

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 09 01 2010 through 09 30 2010

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

Signature of Treasurer Electronically Filed by THOMAS CONWAY Date 10 18 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		1495220.03
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning 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								
7. Total Disbursements (from Line 31)	220681.76	1093841.68								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1504667.26	1504667.26								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	322955.50	1103125.51
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	39.12	163.40
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	322994.62	1103288.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	322994.62	1103288.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2181.76	5623.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2181.76	5623.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	213500.00	881510.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	5000.00	206707.74
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	220681.76	1093841.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	220681.76	1093841.68

DETAILED SUMMARY PAGE
of Disbursements

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) BASEM ABDELMALAK		Date of Receipt	
	Mailing Address 9500 EUCLID AVE DEPT OF ANES E-31		M M / D D / Y Y Y Y 09 / 01 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.89477
	CLEVELAND	OH	44195	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		41.00	
Name of Employer CLEVELAND CLINIC FOUNDATION		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 369.00		

B.	Full Name (Last, First, Middle Initial) AMR ABOULEISH		Date of Receipt	
	Mailing Address 4303 EVERGREEN ELM 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 MEDICAL BRANCH		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 369.00		

C.	Full Name (Last, First, Middle Initial) AMR ABOULEISH		Date of Receipt	
	Mailing Address 4303 EVERGREEN ELM CT		M M / D D / Y Y Y Y 09 / 15 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.90190
	HOUSTON	TX	77059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		8.00	
Name of Employer UNIVERSITY OF TEXAS MEDICAL BRANCH		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 377.00		

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 258
(check only one)

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

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

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

Mailing Address 6700 SW 74TH AVE

City State Zip Code
MIAMI FL 33143

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

Name of Employer Occupation
SHERIDAN HEALTHCARE ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: SA11AI.90980
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
JONATHAN ABRAMS

Mailing Address 5 FOREST DRIVE

City State Zip Code
SHORT HILLS NJ 07078

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

Name of Employer Occupation
SUMMIT ANESTHESIA ASSOC. PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 20 / 2010
Transaction ID: SA11AI.90589
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
EUGENE ACUPAN

Mailing Address 807 MILTON PLACE SW

City State Zip Code
DECATUR AL 35603

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

Name of Employer Occupation
ANESTHESIA SERVICES OF DECATUR ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 27 / 2010
Transaction ID: SA11AI.91266
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JASON ADAMS		Date of Receipt MM / DD / YYYY 09 / 22 / 2010		
	Mailing Address 55 GUNTHER CT.		Transaction ID: SA11AI.90812		
	City SALINE	State MI	Zip Code 48176	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA ASSOCIATES OF ANN ARBOR		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) BRUCE AISTRUP		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address 10907 W 120TH TER		Transaction ID: SA11AI.90275		
	City OVERLAND PARK	State KS	Zip Code 66213	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MIDWEST ANESTHESIA		Occupation MDA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) MOSES ALBERT		Date of Receipt MM / DD / YYYY 09 / 01 / 2010		
	Mailing Address 10800 MIDLOTHIAN TURNPIKE SUITE 265		Transaction ID: SA11AI.89532		
	City RICHMOND	State VA	Zip Code 23235	Amount of Each Receipt this Period 41.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 336.00			

SUBTOTAL of Receipts This Page (optional)	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: (check only one)	PAGE 9 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) NORM ALEKS		Date of Receipt																					
	Mailing Address 958 CAROLINA ST.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		1	7		2	0	1	0														
	City State Zip Code SAN FRANCISCO CA 94107		Transaction ID: SA11AI.90404																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer THE PERMANENTE MEDICAL GR- OUP		Occupation PHYSICIAN																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																						

B.	Full Name (Last, First, Middle Initial) ERICK ALLEN		Date of Receipt																					
	Mailing Address 6802 EDGEFIELD DR		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		0	8		2	0	1	0														
	City State Zip Code AUSTIN TX 78731		Transaction ID: SA11AI.89863																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP		Occupation MD																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																						

C.	Full Name (Last, First, Middle Initial) AMRAT ANAND		Date of Receipt																					
	Mailing Address 4124 CAUSEWAY VISTA DR.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		2	2		2	0	1	0														
	City State Zip Code TAMPA FL 33615		Transaction ID: SA11AI.90730																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer FLORIDA GULF-TO-BAY ANEST- HESIA		Occupation ANESTHESIOLOGIST, M.D.																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																						

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) GREGORY ANDERSON	Date of Receipt MM / DD / YYYY 09 / 16 / 2010
	Mailing Address 3200 TROUP HWY STE 200	Transaction ID: SA11AI.90301
	City TYLER State TX Zip Code 75701	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer E TEXAS ANES ASSOC Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

B.	Full Name (Last, First, Middle Initial) JACK ANDERSON	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 7149 WYNLAKES BLVD	Transaction ID: SA11AI.91324
	City MONTGOMERY State AL Zip Code 36117	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AMBULATORY ASSOCIATES OF MONTGOMERY Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

C.	Full Name (Last, First, Middle Initial) THOMAS ANDREWS	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 1821 ALAQUA DR.	Transaction ID: SA11AI.89523
	City LONGWOOD State FL Zip Code 32779	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer JLR MEDICAL GROUP, MAITLAND, FLORIDA Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 295.00	

