LOTHROP ST # 4		M + M / D + D / Y + Y + Y Y 0 9 0 1 2 0 1 0
	City PITTSBURGH	State Zip Code PA 15213	Transaction ID: SA11AI.89507 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.00
	Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CENTE	Occupation ASSISTANT PROFESSOR	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 369.00	
Γ	SUBTOTAL of Receipts This Page (optional)	L	582.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 204 / 258 (check only one) I1a 11b 11c 12 I 13 14 15 16 1'
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE			
۷ ۱.	Full Name (Last, First, Middle Initial) RAVI TAMERISA			Date of Receipt
	Mailing Address 11602 BLALOCK FOF	REST ST		0 9 / ^D D / <u>Y</u> Y Y Y 2 4 / 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.91044
	HOUSTON	TX	77024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer GREATER HOUSTON ANESTHESI- OLOGY	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	500.00	
-	Full Name (Last, First, Middle Initial) DAVID TAO			Date of Receipt
	Mailing Address 2439 ROAT DR.			M M / D D / Y Y Y Y 09 23 2010
	City	State	Zip Code	Transaction ID: SA11AI.90848
	ORLANDO	FL	32835	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer JLR MEDICAL GROUP	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
_	Full Name (Last, First, Middle Initial) GEOFFREY TAYLOR			Date of Receipt
-	Mailing Address 1620 NW 182ND ST.			0 9 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.90376
	EDMOND	OK	73012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer AFFILIATED ANESTHESIOLOGI- STS, INC.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		1500.00

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may ne name and addre	ot be sold or used by any perso ss of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS F	POLITICAL ACTION COM	MITTEE
∠ 4.	Full Name (Last, First, Middle Initial) JEFFERSON TAYLOR			Date of Receipt
	Mailing Address 3550 GRANDVIEW P	KWY APT 143	3	0 9 / ^D ^D / ^Y ^Y ^Y ^Y ^Y
	City	State	Zip Code	Transaction ID: SA11AI.91717
	BIRMINGHAM	AL	35243	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTHESIA RESOURCE MANAG- EMENT, INC.	Occupation ANESTHES	SIOLOGIST	
	Receipt For:	Aggregate Ye	ear-to-Date 🔻	
	Primary General Other (specify) ▼		500.00]
. –	Full Name (Last, First, Middle Initial) KYLE THOMPSON			Date of Receipt
	Mailing Address 12814 W HARVARD	M M / D D / Y Y Y Y 09 25 2010		
	City	State	Zip Code	Transaction ID: SA11AI.91121
	LAKEWOOD	CO	80228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SOUTH DENVER ANESTHESIOLO- GY, P.C.	Occupation ANESTHES	SIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date V 500.00]
	Full Name (Last, First, Middle Initial) ROBERT THORNTON			Date of Receipt
-	Mailing Address 5628 DOUBLE OAK L	M M / D D / Y Y Y Y 09 27 2010		
	City	State	Zip Code	Transaction ID: SA11AI.91203
	BIRMINGHAM	AL	35242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer PREMIERE ANESTHESIA	Occupation ANESTHES	SIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date 500.00]
	SUBTOTAL of Receipts This Page (optional) .			1500.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 206 / 258 (check only one)	
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	⊥ y not be sold or used by any perso dress of any political committee to	pn for the purpose of soliciting contributions	
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MITTEE	
ہ A.	Full Name (Last, First, Middle Initial) JEFFREY THUE			Date of Receipt	
	Mailing Address 120 33RD STREET	M M / D D / Y Y Y Y Y 09 07 2010			
	City	State	Zip Code	Transaction ID: SA11AI.89798	
	MANHATTAN BEACH	CA	90266	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer AMBULATORY ANESTHESIA ASS- OCIATES, INC	Occupatio PHYSIC			
	Receipt For:	55 5 5 1 1 1 1			
	Primary General Other (specify) ▼	0 0	500.00		
- B.	Full Name (Last, First, Middle Initial) ANDREW THYEN			Date of Receipt	
	Mailing Address 1505 HOLLY STAR DF	M M / D D / Y Y Y Y Y 09 16 2010			
	City	State	Zip Code	Transaction ID: SA11AI.90296	
	TYLER	TX	75703	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer ETAA	Occupatio ANESTH	n IESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	250.00]	
- C.	Full Name (Last, First, Middle Initial) NORBERT TOPF			Date of Receipt	
	Mailing Address 1012 TRAMWAY LN N	IE		M M / D D / Y Y Y Y 09 18 2010	
	City	State	Zip Code	Transaction ID: SA11AI.90460	
	ALBUQUERQUE	NM	87122	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer AANM		IESIOLOGY		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼		500.00]	
	SUBTOTAL of Receipts This Page (optional)			1250.00	
	TOTAL This Period (last page this line number		r	-	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 207 / 258 (check only one)				
	ITEMIZED RECEIPTS		for each category of the					
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$				
Γ	Any information copied from such Reports and S	tatomonte ma	, not be cold or used by any perce					
	or for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE				
	/							
A.	Full Name (Last, First, Middle Initial) RONALD TORLINE	Date of Receipt						
	Mailing Address 14109 KESSLER ST			09 17 2010				
	City	State	Zip Code	Transaction ID: SA11AI.90435				
		KS	66221	Amount of Each Receipt this Period				
			00221	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer KUAF	Occupation ANESTH	n ESIOLOGIST					
	Receipt For:	1 I	Year-to-Date V					
	Primary General	riggrogato		1				
	Other (specify)		500.00					
_								
В.	Full Name (Last, First, Middle Initial) GLENN TORRE			Date of Receipt				
D.	Mailing Address 1630 BELLEVIEW AVI							
		L.		09 27 2010				
	City	State	Zip Code	Transaction ID: SA11AI.91264				
	ROANOKE	VA	24014	Amount of Each Receipt this Period				
	FEC ID number of contributing	C		250.00				
	federal political committee.							