SUBTOTAL of Receipts This Page (optional)	1291.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 258
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) GINO ANG		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 58 BITTERSWEET LN		Transaction ID: SA11AI.89735
	City HAMDEN	State CT	Zip Code 06518
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer MILFORD ANESTHESIA ASSOCIATES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) DAVID ANNAND		Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 6600 COLONIAL FOREST LN		Transaction ID: SA11AI.90530
	City KNOXVILLE	State TN	Zip Code 37919
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer ANES MED ALLI E TN	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MARK APPLIGATE		Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 7097 SHADY GROVE WAY		Transaction ID: SA11AI.90749
	City TALLAHASSEE	State FL	Zip Code 32312
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer ANESTHESIOLOGY ASSOCIATES OF TALLAHASS	Occupation RESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ANTHONY ARELLANO-KRUSE	Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2010
	Mailing Address ANESTHESIA MEDICAL GROUP 3330 LOMITA BLVD	Transaction ID: SA11AI.90833
	City TORRANCE State CA Zip Code 90505	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer TORRANCE MEMORIAL MEDICAL CENTER Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) KAYVAN ARIANI	Date of Receipt M M / D D / Y Y Y Y Y 09 / 12 / 2010
	Mailing Address 4007 BERMUDA GROVE PL.	Transaction ID: SA11AI.90012
	City LONGWOOD State FL Zip Code 32779	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer JLR MEDICAL GROUP Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) LEE ARTHUR	Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2010
	Mailing Address 504 MEDICAL CENTER BLVD	Transaction ID: SA11AI.89493
	City CONROE State TX Zip Code 77304	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NORTH HOUSTON ANESTHESIOLOGISTS Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	1525.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) SCOTT ASHCRAFT		Date of Receipt
	Mailing Address 3717 BELL ST.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 16 / 2010
	City	State	Zip Code
	KANSAS CITY	MO	64111
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90254
Name of Employer MIDWEST ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) ROBERT ATWATER		Date of Receipt
	Mailing Address 988 ROSEBAY CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2010
	City	State	Zip Code
	TALLAHASSEE	FL	32312
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91409
Name of Employer ANESTHESIOLOGY ASSOCIATES OF TALLAHASSEE		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) JENNIFER AUNSPAUGH		Date of Receipt
	Mailing Address CHILDRENS WAY, SLOT 203 DEPT OF ANES		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 01 / 2010
	City	State	Zip Code
	LITTLE ROCK	AR	72202
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89431
Name of Employer ARKANSAS CHILDRENS HOSPITAL		Occupation ASSISTANT PROFESSOR PEDIATRIC ANESTHES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 225.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1275.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 258
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) GLENN AVIDON		Date of Receipt
	Mailing Address P.O. BOX 2206		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 24 / 2010
	City	State	Zip Code
	APOPKA	FL	32704
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91114
Name of Employer G. STEVEN AVIDON MDPA		Occupation MEDICAL DOCTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) MOEED AZAM		Date of Receipt
	Mailing Address 4317 NEW BROAD ST.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 22 / 2010
	City	State	Zip Code
	ORLANDO	FL	32814
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90810
Name of Employer JLR MEDICAL GROUP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) OLESH BABIAK		Date of Receipt
	Mailing Address 8 MINSHALL CIRCLE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 27 / 2010
	City	State	Zip Code
	GLEN MILLS	PA	19342
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91254
Name of Employer ASSOC IN ANESTH		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 400.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1150.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) NOAH BABINS		Date of Receipt MM / DD / YYYY 09 / 22 / 2010		
	Mailing Address 2699 LEE RD STE 510		Transaction ID: SA11AI.90736		
	City WINTER PARK	State FL	Zip Code 32789	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ARNOLD PALMER MEDICAL CENTER	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) JEFFERY BAEUERLE		Date of Receipt MM / DD / YYYY 09 / 02 / 2010		
	Mailing Address 11923 DELMAHOY DR.		Transaction ID: SA11AI.89575		
	City CHARLOTTE	State NC	Zip Code 28277	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PRESBYTERIAN ANESTHESIA ASSOCIATES	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) FRANK BAKKE		Date of Receipt MM / DD / YYYY 09 / 29 / 2010		
	Mailing Address 3501 E VIA COLONIA DEL SOL		Transaction ID: SA11AI.91466		
	City TUCSON	State AZ	Zip Code 85718	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SOUTHERN ARIZONA ANESTHESIA DEPT OF AN	Occupation PHYSICIAN	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) CATHY BALBIN	Date of Receipt MM / DD / YYYY 09 / 29 / 2010
	Mailing Address 358 LA HACIENDA	Transaction ID: SA11AI.91433
	City State Zip Code INDIAN ROCKS BEACH FL 33785	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FLORIDA GULF-TO-BAY ANESTHESIOLOGY ANESTHESIOLOGIST, DO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) SUBHANKAR BANDYOPADHYAY	Date of Receipt MM / DD / YYYY 09 / 29 / 2010
	Mailing Address 14464 WATERMELON RD	Transaction ID: SA11AI.91523
	City State Zip Code TUSCALOOSA AL 35406	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation APMC PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) BRIAN BANE	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 99 MONTECILLO RD	Transaction ID: SA11AI.90421
	City State Zip Code SAN RAFAEL CA 94903	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation KAISER SAN RAFAEL MED CTR ANES DEPT PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ARNA BANERJEE	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address DEPARTMENT OF ANESTHESIA CRITICAL 1211 21ST AVENUE SOUTH SUITE 52	Transaction ID: SA11AI.89490
	City State Zip Code NASHVILLE TN 37212	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation VANDERBILT UNIVERSITY MEDICAL CENTER ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 747.00	

B.	Full Name (Last, First, Middle Initial) SHAWN BANKS	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 601 NE 36TH ST APT 3407	Transaction ID: SA11AI.89478
	City State Zip Code MIAMI FL 33137	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF MIAMI PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 747.00	

C.	Full Name (Last, First, Middle Initial) CAROLYN BANNISTER	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 5102 CHASTLETON DRIVE	Transaction ID: SA11AI.89514
	City State Zip Code STONE MOUNTAIN GA 30087	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation EMORY UNIVERSITY SCHOOL OF MEDICINE MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 747.00	

SUBTOTAL of Receipts This Page (optional)	▶	249.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DAVID BARCLAY	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address PO BOX 2203	Transaction ID: SA11AI.91314
	City State Zip Code EDWARDS CO 81632	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation VAIL VALLEY ANESTHESIA ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) JOHN BARNES	Date of Receipt MM / DD / YYYY 09 / 06 / 2010
	Mailing Address 8817 E. 109TH PL.	Transaction ID: SA11AI.89725
	City State Zip Code TULSA OK 74133	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ASSOCIATED ANESTHESIOLOGISTS, INC. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) ANDREW BARNETT	Date of Receipt MM / DD / YYYY 09 / 16 / 2010
	Mailing Address 2000 KEHRSDALE CT.	Transaction ID: SA11AI.90344
	City State Zip Code CHESTERFIELD MO 63005	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WESTERN ANESTHESIA ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JEREMY BARON		Date of Receipt MM / DD / YYYY 09 / 14 / 2010		
	Mailing Address 45 BURNISTON CT		Transaction ID: SA11AI.90149		
	City HILLSBOROUGH	State NJ	Zip Code 08844	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA CONSULTANTS OF NJ, LLC	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) RICHARD BARTKOWSKI		Date of Receipt MM / DD / YYYY 09 / 09 / 2010		
	Mailing Address 408 ROGERS LANE		Transaction ID: SA11AI.89938		
	City WALLINGFORD	State PA	Zip Code 19086	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer JEFFERSON PHYSICIANS	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) JOHN BASILE		Date of Receipt MM / DD / YYYY 09 / 29 / 2010		
	Mailing Address 6330 W MACLAURIN DR		Transaction ID: SA11AI.91507		
	City TAMPA	State FL	Zip Code 33647	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FLORIDA GULF TO BAY ANESTHESIA ASSOCIA	Occupation ANESTHESIOLOGIST, MD			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
R. DENNIS BASTRON

Mailing Address 3575 N PANTANO RD

City State Zip Code
TUCSON AZ 85750

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

Name of Employer Occupation
UNIVERSITY OF ARIZONA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2010

Transaction ID: SA11AI.90476

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
SONNY BATHEJA

Mailing Address 4913 W. SWAYBACK PASS

City State Zip Code
PHOENIX AZ 85083

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

Name of Employer Occupation
VALLEY ANESTHESIOLOGY CON-SULTANTS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: SA11AI.89928

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 627 W BUCKINGHAM PLACE UNIT 1

City State Zip Code
CHICAGO IL 60657

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

Name of Employer Occupation
NMFF ATTENDING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 369.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2010

Transaction ID: SA11AI.89483

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional) ▶ **791.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 258

(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
STEVEN BECK

Mailing Address **4412 E. HORSESHOE RD.**

City **PHOENIX** State **AZ** Zip Code **85028**

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

Name of Employer **VALLEY ANESTHESIOLOGY CONSULTANTS, LTD** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 13 / 2010**

Transaction ID: SA11AI.90066

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
KATHRYN BECKSTROM

Mailing Address **257 SUMMERGLEN CT.**

City **CHAPIN** State **SC** Zip Code **29036**

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

Name of Employer **ACC** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 24 / 2010**

Transaction ID: SA11AI.91041

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
EILEEN BEGIN

Mailing Address **110 IRVING ST. NW #G-226**

City **WASHINGTON** State **DC** Zip Code **20010**

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

Name of Employer **WASHINGTON HOSPITAL CENTER** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **328.00**

Date of Receipt **09 / 01 / 2010**

Transaction ID: SA11AI.89427

Amount of Each Receipt this Period **41.00**

SUBTOTAL of Receipts This Page (optional) ► **2041.00**

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 22 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
PETER BELCASTRO

Mailing Address 40 ACORN DRIVE

City WATCHUNG State NJ Zip Code 07069

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

Name of Employer SUMMIT ANESTHESIA ASSOCIATES Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2010
Transaction ID: SA11AI.91285
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
DOUGLAS BELL

Mailing Address 3568 SPENCER BLVD.