	Name of Employer ACV	Occupation	n	-				
	ACV	· · ·	ESIOLOGIST					
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary General		250.00	1				
	Other (specify)		250.00					
-								
C.	Full Name (Last, First, Middle Initial) LAURENCE TORSHER			Date of Receipt				
0.	Mailing Address DEPT OF ANESTHES							
	200 FIRST STREET S			09 07 2010				
	City	State	Zip Code	Transaction ID: SA11AI.89778				
	ROCHESTER	MN	55905	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		500.00				
	federal political committee.	U						
	Name of Employer	Occupation	n					
	MAYO CLINIC	PHYSICI	AN					
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary General		500.00	11				
	Other (specify)			1				
г								
	CUDTOTAL of Descipto This Days (artists)			1250.00				
ļ	SUBTOTAL of Receipts This Page (optional)							
	TOTAL This Period (last page this line number	only)						
	IVIAL THIS FERIOU (LAST PAGE THIS HITE HUMBER	(iiiy)	•••••					

	SCHEDULE A (FEC Form 3X)	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 208 / 258
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
1				13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	ay not be sold or used by any perso Idress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 17401 HAWKS VIEW (СТ		M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.90486
	EDMOND	OK	73012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer NORTHWEST ANESETHESIA	Occupatio	n HESIOLOGIST	-
	Receipt For:		e Year-to-Date V	1
	Primary General			1
	Other (specify) v	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) THAO TRAN			Date of Receipt
	Mailing Address 7717 127TH ST. CT. E 1901 S. UNION AVE.	M M / D D / Y Y Y Y 09 / 09 / 2010		
	City	State	Zip Code	Transaction ID: SA11AI.89930
	PUYALLUP	WA	98373	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF EMPLOYED	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		250.00]
С.	Full Name (Last, First, Middle Initial) LUIS TREJO			Date of Receipt
0.	Mailing Address 1069 METROPOLITAN	AVE.		0 9 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.91586
	MILTON	MA	02186	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANAESTHESIA ASSOCIATES OF MASSACHUSET	Occupation ANESTH	on HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		250.00]
	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number of	y)	·····	

		I		
S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 209 / 258 (check only one)
Г	TEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S r for commercial purposes, other than using the	on for the purpose of soliciting contributions		
Ν	NAME OF COMMITTEE (In Full)		· .	
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	POLITICAL ACTION COM	IMITTEE
A.	Full Name (Last, First, Middle Initial) KEVIN TREMPER			Date of Receipt
	Mailing Address 1500 E. MEDICAL CE	ENTER DR., 1	H247	M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.90317
	ANN ARBOR	MI	48109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer UNIVERSITY OF MICHIGAN HE-	Occupation PHYSICI		_
	ALTH SYSTEM Receipt For:	- t - t	Year-to-Date V	
	Primary General	riggrogato		1
_	Other (specify) v	0 0	1000.00	
в.	Full Name (Last, First, Middle Initial) GREGORY TREMPY			Date of Receipt
	Mailing Address 6602 W. 131ST ST.			M M / D D Y
	City	State	Zip Code	Transaction ID: SA11AI.90689
	OVERLAND PARK	KS	66209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MIDWEST ANESTHESIA ASSOC	Occupation ANESTH	ESIOLOGIST	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
 C.	Full Name (Last, First, Middle Initial) CHRISTOPHER TROIANOS			Date of Receipt
•	Mailing Address 427 HEIGHTS DR			M M / D D / Y Y Y Y 09 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.89512
	GIBSONIA	PA	15044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer WESTERN PENNSYLVANIA HOSP- ITAL DEPARTME	Occupation ANESTH	ESIOLOGIST	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		747.00]
_		1		
	SUBTOTAL of Receipts This Page (optional) .			1333.00

ę	SCHEDULE A (FEC Form 3X)	Use separate schedule(FOR LINE NUMBER: PAGE 210/258				
I	TEMIZED RECEIPTS	for each category of the Detailed Summary Page					
Г	Any information copied from such Reports and S	13 14 15 16 17					
	or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so					
	AME OF COMMITTEE (In Full)		COMMITTEE				
	/						
Α.	Full Name (Last, First, Middle Initial) ROBERT TUBBEN	Date of Receipt					
	Mailing Address 1984 BELWOOD DR.		0 9 2 2 2 0 1 0				
	City	State Zip Code	Transaction ID: SA11AI.90709				
	OKEMOS	MI 48864	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	500.00				
	Name of Employer LAPC	Occupation PHYSICIAN					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	500.00					
– В.	Full Name (Last, First, Middle Initial) WILLIAM TURNAGE		Date of Receipt				
	Mailing Address 100 WHETSTONE PL SUITE 310		M M / D D / Y Y Y Y 09 22 2010				
		State Zip Code FL 32086	Transaction ID: SA11AI.90706				
	ST. AUGUSTINE FEC ID number of contributing federal political committee.	FL 32086	Amount of Each Receipt this Period				
	Name of Employer COASTAL ANESTHESIOLOGY CO- NSULTANTS, PL	Occupation ANESTHESIOLOGIST					
	Receipt For:	Aggregate Year-to-Date ▼					
	 Primary General Other (specify) ▼ 	1000.00					
– C.	Full Name (Last, First, Middle Initial) JAMES TYLKE		Date of Receipt				
	Mailing Address 8517 SE MERRITT W	AY	0 9 / D D / Y Y Y Y 0 9 / 1 1 2 0 1 0				
	City	State Zip Code	Transaction ID: SA11AI.89987				
	<u>JUPITER</u> FEC ID number of contributing	FL 33458	Amount of Each Receipt this Period				
	federal political committee.		1000.00				
	Name of Employer REGAL MARKETING INC	Occupation ANESTHESIOLOGIST					
	Receipt For: Primary General	Aggregate Year-to-Date V					
	Other (specify) ▼	1000.00					
ſ	SUBTOTAL of Receipts This Page (optional)		2500.00				
F	TOTAL This Period (last page this line number	only)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 211 / 258 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Any or f	r information copied from such Reports and St or commercial purposes, other than using the	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES		
	Full Name (Last, First, Middle Initial) MARIA UFBERG	Date of Receipt	