City SIOUX FALLS State SD Zip Code 57103

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

Name of Employer ANESTHESIA PHYSICIANS LTD. Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2010
Transaction ID: SA11AI.89749
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
JEFFREY BELLEFLEUR

Mailing Address 5195 VINCENNES CT

City BLOOMFIELD HILLS State MI Zip Code 48302

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

Name of Employer SOAA Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2010
Transaction ID: SA11AI.90654
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 258
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
ERIC BENDIXEN

Mailing Address 1631 HOSPITAL DR., STE. #110

City State Zip Code
SANTA FE NM 87505

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

Name of Employer Occupation
SANTA FE ANES. SPECIALISTS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2010

Transaction ID: SA11AI.91006

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
FRANK BENESH

Mailing Address 52 MEDICAL PARK EAST DR., #321

City State Zip Code
BIRMINGHAM AL 35235

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

Name of Employer Occupation
ANESTHESIA GROUP EAST ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2010

Transaction ID: SA11AI.91199

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOEL BENNETT

Mailing Address 3809 FRENCH HORN CT

City State Zip Code
RICHMOND VA 23233

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

Name of Employer Occupation
COMMONWEALTH ANESTHESIA ASSOC., P.C. ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.90225

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 258

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) STEVEN BERNDT		Date of Receipt MM / DD / YYYY 09 / 24 / 2010		
	Mailing Address 2664 MEADOW CREEK CIR S		Transaction ID: SA11AI.91071		
	City FARGO	State ND	Zip Code 58104	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SANFORD HEALTH	Occupation PHYSICIAN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
250.00

B.	Full Name (Last, First, Middle Initial) DAVID BIEL		Date of Receipt MM / DD / YYYY 09 / 01 / 2010		
	Mailing Address 2216 MADISON AVE		Transaction ID: SA11AI.89454		
	City CINCINNATI	State OH	Zip Code 45212	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA ASSOC. OF CINCINNATI	Occupation ANESTHESIOLOGIST ASSISTANT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
419.00

C.	Full Name (Last, First, Middle Initial) WENDY BINSTOCK		Date of Receipt MM / DD / YYYY 09 / 01 / 2010		
	Mailing Address 1122 W MONTANA ST		Transaction ID: SA11AI.89447		
	City CHICAGO	State IL	Zip Code 60614	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSICIAN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
502.00

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 25 / 258

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
RAVI BISSESSAR

Mailing Address 291 SOUTHHALL LANE

City State Zip Code
MAITLAND FL 32751

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

Name of Employer Occupation
JLR MEDICAL GROUP PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.91033

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 5014 ASCOT PARKWAY

City State Zip Code
TEMPLE TX 76502

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

Name of Employer Occupation
SCOTT WHITE MEMORIAL HOSPITAL ANES. D ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 747.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89506

Amount of Each Receipt this Period
83.00

C.

Full Name (Last, First, Middle Initial)
JOSHUA BLACK

Mailing Address 33 E 26TH ST

City State Zip Code
TULSA OK 74114

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

Name of Employer Occupation
ASSOCIATED ANESTHESIOLOGIST ANESTHESIOLOGIST

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.91696

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1333.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 258
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) WILLIAM BLACKBURN		Date of Receipt
	Mailing Address 190 CEDARBEND DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 21 / 2010
	City	State	Zip Code
	FLORENCE	AL	35634
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.90636
Name of Employer AMC, PC		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) MARC BLOOMSTON		Date of Receipt
	Mailing Address 52 MEDICAL PARK EAST DR, SUITE 321		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 17 / 2010
	City	State	Zip Code
	BIRMINGHAM	AL	35235
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.90426
Name of Employer ANESTHESIA GROUP EAST, P.-C.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

C.	Full Name (Last, First, Middle Initial) RAJENDRA BOBBA		Date of Receipt
	Mailing Address 39 BUELL HILL RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 04 / 2010
	City	State	Zip Code
	KILLINGWORTH	CT	06419
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.89617
Name of Employer MILFORD ANESTHESIA ASSOCIATES ANESTHES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	PAGE 27 / 258
	(check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) KENNETH BOCHENEK		Date of Receipt
	Mailing Address 2000 SPRUCE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 20 / 2010
	City	State	Zip Code
	LAFAYETTE	IN	47905
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90501
Name of Employer ANESTHESIOLOGY ASSOC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 1475.00	

B.	Full Name (Last, First, Middle Initial) KENNETH BOCHENEK		Date of Receipt
	Mailing Address 2000 SPRUCE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	LAFAYETTE	IN	47905
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90959
Name of Employer ANESTHESIOLOGY ASSOC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 1525.00	

C.	Full Name (Last, First, Middle Initial) MARINELA BOERU		Date of Receipt
	Mailing Address 7331 SW 123RD. PL.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 29 / 2010
	City	State	Zip Code
	MIAMI	FL	33183
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91535
Name of Employer UNIVERSITY OF MIAMI		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 350.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) KAREN BOLAND		Date of Receipt MM / DD / YYYY 09 / 12 / 2010		
	Mailing Address 13110 W 60TH ST S		Transaction ID: SA11AI.90002		
	City SAND SPRINGS	State OK	Zip Code 74063	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer KAREN BOLAND PLLC	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) THOMAS BOOY		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 13818 ELGERS ST.		Transaction ID: SA11AI.90984		
	City CERRITOS	State CA	Zip Code 90703	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SCPMG	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) JOHN BORREGO		Date of Receipt MM / DD / YYYY 09 / 08 / 2010		
	Mailing Address 8332 E. HEATHERBRAE DR.		Transaction ID: SA11AI.89892		
	City SCOTTSDALE	State AZ	Zip Code 85251	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer VALLEY ANESTHESIOLOGY CON-SULTANTS	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

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

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

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

FOR LINE NUMBER: PAGE 29 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
PAUL BORRELLI

Mailing Address 301 ORLANDO RD.

City State Zip Code
BELLEAIR FL 33756

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

Name of Employer ANES ASSOC PINELLAS Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: SA11AI.91209

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JUAN BOTERO

Mailing Address 2950 CLEVELAND CLINIC BLVD
DEPT. OF ANES.

City State Zip Code
WESTON FL 33331

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

Name of Employer CLEVELAND CLINIC, FLORIDA Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 332.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2010

Transaction ID: SA11AI.91439

Amount of Each Receipt this Period
4.00

C. Full Name (Last, First, Middle Initial)
GREGORY BOUSKA

Mailing Address 3000 BOGEY CIR SE

City State Zip Code
OWENS CROSS ROADS AL 35763

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

Name of Employer COMPREHENSIVE ANESTHESIA SERVICES Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 834.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89438

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ► 337.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
GREGORY BOUSKA

Mailing Address 3000 BOGEY CIR SE

City State Zip Code
OWENS CROSS ROADS AL 35763

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

Name of Employer
COMPREHENSIVE ANESTHESIA SERVICES

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1834.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2010

Transaction ID: SA11AI.91386

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
CRAIG BOYER

Mailing Address 3924 LOVERS LN

City State Zip Code
DALLAS TX 75225

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

Name of Employer
METROPOLITAN ANESTHESIA CONSULTANTS

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2010

Transaction ID: SA11AI.90123

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
DAVID BOYER

Mailing Address 400 KENTWOOD DRIVE

City State Zip Code
KILLEN AL 35645

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

Name of Employer
SELF

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2010

Transaction ID: SA11AI.91425

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 31 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
FRANCES BOYETTE

Mailing Address 8225 MARSH POINTE DR.

City State Zip Code
MONTGOMERY AL 36117

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

Name of Employer Occupation
MONTGOMERY ANES ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: SA11AI.90506

Amount of Each Receipt this Period
1000.00

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

Mailing Address 9403 W. 146TH PL.

City State Zip Code
OVERLAND PARK KS 66221

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

Name of Employer Occupation
MIDWEST ANESTHESIA ASSOCI- ANESTHESIOLOGIST
ATES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 747.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2010

Transaction ID: SA11AI.89518

Amount of Each Receipt this Period
83.00

C. Full Name (Last, First, Middle Initial)
JASON BRAMLETT

Mailing Address 1709 LEISURE LN

City State Zip Code
HIDEAWAY TX 75771

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

Name of Employer Occupation
ETEXAS ANES ASSOC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: SA11AI.90299

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1333.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) LOIS BREADY		Date of Receipt MM / DD / YYYY 09 / 16 / 2010
Mailing Address 7703 FLOYD CURL DR., MC 7838		Transaction ID: SA11AI.90253
City SAN ANTONIO	State TX	Zip Code 78229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UNIV OF TX HLTH SCI CTR ANES DEPT	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) JAMES BRIDGES		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 1537 DUNBAR CT		Transaction ID: SA11AI.90878
City AUBURN	State AL	Zip Code 36830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANES ASSOC OF E ALABAMA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) JAMES BRIEN		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 3655 CLEARY DR.		Transaction ID: SA11AI.90895
City PADUCAH	State KY	Zip Code 42001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer PURCHASE ANESTHESIA, PSC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 258
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) RONALD BROWN	Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2010
	Mailing Address 1 MOBILE INFIRMARY CIR., 2ND FL.	Transaction ID: SA11AI.91388
	City State Zip Code MOBILE AL 36607	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA SERVICES ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) PAUL BRUHA	Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2010
	Mailing Address 1194 MARY KATE DR	Transaction ID: SA11AI.90774
	City State Zip Code GULF BREEZE FL 32563	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BROAD ANESTHESIA ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) CLAUDE BRUNSON	Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2010
	Mailing Address 2500 N STATE ST	Transaction ID: SA11AI.89446
	City State Zip Code JACKSON MS 39216	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIV OF MISSISSIPPI MED CTR ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 502.00	

SUBTOTAL of Receipts This Page (optional)	▶	1333.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 34 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOSEPH BRYAN
Mailing Address 4863 SHERRY LN
City State Zip Code
FORT MYERS FL 33908
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
MEDICAL ANESTHESIA ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.91584
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
JAMES BUESE
Mailing Address 1478 LOMITA DR
City State Zip Code
PASADENA CA 91106
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
PACIFIC VALLEY MED GRP ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt: 09 / 24 / 2010
Transaction ID: SA11AI.91093
Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
QUOC-CHUONG BUI
Mailing Address 2817 E MAYFAIR AVE
City State Zip Code
ORANGE CA 92867
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
ALLIED ANESTHESIA MEDICAL GROUP ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 09 / 22 / 2010
Transaction ID: SA11AI.90827
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 5750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 258
(check only one)

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

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

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

Mailing Address 132 SLEEPY POINT WAY

City State Zip Code
SUFFOLK VA 23435

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

Name of Employer: CHESAPEAKE ANESTHESIOLOGISTS, INC
Occupation: ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 09 / 15 / 2010
Transaction ID: SA11AI.90168
Amount of Each Receipt this Period: 250.00

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

Mailing Address 9017 CARTER DR

City State Zip Code
SALINE MI 48176

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

Name of Employer: ANESTHESIA ASSOCIATES OF ANN ARBOR
Occupation: ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 09 / 27 / 2010
Transaction ID: SA11AI.91223
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
CHRISTIAN CALDWELL

Mailing Address PO BOX 9429

City State Zip Code
TYLER TX 75711

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

Name of Employer: E TEXAS ANES ASSOC
Occupation: PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 09 / 16 / 2010
Transaction ID: SA11AI.90282
Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) BRIAN CAMPBELL		Date of Receipt MM / DD / YYYY 09 / 21 / 2010
Mailing Address 418 MEADOW BROOK LN		Transaction ID: SA11AI.90658
City BIRMINGHAM	State AL	Zip Code 35213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA RESOURCES MANG-EMENT	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) FREDERICK CAMPBELL		Date of Receipt MM / DD / YYYY 09 / 14 / 2010
Mailing Address 4100 PARK FOREST DR., #210		Transaction ID: SA11AI.90138
City TRAVERSE CITY	State MI	Zip Code 49684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer TRAVERSE ANESTHESIA ASSOC-IATES_PC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) CHRISTOPHER CANLAS		Date of Receipt MM / DD / YYYY 09 / 06 / 2010
Mailing Address P.O. BOX 158581		Transaction ID: SA11AI.89733
City NASHVILLE	State TN	Zip Code 37215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer VANDERBILT UNIV MED CTR DEPT OF ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JAMES CANNON	Date of Receipt MM / DD / YYYY 09 / 12 / 2010
	Mailing Address 1015 SALIM PLACE	Transaction ID: SA11AI.90005
	City State Zip Code LEMONT IL 60439	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DUPAGE VALLEY ANESTHESIOLOGISTS, LTD. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) JAMES CARLSEN	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 1958 COMMON WAY RD	Transaction ID: SA11AI.89524
	City State Zip Code ORLANDO FL 32814	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer JLR MEDICAL GROUP Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 295.00	

C.	Full Name (Last, First, Middle Initial) KENNETH CARLSON	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 4334 BOULDER LAKE CIRCLE	Transaction ID: SA11AI.90933
	City State Zip Code BIRMINGHAM AL 35242	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA RESOURCES MANAGEMENT Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1041.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) JOHN CARNEY		Date of Receipt MM / DD / YYYY 09 / 01 / 2010
Mailing Address 1333 RIDDLE AVE		Transaction ID: SA11AI.89453
City MORGANTOWN	State WV	Zip Code 26505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.00
Name of Employer WEST VIRGINIA UNIVERSITY DEPT OF ANEST	Occupation RESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.00	

B.