	Mailing Address 8 ALDHAM CT.		M M / D D / Y Y Y Y 09 23 2010
	City	State Zip Code	Transaction ID: SA11AI.90971
•	WILMINGTON FEC ID number of contributing	DE 19803	Amount of Each Receipt this Period
	federal political committee.		250.00
-	Name of Employer ANESTHESIA SERVICES, P.A.	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date ▼	-
	Other (specify) ▼	250.00	
	Full Name (Last, First, Middle Initial) GREGORY UMPHREY		Date of Receipt
	Mailing Address 121 PEACHTREE RD	09 29 2010	
	City	State Zip Code	Transaction ID: SA11AI.91491
	BIRMINGHAM	AL 35213	_ Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer SOUTHERN PERIOPERATIVE SE- RVICES	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
	Full Name (Last, First, Middle Initial) WILLIAM UNCAPHER		Date of Receipt
	Mailing Address 3844 SPRING VALLEY	ROAD	09 23 2010
	City	State Zip Code	Transaction ID: SA11AI.90914
•	BIRMINGHAM FEC ID number of contributing	AL 35223	Amount of Each Receipt this Period
	federal political committee.		500.00
	Name of Employer ANESTHESIOLOGISTS ASSOCIA- TED, P.C.	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	500.00	
SL	IBTOTAL of Receipts This Page (optional)	·····	1250.00
тс	TAL This Period (last page this line number c	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 212/258 (check only one) X X 11a 113 11b 114 15 16 1
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
∠	Full Name (Last, First, Middle Initial) BENJAMIN UNGER			Date of Receipt
	Mailing Address 474 W 238TH ST., AF	PT. 3A		09 01 YYYY 09 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.89486
	RIVERDALE	NY	10463	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer COLUMBIA UNIVERSITY MEDIC- AL CENTER	Occupation ANESTH	n ESIOLOGIST	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		369.00]
. –	Full Name (Last, First, Middle Initial) DAVID VARLOTTA			Date of Receipt
	Mailing Address 1303 BAYSHORE BLV	M M / D D / Y		
	City	State	Zip Code	Transaction ID: SA11AI.89472
		FL	33606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer UNICOM ANESTHESIA ASSOCIA- TES	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 747.00]
-	Full Name (Last, First, Middle Initial) LISA VELASQUEZ			Date of Receipt
•	Mailing Address 2107 PINNACLE CIR	S		0 9 1 2 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.90020
	PALM HARBOR	FL	34684	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ALL CHILDRENS HOSPITAL	Occupation PEDIATE	n RIC ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 250.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		374.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 213 / 258 (check only one) 11a X 11a 11b 11c 12 I3 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
, А.	Full Name (Last, First, Middle Initial) THOMAS VERDONE	Date of Receipt		
	Mailing Address 27 CRYSTAL RIDGE F	RD		09 / D D / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.89554
	SOUTH GLASTONBURY	СТ	06073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MAA	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) MICHAEL VIGODA			Date of Receipt
	Mailing Address 1449 ROBBIA AVE			M M / D D / Y Y Y Y Y 09 26 2010
	City	State	Zip Code	Transaction ID: SA11AI.91146
	CORAL GABLES	FL	33146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UNIVERSITY OF MIAMI - MI- LLER SCHOOL O	Occupatio DIRECT	on OR OF INFORMATICS AND	PERIOPERAT
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	-
	Other (specify) ▼	0 0	250.00	
С.	Full Name (Last, First, Middle Initial) MICHAEL VILLAREALE			Date of Receipt
	Mailing Address 6917 CLINTON ST.			M M / D D Y
	City	State	Zip Code	Transaction ID: SA11AI.90884
	BERGEN	NY	14416	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANES ASSOC OF ROCHESTER	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	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) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 214/258 (check only one)		
	Any information copied from such Reports and S or for commercial purposes, other than using the	ny information copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to so				
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	POLITICAL ACTION COM	IMITTEE		
∡ ٩.	Full Name (Last, First, Middle Initial) ANNETTE VIZENA			Date of Receipt		
	Mailing Address 919 SKIPPING STON	IE CT		09 20 Y Y Y Y 2010		
	City	State	Zip Code	Transaction ID: SA11AI.90557		
	TIMNATH	CO	80547	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer NORTHERN CO ANESTH. PROF. CONSULTANTS	Occupation ANESTH	ESIOLOGIST			
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General Other (specify) ▼		400.00]		
- 3.	Full Name (Last, First, Middle Initial) J. MICHAEL VOLLERS			Date of Receipt		
	Mailing Address 1 CHILDRENS WAY SLOT 203, S-319			M M / D D / Y		
		State AR	Zip Code	Transaction ID: SA11AI.89509		
	LITTLE ROCK		72202	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		83.00		
	Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI	Occupation PROFES	SOR OF ANESTHESIOLO	GY		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 747.00]		
-	Full Name (Last, First, Middle Initial) RONALD VRNAK			Date of Receipt		
	Mailing Address 1706 BRANDYWINE			0 9 1 6 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.90329		
	TYLER	TX	75703	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer E TEXAS ANES ASSOC	Occupation PHYSICI				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
Γ	SUBTOTAL of Receipts This Page (optional) .	<u> </u>		383.00		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 215 / 258
			Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
Γ	Anni information consider from couch Departments			13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
	/			
Α.	Full Name (Last, First, Middle Initial) AIMEE WALSH			Date of Receipt
	Mailing Address 1340 SLEDGE DR.			
				09 23 2010
	City	State	Zip Code	Transaction ID: SA11AI.91015
	MOBILE	AL	36606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	· · ·			
	Name of Employer METRO ANESTHESIA AND PAIN	Occupatio	n	
	SERVICES, PC Receipt For:	MD Aggregate	e Year-to-Date 🔻	
	Primary General	Ayyreyall		1
	Other (specify)	0 0	500.00	
_				-
в.	Full Name (Last, First, Middle Initial) AIMEE WALSH			Date of Receipt
υ.	Mailing Address 1340 SLEDGE DR.			