Full Name (Last, First, Middle Initial) JASON CARNS		Date of Receipt MM / DD / YYYY 09 / 14 / 2010
Mailing Address 10580 E. PALOMINO ROAD		Transaction ID: SA11AI.90097
City SCOTTSDALE	State AZ	Zip Code 85258
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer VALLEY ANESTHESIOLOGY CON- SULTANTS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) JACK CARTER		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 7317 N HIGHFIELD CT		Transaction ID: SA11AI.91002
City BIRMINGHAM	State AL	Zip Code 35242
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer ANESTHESIA RESOURCES MGMT	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1291.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) NORMAN CARVALHO		Date of Receipt MM / DD / YYYY 09 / 28 / 2010
Mailing Address 1615 NW 27TH TER		Transaction ID: SA11AI.91385
City GAINESVILLE	State FL	Zip Code 32605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UNIVERSITY OF FLORIDA DEPT OF ANESTHES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) ANTONIO CASSARA		Date of Receipt MM / DD / YYYY 09 / 01 / 2010
Mailing Address 1236 MURRAY HILL AVE.		Transaction ID: SA11AI.89485
City PITTSBURGH	State PA	Zip Code 15217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
Name of Employer UPMC CHILDRENS	Occupation RESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 747.00	

C.

Full Name (Last, First, Middle Initial) ALVIN CASTILLO		Date of Receipt MM / DD / YYYY 09 / 08 / 2010
Mailing Address 40 JAMESTOWN RD.		Transaction ID: SA11AI.89866
City CHARLESTON	State WV	Zip Code 25314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer GENERAL ANESTHESIA SERVICES, INC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JAMES CASTRISOS	Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 3450 N. ROCK RD., SUITE #208	Transaction ID: SA11AI.90189
	City State Zip Code WICHITA KS 67226	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MID-CONTINENT ANESTHESIOLOGY ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MARTYN CAVALLO	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 110-29TH AVE. NORTH, #201	Transaction ID: SA11AI.89513
	City State Zip Code NASHVILLE TN 37203	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA MEDICAL GROUP ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 369.00	

C.	Full Name (Last, First, Middle Initial) MARK CERASO	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 2734 S. VINE STREET	Transaction ID: SA11AI.90551
	City State Zip Code DENVER CO 80210	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SOUTH DENVER ANESTH ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JONATHAN CHANCELLOR	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 4943 E. 103RD ST., SOUTH	Transaction ID: SA11AI.90692
	City State Zip Code TULSA OK 74137	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AAI	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) KENNETH CHAPMAN	Date of Receipt MM / DD / YYYY 09 / 06 / 2010
	Mailing Address 120 CIRCLE ROAD	Transaction ID: SA11AI.89671
	City State Zip Code STATEN ISLAND NY 10304	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SPINE AND PAIN CONSULTANTS OF NEW YORK	Occupation PAIN MEDICINE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) JOHN CHATELAIN	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 1319 S.9TH ST.	Transaction ID: SA11AI.89468
	City State Zip Code FARGO ND 58103	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MERITCARE MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 369.00	

SUBTOTAL of Receipts This Page (optional)	1041.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) SUBBA CHENUMOLU		Date of Receipt MM / DD / YYYY 09 / 13 / 2010		
	Mailing Address 1510 CHANDLER RD SE		Transaction ID: SA11AI.90095		
	City HUNTSVILLE	State AL	Zip Code 35801	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer COMPREHENSIVE ANESTHESIA SERVICES	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) SAMUEL CHERRY		Date of Receipt MM / DD / YYYY 09 / 01 / 2010		
	Mailing Address 149 LUCERNE BLVD		Transaction ID: SA11AI.89445		
	City BIRMINGHAM	State AL	Zip Code 35209	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BIRMINGHAM VA MEDICAL CENTER	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) BRENT CHILD		Date of Receipt MM / DD / YYYY 09 / 06 / 2010		
	Mailing Address 1287 N. WOODLAND COURT		Transaction ID: SA11AI.89696		
	City FARMINGTON	State UT	Zip Code 84025	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF	Occupation M.D.	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	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)

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

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

A.

Full Name (Last, First, Middle Initial)
VITUS T. CHOW

Mailing Address 500 S. MAIN ST., #1210

City ORANGE State CA Zip Code 92868

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

Name of Employer CALIFORNIA ANESTHESIA ASS-OC.
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 19 / 2010
Transaction ID: SA11AI.90493
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
ROBERT CIPOLLE

Mailing Address 2 MORGANS ISLAND RD.

City BEVERLY State MA Zip Code 01915

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

Name of Employer BEVERLY ANESTHESIA ASSOCI-ATES, INC.
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2010
Transaction ID: SA11AI.91310
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
ROBERT CLARK

Mailing Address 4707 SLALOM RUN SE

City OWENS CROSS ROADS State AL Zip Code 35763

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

Name of Employer CAS
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2010
Transaction ID: SA11AI.90464
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 258

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PAUL COLEMAN		Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 3404 MANCHESTER COURT		Transaction ID: SA11AI.91375
	City MODESTO	State CA	Zip Code 95350
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
	Name of Employer SUTTER GOULD MEDICAL GRP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) PHILLIP COLLIER		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 7122 YARMOUTH DR.		Transaction ID: SA11AI.90936
	City WEST BLOOMFIELD	State MI	Zip Code 48322
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) KELLY CONATY		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2305 LONGLEAF WAY		Transaction ID: SA11AI.90934
	City BIRMINGHAM	State AL	Zip Code 35243
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer PEDIATRIC ANESTHESIA ASSO-CIATES, P.C.	Occupation PEDIATRIC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JEFFREY CONSTANTINE		Date of Receipt
	Mailing Address 201 SIVLEY RD SW STE 300		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 29 / 2010
	City	State	Zip Code
	HUNTSVILLE	AL	35801
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91452
Name of Employer HUNTSVILLE CARDIOTHORACIC ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) DEBORAH COOPER		Date of Receipt
	Mailing Address 6941 SABLE RIDGE LN.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 28 / 2010
	City	State	Zip Code
	NAPLES	FL	34109
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91358
Name of Employer CLEVELAND CLINIC--NAPLES, FL DEPT. OF		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) LEBRON COOPER		Date of Receipt
	Mailing Address 1757 NE 35TH ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 05 / 2010
	City	State	Zip Code
	OAKLAND PARK	FL	33334
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89640
Name of Employer UNIVERSITY OF MIAMI SCHOOL OF MEDICINE		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) PHILIPPE COOPER		Date of Receipt
	Mailing Address 11560 CANTERBURY DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 18 / 2010
	City	State	Zip Code
	MEQUON	WI	53092
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90465
Name of Employer AURORA HEALTHCARE		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) ROGER CORNWALL		Date of Receipt
	Mailing Address 1515 CERVATO DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 22 / 2010
	City	State	Zip Code
	ALAMO	CA	94507
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90719
Name of Employer STEPHEN JACOBS M.D. INC		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) JON COWAN		Date of Receipt
	Mailing Address 1861 MORNINGSIDE DRIVE SE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 10 / 2010
	City	State	Zip Code
	GRAND RAPIDS	MI	49506
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89968
Name of Employer ANESTHESIA MEDICAL CONSULTANTS, P.C.		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) JERRAL COX		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address PEDIATRIC ANESTHESIA 1600 7TH AVE. S., SUITE #420		Transaction ID: SA11AI.91710
City BIRMINGHAM	State AL	Zip Code 35233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PEDIATRIC ANESTHESIA ASSO- CIATES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) MELVIN CRISPEN		Date of Receipt MM / DD / YYYY 09 / 17 / 2010
Mailing Address 2109 WEXFORD LN		Transaction ID: SA11AI.90385
City FT MITCHELL	State KY	Zip Code 41017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer IAP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) RICHARD CROSS		Date of Receipt MM / DD / YYYY 09 / 27 / 2010
Mailing Address 619 S. 19TH ST., JT 845		Transaction ID: SA11AI.91214
City BIRMINGHAM	State AL	Zip Code 35249
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UAB DEPT. OF ANESTHESIOLO- GY	Occupation ANESTHESIOLOGISTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) PAUL GRUM	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 4145 LAKESIDE DR.	Transaction ID: SA11AI.90835
	City State Zip Code JACKSONVILLE FL 32210	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NORTH FLORIDA ANESTHESIA CONSULTANTS Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) JAMES CYRIAC	Date of Receipt MM / DD / YYYY 09 / 08 / 2010
	Mailing Address 15 JACOB ARNOLD ROAD	Transaction ID: SA11AI.89814
	City State Zip Code MORRISTOWN NJ 07960	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MORRIS ANESTHESIA GROUP Occupation RESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) SUDIP DAS	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 274 PEAK PLACE	Transaction ID: SA11AI.91308
	City State Zip Code SOMERSET NJ 08873	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY Occupation ATTENDING ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 49 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
GWEN DAVIS