		09 30 2010		
	City	State	Zip Code	Transaction ID: SA11AI.91727
	MOBILE	AL	36606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer METRO ANESTHESIA AND PAIN	Occupation PHYSIC		
	SERVICES, PC Receipt For:		e Year-to-Date V	_
	Primary General	Aggregat		1
	Other (specify)		500.00	
_				
C.	Full Name (Last, First, Middle Initial) JOHN WALSH			Date of Receipt
-	Mailing Address 1900 EXETER, SUITE	E #210		M M / D D / Y Y Y Y
				09 30 2010
	City GERMANTOWN	State TN	Zip Code	Transaction ID: SA11AI.91708
			38138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupatio		
	METROPOLITAN ANESTHESIA ALLIANCE		"' IESIOLOGIST	
	Receipt For:		e Year-to-Date V	_
	Primary General		500.00	1
	Other (specify)			1
Г				
	SUBTOTAL of Receipts This Page (optional)			1500.00
ŀ	,			-
	TOTAL This Period (last page this line number	[.] only)		

	SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 216/258
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the		(check only one)
			Detailed Summary Pa	age	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma	y not be sold or used by a dress of any political com	any person mittee to s	for the purpose of soliciting contributions
1	NAME OF COMMITTEE (In Full)				
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTIO		1ITTEE
Α.	Full Name (Last, First, Middle Initial) MARK WASHNOCK				Date of Receipt
	Mailing Address 230 E RIDGE ST	09 08 2010			
	City	State	Zip Code		Transaction ID: SA11AI.89819
	MARQUETTE	MI	49855		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer ANESTHESIOLOGY OF MARQUET- TE	Occupation ANESTH	n IESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Other (specify)		250	.00	
в.	Full Name (Last, First, Middle Initial) CHRISTOPHER WASSINK				Date of Receipt
	Mailing Address 3300 EGYPT VALLEY	M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 1 0 1			
	City	Zip Code		Transaction ID: SA11AI.89473	
	ADA	MI	49301	_	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.				41.00
	Name of Employer ANESTHESIA MEDICAL CONSUL-		n IESIOLOGIST		
	TANTS PC Receipt For:	1 · · · · · · · · · · · · · · · · · · ·	e Year-to-Date V		-
	Primary General		369	00	
	Other (specify)	0 0		.00	
C.	Full Name (Last, First, Middle Initial) SCOTT WATKINS				Date of Receipt
•	Mailing Address 1710 SHELBY AVE				0 9 / 0 0 / Y Y Y Y 0 1 0
	City	State	Zip Code		Transaction ID: SA11AI.91686
	NASHVILLE	TN	37206		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer VANDERBILT UNIVERSITY MED- ICAL CENTER	1 1	IESIOLOGIST		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻		
	Other (specify) ▼	8 8	250	.00	
	SUBTOTAL of Receipts This Page (optional)			🕨	541.00
	TOTAL This Period (last page this line number	only)		►	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 217 / 258 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHESI	OLOGIST	S POLITICAL ACTION CON	MITTEE
Α.	Full Name (Last, First, Middle Initial) ROBERT WATSON			Date of Receipt
	Mailing Address 1970 BRADSHIRE DR			0 9 / D D / Y Y Y Y 2 8 / 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.91348
	MOBILE	AL	36695	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UNIVERSITY OF SOUTH ALABA-	Occupatio	on HESIOLOGIST	
	MA Receipt For:		e Year-to-Date V	
	Primary General	33 34		
	Other (specify) v	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) LIZA WEAVIND			Date of Receipt
	Mailing Address 1409 BEDDINGTON PA	ARK		M · M / D · D / Y · Y · Y · Y Y
	City State		Zip Code	Transaction ID: SA11AI.91714
	NASHVILLE	TN	37215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer VANDERBILT UNIVERSITY MED- ICAL CENTER	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	500.00	
- C.	Full Name (Last, First, Middle Initial) OSCAR WEBB			Date of Receipt
0.	Mailing Address 1304 OAK ST			M M / D D / Y Y Y Y 09 22 2010
	City	State	Zip Code	Transaction ID: SA11AI.90752
	MELBOURNE	FL	32901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer BREVARD ANESTHESIA SERVIC- ES	Occupation	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	7
Г				
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number o	nly)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 218 / 258 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	solicit contributions from such committee.
А.	Full Name (Last, First, Middle Initial) JOSEPH WEBER Mailing Address 795 EL CAMINO REAL	-		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.90408
	PALO ALTO	CA	94301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer PALTO ALTO MEDICAL FOUNDA- TION	Occupatio PHYSIC	IAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
- В.	Full Name (Last, First, Middle Initial) PAUL WEIDOFF Mailing Address 3939 J ST STE 310			Date of Receipt
		09 16 2010		
	City	State	Zip Code	Transaction ID: SA11AI.90341
	SACRAMENTO	CA	95819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SACRAMENTO ANESTHESIA MED- ICAL GROUP Receipt For:		IESIOLOGIST	_
	Primary General Other (specify) ▼		e Year-to-Date 500.00]
- C.	Full Name (Last, First, Middle Initial) IVAN WEINER			Date of Receipt
	Mailing Address 10527 EMERALD CHA	SE DR		09 / D D / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.90614
	ORLANDO FEC ID number of contributing federal political committee.	FL C	32836	Amount of Each Receipt this Period 500.00
	Name of Employer JLR MEDICAL GROUP	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 500.00]
ſ	SUBTOTAL of Receipts This Page (optional)		······	1500.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 219/258 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
⊻ ۸.	Full Name (Last, First, Middle Initial) ANDREW WEISINGER			Date of Receipt
	Mailing Address 405 BEAUMONT PAR	K CIRCLE		0 9 0 4 Y Y Y Y 0 9 0 4 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.89628
	BLYTHEWOOD FEC ID number of contributing federal political committee.	SC C	29016	Amount of Each Receipt this Period 1000.00
	Name of Employer CARDIOVASCULAR ANES.	Occupatio ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 1000.00]
	Full Name (Last, First, Middle Initial) JEFFREY WEISS Mailing Address 3370 BURNS ROAD			Date of Receipt
	STE 105	State	Zip Code	0 9 2 1 2 0 1 0 Transaction ID: SA11AI.90631
	PALM BEACH GARDENS	FL	33410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer TEAM HEALTH	Occupatio ANESTH	n ESIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00]
_	Full Name (Last, First, Middle Initial) STEVEN WEISSMAN			Date of Receipt
	Mailing Address 155 BALTIC CIRCLE			M M / D D / Y Y Y Y 09 23 2010
	City	State	Zip Code	Transaction ID: SA11AI.90988
	TAMPA FEC ID number of contributing federal political committee.	FL C	33606	Amount of Each Receipt this Period
	Name of Employer UNIV. COMMUNITY HOSPITAL ANES. DEPT.	Occupatio ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00]
Γ	SUBTOTAL of Receipts This Page (optional)		······	2000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 220 / 258 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	name and ad	ly not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
	AME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	BIOLOGIST	S POLITICAL ACTION COM	MITTEE
A.	Full Name (Last, First, Middle Initial) ROBERT WELLS			Date of Receipt
	Mailing Address 513 BELLWOOD ST.			09 / 0 0 / Y Y Y Y 09 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.91682
	ASHLAND CITY	TN	37015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer VANDERBILT UNIV MED CTR DEPT OF ANESTH	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) DOUGLAS WEMMER			Date of Receipt
	Mailing Address 426 SAN REMO WY.			09 / D D / Y Y Y Y 09 06 2010
	City	State	Zip Code	Transaction ID: SA11AI.89692
	SAN DIEGO	CA	92106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer WEMMER AND ASSOCIATES MED GRP INC		IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	1
	Other (specify) 🔻	0 0	500.00	
с.	Full Name (Last, First, Middle Initial) LAURA WESTBROOK			Date of Receipt
	Mailing Address 286 SOUTH CREST R	OAD		M M / D D / Y Y Y Y 09 29 2010
	City	State	Zip Code	Transaction ID: SA11AI.91459
	CHATTANOOGA	TN	37404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ACE	Occupatio MD	n	
	Receipt For:	Aggregate	e 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)		

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 221 / 258 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	solicit contributions from such committee.
Z A.	Full Name (Last, First, Middle Initial) DAVID WHEELER Mailing Address 7108 COLLINGWOOI	D CT.	Date of Receipt
			09 21 2010
	City ELKRIDGE	State Zip Code MD 21075	Transaction ID: SA11AI.90687
	FEC ID number of contributing federal political committee.	MD 21075	Amount of Each Receipt this Period
	Name of Employer FIRST COLONIES ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) ROBERT WHITE Mailing Address 801 MARTIN MILL PI	KE	Date of Receipt
			09 30 2010
	City ROCKFORD	State Zip Code TN 37853	Transaction ID: SA11AI.91567 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer AMAET	Occupation M.D.	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
– c.	Full Name (Last, First, Middle Initial) JEANINE WIENER-KRONISH		Date of Receipt
•	Mailing Address ANESTHESIA AND C 55 FRUIT ST # 444A	RITICAL CARE	
	City	State Zip Code	Transaction ID: SA11AI.91438
	BOSTON	MA 02114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer MASSACHUSETTS GENERAL HOS- PITAL Receipt For: Primary General Other (specify)	Occupation ANESTHETIST-IN-CHIEF Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	· ·····	1300.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 222 / 258
	· · ·		Use separate so		(check only one)
	ITEMIZED RECEIPTS		for each categor Detailed Summa	· .	X 11a 11b 11c 12
				aryr age	
[Any information copied from such Reports and St	atements ma	v not be sold or use	d by any perso	n for the purpose of soliciting contributions
	or for commercial purposes, other than using the	name and ad	dress of any politica	l committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	AMERICAN SOCIETY OF ANESTHES	MITTEE			
	Full Name (Last, First, Middle Initial)				
Α.	BRIAN WILDER				Date of Receipt
	Mailing Address PO BOX 36351				
					09 13 2010
	City	State	Zip Code		Transaction ID: SA11AI.90072
	CHARLOTTE	NC	28236		Amount of Each Receipt this Period
			1 1 1 1 1	-	
	FEC ID number of contributing federal political committee.	C			250.00
			<u> </u>		
	Name of Employer SOUTHEAST ANESTHESIOLOGY	Occupatio	n		
	SOUTHEAST ANESTHESIOLOGY CONSULTANTS	ANESTH	IESIOLOGIST		
	Receipt For:	Agareaate	e Year-to-Date 🔻		
	Primary General	39 94.			
	Other (specify)			250.00	
-	Full Name (Last, First, Middle Initial)				1
В.	ANNE WILHITE				Date of Receipt
	Mailing Address 10136 CHEROKEE RO	AD			M M / D D / Y Y Y Y
		09 01 2010			
	City	State	Zip Code		Transaction ID: SA11AI.89503
	RICHMOND	VA	23235		Amount of Each Receipt this Period
	FEC ID number of contributing			U	
	federal political committee.	C			41.00
	Name of Employer COMMONWEALTH ANESTHESIA	Occupatio			
	ASSOCIATES	ANESTH	IESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General			000.00	
	Other (specify) 🔻			369.00	
•	Full Name (Last, First, Middle Initial)				
C.	GISELE WILKE				Date of Receipt
	Mailing Address 6839 S CANTON AVE				M M / D D / Y Y Y Y
					09 09 2010
	City	State	Zip Code		Transaction ID: SA11AI.89925
	TULSA	OK	74136		Amount of Each Receipt this Period
	FEC ID number of contributing	^			E00.00
	federal political committee.	C			500.00
	Name of Employer ASSOCIATED ANESTHESIOLOGI-	Occupatio			
	STS	-	SIOLOGIST		_
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General			500.00	
	Other (specify)		0 0 0 0	500.00	
	SUBTOTAL of Receipts This Page (optional)			►	791.00
	TOTAL This Period (last page this line number of	only)		►	
		,,			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 223 / 258 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	5 POLITICAL ACTION COM	MITTEE
۷. ا	Full Name (Last, First, Middle Initial) BROOKE WILLIAMS			Date of Receipt
	Mailing Address 4944 W SAN RAFAEL	ST		M M / D D / Y Y Y Y 09 23 2010
	City	State	Zip Code	Transaction ID: SA11AI.90996
		FL	33629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer FLORIDA GULF TO BAY ANEST-	Occupatio	n IESIOLOGIST, M.D.	