Mailing Address 45 SHERINGTON PL.

City ATLANTA State GA Zip Code 30350

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

Name of Employer NORTHSIDE ANESTHESIOLOGY CONSULTANTS Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2010
Transaction ID: SA11AI.90027
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
LAWRENCE DEANGELIS

Mailing Address 48 HIGH POINT DR

City SPRINGFIELD State NJ Zip Code 07081

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

Name of Employer SUMMIT ANESTHESIA ASSOCIATES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2010
Transaction ID: SA11AI.90696
 Amount of Each Receipt this Period 250.00

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

Mailing Address P.O. BOX 910369

City ST. GEORGE State UT Zip Code 84791

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

Name of Employer MTN. WEST ANESTHESIA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2010
Transaction ID: SA11AI.90115
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) TRAVIS DEFREESE	Date of Receipt
	Mailing Address 1600 7TH AVE., SOUTH SUITE 420 ACC	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 22 / 2010
	City BIRMINGHAM State AL Zip Code 35233	Transaction ID: SA11AI.90784
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
	Name of Employer PEDIATRIC ANESTHESIA ASSO-C., P.C. Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

B.	Full Name (Last, First, Middle Initial) VINCENT DEGENHART	Date of Receipt
	Mailing Address 415 HARDEN ST.	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 01 / 2010
	City COLUMBIA State SC Zip Code 29205	Transaction ID: SA11AI.89501
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 41.00
	Name of Employer CRITICAL HEALTH SYSTEMS Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 369.00	

C.	Full Name (Last, First, Middle Initial) MARIE DE RUYTER	Date of Receipt
	Mailing Address 4500 SAN PABLO RD S DEPT. OF ANESTHESIOLOGY	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 29 / 2010
	City JACKSONVILLE State FL Zip Code 32224	Transaction ID: SA11AI.91419
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer MAYO CLINIC COLLEGE OF MEDICINE Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 791.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 258
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MARK DESHUR	Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 2650 RIDGE AVE	Transaction ID: SA11AI.89900
	City State Zip Code EVANSTON IL 60201	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer EVANSTON HOSPITAL DEPT. OF ANESTHESIOLOGISTS Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) HERNANDO DE SOTO	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 655 W. 8TH ST.	Transaction ID: SA11AI.91342
	City State Zip Code JACKSONVILLE FL 32209	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SHANDS JACKSONVILLE ANES DEPT Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MARK DESTACHE	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 633 FAIRMOUNT AVE	Transaction ID: SA11AI.89808
	City State Zip Code ST. PAUL MN 55105	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ASSOCIATED ANESTHESIOLOGISTS, PA Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) BRIAN DEWAN		Date of Receipt
	Mailing Address 5805 GENTLE BREEZE TERR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 05 / 2010
	City	State	Zip Code
	AUSTIN	TX	78731
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89653
Name of Employer AUSTIN ANESTHESIOLOGY GRO-UP, LLP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) LOUIS DEWILD		Date of Receipt
	Mailing Address 1215 PLEASANT ST., #400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 16 / 2010
	City	State	Zip Code
	DES MOINES	IA	50309
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90290
Name of Employer ASSOCIATED ANESTHESIOLOGISTS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) FERNANDO DIAZ		Date of Receipt
	Mailing Address 14171 VALENTINE TRL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 22 / 2010
	City	State	Zip Code
	LARGO	FL	33774
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90728
Name of Employer FLORIDA GULF-TO-BAY ANESTHESIA		Occupation ANESTHESIOLOGIST, M.D.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 258
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
CHRISTIAN DIEZ

Mailing Address 7915 SW 55 AVENUE

City State Zip Code
MIAMI FL 33143

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

Name of Employer Occupation
UNIVERSITY OF MIAMI MEDICAL GROUP PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
747.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89528

Amount of Each Receipt this Period
83.00

B. Full Name (Last, First, Middle Initial)
JENNY DOLAN

Mailing Address 4530 43RD ST S

City State Zip Code
SAINT PETERSBURG FL 33711

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

Name of Employer Occupation
ALL CHILDRENS HOSPITAL PEDIATRIC ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: SA11AI.91270

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
TIMOTHY DOLES

Mailing Address 9149 BRENHAM CT

City State Zip Code
MONTGOMERY AL 36117

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

Name of Employer Occupation
MONTGOMERY ANESTHESIA ASSOCIATES ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2010

Transaction ID: SA11AI.90514

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2083.00**

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

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

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

FOR LINE NUMBER: PAGE 54 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
PATRICK DOM

Mailing Address 2960 SHOREHAM CIRCLE

City State Zip Code
COLORADO SPRINGS CO 80906

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

Name of Employer PPAA Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.91116

Amount of Each Receipt this Period
500.00

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

Mailing Address 3400 DEXTER CT STE 200

City State Zip Code
DAVENPORT IA 52807

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

Name of Employer ANESTHESIA PAIN CONSULTAN-TS, P.C. Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2010

Transaction ID: SA11AI.91125

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ALLEN DORNAK

Mailing Address 8140 N. MOPAC EXPY. BLDG. III, SUITE 210

City State Zip Code
AUSTIN TX 78759

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

Name of Employer AUSTIN ANESTHESIOLOGY GRO-UP LLP Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89459