	HESIOLOGY Receipt For:	1 1	e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	500.00]
_	Full Name (Last, First, Middle Initial) ELIZABETH WILLIAMS			Date of Receipt
•	Mailing Address 5523 BARTLETT ST.		0 9 2 0 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.90548
	PITTSBURGH	PA	15217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UNIV PITTSBURGH PHYS	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
_	Full Name (Last, First, Middle Initial) JAMES WILLIAMS			Date of Receipt
•	Mailing Address 303 3RD ST APT 409			09 06 2010
	City	State	Zip Code	Transaction ID: SA11AI.89669
	CAMBRIDGE	MA	02142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MASSACHUESETTS GENERAL HO- SPITAL	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		1000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate sche for each category of	of the	FOR LINE NUMBER: PAGE 224 / 258 (check only one) X 11a 11b 11c 12
			Detailed Summary	Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used b dress of any political c	y any persor ommittee to s	n for the purpose of soliciting contributions
	AMERICAN SOCIETY OF ANESTHES	BIOLOGIST	S POLITICAL ACT		NITTEE
A.	Full Name (Last, First, Middle Initial) JANE WILLIAMS				Date of Receipt
	Mailing Address 40 FAIRWAY DR				M M / D D / Y Y Y Y 09 28 2010
	City	State	Zip Code		Transaction ID: SA11AI.91369
	BIRMINGHAM	AL	35213		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer SPS	Occupatio ANESTH	n IESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date 🔻		_
	Primary General Other (specify) ▼		5	00.00	
B.	Full Name (Last, First, Middle Initial) JOHN WILLIFORD				Date of Receipt
	Mailing Address 1616 QUEENS RD W				M M / D D / Y Y Y Y 09 / 20 / 2010
	City	State	Zip Code		Transaction ID: SA11AI.90505
	CHARLOTTE	NC	28207		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer PRESBYTERIAN ANES ASSOC	Occupatio ANESTH	n IESIOLOGIST		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻		
	Other (specify) ▼	0 0	2	50.00	
С.	Full Name (Last, First, Middle Initial) JON WILLIS				Date of Receipt
	Mailing Address 516 N.W. 148TH ST.				M M / D D / Y Y Y Y 09 / 23 / 2010
	City	State	Zip Code		Transaction ID: SA11AI.90946
	EDMOND	OK	73013	_	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	<u> </u>		1000.00
	Name of Employer SELF-EMPLOYED	Occupatio PHYSIC	IAN		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼		10	00.00	
	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 225 / 258 (check only one) 11a X 11a 11b I 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	o solicit contributions from such committee.
	/			
Α.	Full Name (Last, First, Middle Initial) ROBERT WINANS			Date of Receipt
	Mailing Address 2012 HOLLY HILL DR			09 / Y Y Y Y 09 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.90303
	TYLER	TX	75703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer E TEXAS ANES ASSOC	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
- В.	Full Name (Last, First, Middle Initial) BRUCE WINGO			Date of Receipt
	Mailing Address 2726 TREVOR DR SE			M M / D D / Y Y Y Y 09 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.90400
	HUNTSVILLE	AL	35802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer CAS	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00]
- C.	Full Name (Last, First, Middle Initial) RICHARD WINGO			Date of Receipt
	Mailing Address 4008 STANFORD AVE			M M / D D / Y Y Y Y 09 18 2010
	City	State	Zip Code	Transaction ID: SA11AI.90462
	DALLAS	TX	75225	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
	TOTAL This Period (last page this line number	only)		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sche for each category o Detailed Summary	of the Page X 11a 11b 11c 12 13 14 15 16 17 by any person for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	name and address of any political c	ommittee to solicit contributions from such committee.
۷ A.	Full Name (Last, First, Middle Initial) BRETT WINTHROP Mailing Address 520 HAMMILL LN	State Zip Code	Date of Receipt
	City RENO	State Zip Code	Transaction ID: SA11AI.90309
	FEC ID number of contributing federal political committee.	NV 89511	Amount of Each Receipt this Period 1000.00
	Name of Employer SIERRA ANESTHESIA, INC Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 10	00.00
- B.	Full Name (Last, First, Middle Initial) SUSAN WOGAN Mailing Address 11 HEATHER WAY		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.90469
	NEWTOWN SQUARE	PA 19073	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
- с.	Full Name (Last, First, Middle Initial) JAMES WOLD	I	Date of Receipt
	Mailing Address 567 32ND AVE. DR.,	N.W.	09 / 15 / Y Y Y Y 09 15 / 2010
	City	State Zip Code	Transaction ID: SA11AI.90173
	HICKORY FEC ID number of contributing federal political committee.	NC 28601	Amount of Each Receipt this Period 500.00
	Name of Employer UNIFOUR ANESTHESIA ASSOCI- ATES	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
ſ	SUBTOTAL of Receipts This Page (optional)		1750.00
ľ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 227 / 258 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and St or for commercial purposes, other than using the			on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	BIOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) PHILIP WOLOK			Date of Receipt
	Mailing Address 1928 BAYOU DR			09 / D D / Y Y Y Y 022 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.90794
	BLOOMFIELD HILLS	MI	48302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer AFFIL ANESTH	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) KENT WOOLARD			Date of Receipt
	Mailing Address 8919 S. GARY AVE.			M M / D D / Y Y Y Y 09 / 09 / 2010
	City TULSA	State OK	Zip Code	Transaction ID: SA11AI.89907
	FEC ID number of contributing federal political committee.	C	74137	Amount of Each Receipt this Period 500.00
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, INC	Occupatio PHYSIC		_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	500.00]
C.	Full Name (Last, First, Middle Initial) GRANVILLE WORK	l		Date of Receipt
	Mailing Address 3749 LYNNFIELD DR.			0 9 0 1 Y Y Y Y 0 9 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.89498
	VIRGINIA BEACH	VA	23452	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer ATLANTIC ANESTHESIA	Occupatio PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	664.00	
	SUBTOTAL of Receipts This Page (optional)			833.00
	TOTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 228 / 258 (check only one)
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
	Full Name (Last, First, Middle Initial) JASON WORKMAN			Date of Receipt
	Mailing Address 7575 W WASHINGTC	ON AVE STE	127-374	M M / D D / Y Y Y Y 09 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.89457
	LAS VEGAS FEC ID number of contributing federal political committee.	C	89128	Amount of Each Receipt this Period 83.00
	Name of Employer ANESTHESIOLOGY CONSULTANT- S. INC. Receipt For: Primary General Other (specify)		n IESIOLOGIST e Year-to-Date ▼ 747.00]
	Full Name (Last, First, Middle Initial) KAMALA WRIGHT Mailing Address 7878 UNDERWOOD I	RIDGE		Date of Receipt
	City	State	Zip Code	0 9 2 0 2 0 1 0 Transaction ID: SA11AI.90527
	TRAVERSE CITY	MI	44968	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer TAA PC Receipt For: Primary General Other (specify) ▼	1	n ESIOLOGIST 2 Year-to-Date 250.00]
	Full Name (Last, First, Middle Initial) ASSUMPTA YAU			Date of Receipt
	Mailing Address P.O. BOX 1514			0 9 0 3 2 0 1 0
	City HIGHLAND PARK	State NJ	Zip Code 08904	Transaction ID: SA11AI.89583
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY	· · ·	ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
s	UBTOTAL of Receipts This Page (optional)			583.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 229 / 258 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
		SIOLOGISTS POLITICAL ACTION COM	MITTEE
A.	Full Name (Last, First, Middle Initial) ERVIN YEN		Date of Receipt
	Mailing Address 1111 N LEE AVE STE	236	M M / D D / Y
		State Zip Code	Transaction ID: SA11AI.91518
	OKLAHOMA CITY FEC ID number of contributing federal political committee.	OK 73103	Amount of Each Receipt this Period
	Name of Employer ERVIN YEN, MD, INC, PC	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) CHANG YOON Mailing Address 3450 N. ROCK RD., S	GUITE #208	Date of Receipt
	City	State Zip Code	0 9 1 6 2 0 1 0 Transaction ID: SA11AI.90271
	WICHITA	KS 67226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer MID-CONTINENT ANESTHESIOL- OGY	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) DAVID YOUNG		Date of Receipt
	Mailing Address 6839 S. CANTON		09 / 22 / Y Y Y 2010
	City TULSA	State Zip Code OK 74136	Transaction ID: SA11AI.90792 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer ASSOCIATES ANESTH	Occupation ANESTHESIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
ſ	SUBTOTAL of Receipts This Page (optional) .	·	1500.00
ľ	TOTAL This Period (last page this line number	r only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 230 / 258 (check only one) 11a 11b 11c 12 13 14 15 16 1'
	Any information copied from such Reports and or for commercial purposes, other than using the transmission of the second s	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
×.	Full Name (Last, First, Middle Initial) LAWRENCE YOUNG			Date of Receipt
	Mailing Address 1717 VALLEY FORG	E DR.		0 9 / 0 1 / Y Y Y Y 0 9 / 0 1 / 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.89531
	HIXSON	TN	37343	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer ANESTHESIOLOGISTS ASSOCIA- TED	Occupatio PHYSICI		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	1125.00	
. –	Full Name (Last, First, Middle Initial) DINO ZACHARAKOS			Date of Receipt
	Mailing Address 20 SPECTACLE LN.			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.89731
	RIDGEFIELD	СТ	06877	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MILFORD ANESTHESIA ASSOCI- ATES		ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
-	Full Name (Last, First, Middle Initial) NERRIN ZAHARIAS			Date of Receipt
	Mailing Address 801 ROYAL TERR.			09 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.90350
	BIRMINGHAM	AL	35242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer ANESTHESIA GROUP EAST	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 1000.00]
Γ	SUBTOTAL of Receipts This Page (optional)	I		1625.00

	SCHEDULE A (FEC Form 3X)		Use separate sche	· · ·	FOR LINE NUMBER: PAGE 231 / 258 (check only one)
	ITEMIZED RECEIPTS		for each category c Detailed Summary		X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	ay not be sold or used b Idress of any political co	y any person ommittee to s	for the purpose of soliciting contributions
	AME OF COMMITTEE (In Full)	SIOLOGIST	S POLITICAL ACTI		1ITTEE
Α.	Full Name (Last, First, Middle Initial) ZACHARY ZANOWIAK				Date of Receipt
	Mailing Address 8513 N ASHLEY DR				M M / D D Y
	City EDMOND	State OK	Zip Code		Transaction ID: SA11AI.90943
			73025	_	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer NW ANESTHESIA	Occupation ANESTH	m HESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date 🔻		-
	Primary General Other (specify) ▼	0 0	5(00.00	
В.	Full Name (Last, First, Middle Initial) ANDRZEJ ZEMBRZUSKI				Date of Receipt
	Mailing Address 31 MEREDITH DR.				0 9 / 1 4 / Y Y Y Y 0 9 / 1 4 / 2 0 1 0
	City	State	Zip Code		Transaction ID: SA11AI.90162
	SPARTA	NJ	07871	_	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			350.00
	Name of Employer MORRIS ANESTHESIA GROUP	Occupation ANESTH	^{on} HESIOLOGIST		-
	Receipt For:	Aggregate	e Year-to-Date 🔻		_
	Primary General Other (specify) ▼		35	50.00	
C.	Full Name (Last, First, Middle Initial) FERNANDO ZEPEDA	1			Date of Receipt
	Mailing Address 216 STRAWBERRY F	IELD DR			M M / D D / Y Y Y Y 09 30 2010
	City	State	Zip Code		Transaction ID: SA11AI.91694