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **1525.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) THOMAS DOSLAND	Date of Receipt MM / DD / YYYY 09 / 13 / 2010
	Mailing Address 9780 HIDDEN GLADE RD.	Transaction ID: SA11AI.90057
	City State Zip Code ST. PAUL MN 55110	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ASSOCIATED ANESTHESIOLOGISTS, PA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) JOHN DOUGLAS	Date of Receipt MM / DD / YYYY 09 / 11 / 2010
	Mailing Address PO BOX 3294	Transaction ID: SA11AI.89983
	City State Zip Code TUPELO MS 38803	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TUPELO ANESTHESIA GROUP, PA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) DONALD DOWNS	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 7351 OLIVER WOODS DR SE	Transaction ID: SA11AI.90430
	City State Zip Code GRAND RAPIDS MI 49546	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ANESTHESIA MEDICAL CONSULTANTS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) BRIAN DRESSLER		Date of Receipt
	Mailing Address 4048 EVANS AVE STE 303		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 22 / 2010
	City	State	Zip Code
	FORT MYERS	FL	33901
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90739
Name of Employer MAPMC DEPT. OF ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) DONALD DREW		Date of Receipt
	Mailing Address 4647 ZION AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 20 / 2010
	City	State	Zip Code
	SAN DIEGO	CA	92120
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90513
Name of Employer KAISER HOSPITAL DEPT OF ANES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) SHAINA DRUMMOND		Date of Receipt
	Mailing Address 313 DEVON WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 14 / 2010
	City	State	Zip Code
	SENECA	SC	29672
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90140
Name of Employer ANESTHESIOLOGY CONSULTANTS OF THE UPST		Occupation STAFF ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) THOMAS DRYE		Date of Receipt MM / DD / YYYY 09 / 29 / 2010		
	Mailing Address 902 RIVER BIRCH RD		Transaction ID: SA11AI.91558		
	City MIDDLETON	State WI	Zip Code 53562	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MADISON ANESTHESIOLOGY CO-NSULTANTS	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) JAMES DUCKETT		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 227 HARVEST LN		Transaction ID: SA11AI.91602		
	City BROOMALL	State PA	Zip Code 19008	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNITED ANESTH SERV	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) ALEX DUMANOVSKY		Date of Receipt MM / DD / YYYY 09 / 06 / 2010		
	Mailing Address 23 COVENTRY CT		Transaction ID: SA11AI.89708		
	City NORTH MANKATO	State MN	Zip Code 56003	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MANKATO ANESTHESIA ASSOC	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 258

(check only one)

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

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

A.

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

Mailing Address 4200 W. MEMORIAL RD., #703

City State Zip Code
OKLAHOMA CITY OK 73120

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

Name of Employer Occupation
AFFIL ANESTH ANESTHESIOLOGIST

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

Date of Receipt

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

Transaction ID: SA11AI.90961

Amount of Each Receipt this Period

250.00

B.

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

Mailing Address 1291 CLARET CT

City State Zip Code
FORT MYERS FL 33919

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

Name of Employer Occupation
MEDICAL ANESTHESIA AND PA-IN MGT. CONSU ANESTHESIOLOGIST

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

Date of Receipt

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

Transaction ID: SA11AI.90743

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
BRUCE DURKEE

Mailing Address 1900 SWIFT, SUITE 203

City State Zip Code
KANSAS CITY MO 64116

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

Name of Employer Occupation
NORTHLAND ANESTHESIOLOGY INC. PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.90031

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 258

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ANDREW DVORYANSKY		Date of Receipt MM / DD / YYYY 09 / 29 / 2010		
	Mailing Address 2945 87TH PL APT 202		Transaction ID: SA11AI.91455		
	City PINELLAS PARK	State FL	Zip Code 33782	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FLORIDA GULF-TO-BAY ANESTHESIA ASSOC.	Occupation ANESTHESIOLOGIST, MD	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) JEFFREY DYER-SMITH		Date of Receipt MM / DD / YYYY 09 / 29 / 2010		
	Mailing Address 6320 MUIR WOODS DR N		Transaction ID: SA11AI.91545		
	City MOBILE	State AL	Zip Code 36693	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY OF ALABAMA MED CTR. DEPT OF	Occupation RESIDENT	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) JAMES EARLEY		Date of Receipt MM / DD / YYYY 09 / 13 / 2010		
	Mailing Address 4200 W MEMORIAL RD STE 703		Transaction ID: SA11AI.90067		
	City OKLAHOMA CITY	State OK	Zip Code 73120	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFFILIATED ANESTHESIOLOGISTS	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) JONATHAN EASH		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 3101 ROBINHOOD LN		Transaction ID: SA11AI.90904
City SOUTH BEND	State IN	Zip Code 46614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MIZHIARA ANESTH CARE	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) JOHN ECKELS		Date of Receipt MM / DD / YYYY 09 / 13 / 2010
Mailing Address 4745 18TH ST.		Transaction ID: SA11AI.90064
City SAN FRANCISCO	State CA	Zip Code 94114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer ANESTHESIA CARE ASSOCIATE-S, INC.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) TALMAGE EGAN		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address ANESTHESIA		Transaction ID: SA11AI.90920
City SALT LAKE CITY	State UT	Zip Code 84132
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UNIVERSITY OF UTAH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 61 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
DAVID EGLI
 Mailing Address 120 RED OAK LN.
 City MANKATO State MN Zip Code 56001
 Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.91600
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer MANKATO ANES ASSOC Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

B. Full Name (Last, First, Middle Initial)
NILOUFAR EHYA
 Mailing Address 1228 21ST ST UNIT C
 City SANTA MONICA State CA Zip Code 90404
 Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.90423
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer SELF Occupation MD
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

C. Full Name (Last, First, Middle Initial)
SEAN ELLIOTT
 Mailing Address 535 NORTH & SOUTH RD.
 City UNIVERSITY CITY State MO Zip Code 63130
 Date of Receipt 09 / 24 / 2010
Transaction ID: SA11AI.91065
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer WESTERN ANES ASSOC Occupation ANESTHESIOLOGIST
 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 only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) TRUITT ELLIS		Date of Receipt	
	Mailing Address 4421 SHEPPARD PL		M M / D D / Y Y Y Y 09 / 30 / 2010	
	City	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		Occupation ANESTHESIOLOGISTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) KENNETH ELMASSIAN		Date of Receipt	
	Mailing Address 2399 PINE HOLLOW DR.		M M / D D / Y Y Y Y 09 / 01 / 2010	
	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 PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		747.00		

C.	Full Name (Last, First, Middle Initial) CHRISTOPHER EMERSON		Date of Receipt	
	Mailing Address 2303 W. 113TH CT.		M M / D D / Y Y Y Y 09 / 08 / 2010	
	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.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 258

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) GREGORY ENDERS		Date of Receipt																				
	Mailing Address 206 WINDLAKE DR.		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	9		0	1		2	0	1	0													
	City	State	Zip Code																				
SENECA	SC	29672																					
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89449																					
Name of Employer ANESTHESIOLOGY CONSULTANTS OF THE UPST		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<table border="1"><tr><td>41.00</td></tr></table>	41.00																			
41.00																							
		<table border="1"><tr><td>213.00</td></tr></table>	213.00																				
213.00																							