	JOHNSON CITY	TN	37604	_	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer ANESTH AND PAIN CONSULTAN- TS, PC	Occupation	^{on} HESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼		2!	50.00	
	SUBTOTAL of Receipts This Page (optional)			····· Þ	1100.00
	TOTAL This Period (last page this line number	only)		►	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 232 / 258 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and a or for commercial purposes, other than using th	Statements may	not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	POLITICAL ACTION COM	IMITTEE
۷ A.	Full Name (Last, First, Middle Initial) CYNTHIA ZERWAS			Date of Receipt
	Mailing Address 6702 RIVA RIDGE D	R		09 / 24 / Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.91053
	RICHMOND FEC ID number of contributing federal political committee.	TX C	77406	Amount of Each Receipt this Period
	Name of Employer SELF-EMPLOYED	Occupation SPOUSE	n /RELATIVE	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 500.00]
в.	Full Name (Last, First, Middle Initial) JOHN ZIMMERMAN Mailing Address PO BOX 970159	-		Date of Receipt
	City	State	Zip Code	0 9 2 2 2 0 1 0 Transaction ID: SA11AI.90795
	OREM	UT	84097	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MOUNTAIN WEST ANESTHESIA	Occupation ANESTH	ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 500.00]
– c.	Full Name (Last, First, Middle Initial) JONATHAN ZUCKER			Date of Receipt
	Mailing Address 1612 SAINT GREGO	RY DRIVE		09 / V Y Y Y 09 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.89469
	LAS VEGAS FEC ID number of contributing federal political committee.	C	89117	Amount of Each Receipt this Period 83.00
	Name of Employer SELF	Occupation PHYSICI		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 747.00]
ſ	SUBTOTAL of Receipts This Page (optional) .			1083.00
ŀ	TOTAL This Period (last page this line numbe		•	279291.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 233 / 258 (check only one) 11a 11a 11b 11c 12 13 14 15 16 X 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO			Date of Receipt
	Mailing Address 50 S LASALLE			M M / D D / Y Y Y Y 09 30 2010
	City	State	Zip Code	Transaction ID: SA17.91848
	CHICAGO	IL	60675	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		39.12
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 163.40	

SUBTOTAL of Receipts This Page (optional)	►	39.12
TOTAL This Period (last page this line number only)	►	39.12

			3 (FEC Form 3 BURSEMEN ⁻		for each	arate schedule category of the Summary Pag			DR LIN neck or 21b 27			R:	23 28b		24 28c	234 / 25 29	258	26 30b
		or commercial purp NAME OF COMM AMERICAN SC	OCIETY OF ANEST	ig the name	and addre	ss of any polition	cal cor	nmit	persor tee to s	olic	the pu it contr		se of s		ing co	utions		300
Α.	-	Full Name (Last, F NORTHERN TI Mailing Address	First, Middle Initial) RUST CO 50 S LASALLE								Date		isburs	-	B21B	 849 0 1 0	Y	
	(City CHICAGO Purpose of Disbur CC/BANK FEES Candidate Name	rsement	-	State L	Zip Code 60675		ateg	Jory/		Amou	int of	f Each	n Dis	burser	: this P 31.76		d
	Ċ	Office Sought:	House Senate President District:		nent For: Primary Other (spe	Genera		Тур	-									

	SUBTOTAL of Disbursements This Page (optional)	•	2181.76
	TOTAL This Period (last page this line number only)	►	2181.76
i	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)

CHEDULE B (FEC For	m 3X) 🛛 🗔	00.000	roto ophadula(=)		FOF	R LINE	NUMBE	R:			PA	٩GE	235 /	258
EMIZED DISBURSEMI	ENTS fo	or each o	arate schedule(s) category of the Summary Page		(che	eck only 21b 27		X	23 28b	F	24 28c	П	25 29	П
ny Information copied from such Rep r for commercial purposes, other than					any p	erson f	or the pu		e of	soli	citing c		outions	5
NAME OF COMMITTEE (In Full)	using the name and		ss of any political	COIL	mille	0 10 50		ibuti	015		SUCII		muee	
AMERICAN SOCIETY OF AN	IESTHESIOLOG	ISTS F	POLITICAL AC	TIO	N C	OMMI	TTEE							
Full Name (Last, First, Middle Initia ADLER FOR CONGRESS	l)				Transaction ID: SB23.91737 Date of Disbursement									
Mailing Address 14 KNIGHT	SWOOD DR						0 ^M 9	М	D	01		ź	0 ľ C) Y
City MARLTON	State NJ	9	Zip Code 08053				Amou	int of	Eac	h D	isburse			
Purpose of Disbursement CK VOIDED ORIG ISSUED 8/4/10	0						L.					-25	00.00)
Candidate Name					atego Type									
Office Sought: X House Senate President		mary	2010 X General cify) ▼											
State: NJ District: 03														
Full Name (Last, First, Middle Initia ADLER FOR CONGRESS	l)						Date	of Di	sbur	sem				
Mailing Address 14 KNIGHT	SWOOD DR						0 ^M 9	М	D	01		Ź	0 ľ C) Y
City MARLTON	State NJ	e	Zip Code 08053				Amou	int of	Eac	h D	isburse			
Purpose of Disbursement					i		L.					25	00.00)
Candidate Name					atego Type									
Office Sought: X House Senate President		mary	2010 X General cify) ▼											
State: NJ District: 03														
Full Name (Last, First, Middle Initia AMERICA'S LEADERSHIP P	,						Date	of Di	sbur	sem				
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AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL AC	TION COMMI	TTEE
Full Name (Last, First, Middle Initial) DEBBIE WASSERMAN-SCHULTZ FOR C	ONGRESS		Transaction ID: SB23.91827 Date of Disbursement
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SUBTOTAL of Disbursements This Page (optional)	6500.00
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		Chedule B (1 Emized disb			for each	arate schedule(s category of the Summary Page)		R LINE eck onl 21b 27	y or		R:	23 28b		24 28c	GE	258 / 25 29	258	26 30b
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	$\left \right\rangle$	NAME OF COMMIT	· · ·	THESIOLO	OGISTS F	POLITICAL A	CTIC	N C	OMM	ITT	ΈE								
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	SUBTOTAL of Disbursements This Page (optional)	•	5000.00
	TOTAL This Period (last page this line number only)	►	5000.00
i	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)