B.	Full Name (Last, First, Middle Initial) DEWAYNE ENYEART		Date of Receipt																				
	Mailing Address 4213 AMBER CT., S.E.		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	9		1	9		2	0	1	0													
	City	State	Zip Code																				
OLYMPIA	WA	98501																					
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90478																					
Name of Employer OLYMPIA ANESTHESIA ASSOCIATES, P.C.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																							
		<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																				
1000.00																							

C.	Full Name (Last, First, Middle Initial) JESSE EPPS		Date of Receipt																				
	Mailing Address 2341 MCCALLIE AVE., #402		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	9		0	1		2	0	1	0													
	City	State	Zip Code																				
CHATTANOOGA	TN	37404																					
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89451																					
Name of Employer ANESTHESIOLOGISTS ASSOCIATED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<table border="1"><tr><td>83.00</td></tr></table>	83.00																			
83.00																							
		<table border="1"><tr><td>502.00</td></tr></table>	502.00																				
502.00																							

SUBTOTAL of Receipts This Page (optional)	<table border="1"><tr><td>1124.00</td></tr></table>	1124.00
1124.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 258
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) CHRISTOPHER ERKMANN		Date of Receipt
	Mailing Address 1500 TIMBERBLUFF CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	CHESTERFIELD	MO	63017
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90964
Name of Employer WESTERN ANES ASSOC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) EDUARDO ESCORCIA		Date of Receipt
	Mailing Address 137 MORNINGSIDE DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 26 / 2010
	City	State	Zip Code
	MIAMI	FL	33133
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91174
Name of Employer UNIVERSITY OF MIAMI		Occupation PAIN FELLOW	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) LUIS ESPARZA		Date of Receipt
	Mailing Address 2810 N SWAN RD STE 100		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	TUCSON	AZ	85712
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90956
Name of Employer OLD PUEBLO ANESTH		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 800.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 258

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FOREST EVANS		Date of Receipt	
	Mailing Address 3414 WHEAT ST		M M / D D / Y Y Y Y 09 / 20 / 2010	
	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 ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) RICHARD-SALIM FARAH		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		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) JASON FEHR		Date of Receipt	
	Mailing Address 1601 18TH ST NW APT 716		M M / D D / Y Y Y Y 09 / 02 / 2010	
	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		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) PAUL FELLEBAUM	Date of Receipt MM / DD / YYYY 09 / 08 / 2010
	Mailing Address 12 STONINGHAM DRIVE	Transaction ID: SA11AI.89884
	City State Zip Code WARREN NJ 07059	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) LISA FERGUSON	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 4111 HERITAGE TRAIL	Transaction ID: SA11AI.91238
	City State Zip Code TERRE HAUTE IN 47803	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) VICTOR FERGUSON	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 4111 HERITAGE TRAIL	Transaction ID: SA11AI.91238
	City State Zip Code TERRE HAUTE IN 47803	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) RITCHIE FEVRIER	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 9837 GLADIOLUS BULB LOOP	Transaction ID: SA11AI.89482
	City State Zip Code FORT MYERS FL 33908	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MEDICAL ANESTHESIA AND PA- IN MANAGEMENT	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 369.00	

B.	Full Name (Last, First, Middle Initial) LARRY FIELD	Date of Receipt MM / DD / YYYY 09 / 26 / 2010
	Mailing Address 25 COURTENAY DR STE 4200 MSC 240	Transaction ID: SA11AI.91161
	City State Zip Code CHARLESTON SC 29425	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MEDICAL UNIVERSITY OF SOU- TH CAROLINA	Occupation CRITICAL CARE ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) GARY FISCHER	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 40 TIMBER RIDGE TRL	Transaction ID: SA11AI.89754
	City State Zip Code LORENA TX 76655	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MID TEX ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	541.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) PETER FISHBACK	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 1631 HOSPITAL DR., STE. #110	Transaction ID: SA11AI.90438
	City State Zip Code SANTA FE NM 87505	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SANTA FE ANESTHESIA SPECIALISTS, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) CRAIG FISHER	Date of Receipt MM / DD / YYYY 09 / 14 / 2010
	Mailing Address 3300 OAK LAWN AVE STE 200	Transaction ID: SA11AI.90153
	City State Zip Code DALLAS TX 75219	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer METROPOLITAN ANESTHESIA CONSULTANTS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) ANTHONY FISTER	Date of Receipt MM / DD / YYYY 09 / 13 / 2010
	Mailing Address 1010 LONSDALE CT.	Transaction ID: SA11AI.90093
	City State Zip Code ALPHARETTA GA 30202	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NORTHSIDE ANESTHESIOLOGY	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 258

(check only one)

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

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

A.

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

Mailing Address P.O. BOX 9011

City State Zip Code
DOTHAN AL 36304

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

Name of Employer Occupation
ACMG PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.90801

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
DOUGLAS FLANDERS

Mailing Address 1930 STONELEAF DR

City State Zip Code
TYLER TX 75703

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

Name of Employer Occupation
E TEXAS ANES ASSOC PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.91091

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address 1001 JOHNSON FERRY ROAD NE

City State Zip Code
ATLANTA GA 30342

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

Name of Employer Occupation
CHILDRENS HEALTHCARE OF ATLANTA ANESTHESIOLOGIST

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

Date of Receipt

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

Transaction ID: SA11AI.89828

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 258
(check only one)

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

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

A.

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

Mailing Address 38 HEDGEROW DR

City State Zip Code
FALMOUTH ME 04105

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

Name of Employer Occupation
SPECTRUM MEDICAL GROUP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 747.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89499

Amount of Each Receipt this Period
83.00

B.

Full Name (Last, First, Middle Initial)
REX FOSTER

Mailing Address 2357 TREEHAVEN DR

City State Zip Code
SNELLVILLE GA 30078

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

Name of Employer Occupation
PHYSICIAN SPECIALISTS IN ANES. ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 02 / 2010

Transaction ID: SA11AI.89559

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 2300 N EDWARD ST
DEPT. OF ANESTHESIA

City State Zip Code
DECATUR IL 62526

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

Name of Employer Occupation
ASSOCIATED ANESTHESIOLOGI- PHYSICIAN
STS OF DECATU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 747.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89516

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ► **416.00**

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

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

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

FOR LINE NUMBER: PAGE 71 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
KEITH FRAZER

Mailing Address 71 TROY DR.

City State Zip Code
SHORT HILLS NJ 07078

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

Name of Employer Occupation
SUMMIT ANESTHESIA ASSOCIATES ANESTHESIOLOGIST

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

Date of Receipt
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: SA11AI.90071

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RYAN FRIEDER

Mailing Address P.O. BOX 31007

City State Zip Code
SANTA FE NM 87594

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

Name of Employer Occupation
SANTA FE ANESTHESIA SPECIALISTS RESIDENT

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

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11AI.91383

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
THOMAS FUHRMAN

Mailing Address 1611 NW 12TH AVE # C300
DEPARTMENT OF ANESTHESIOLOGY

City State Zip Code
MIAMI FL 33136

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

Name of Employer Occupation
UNIVERSITY OF MIAMI PHYSICIAN

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

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: SA11AI.90099

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
BENNETT FULLER

Mailing Address 4200 W MEMORIAL RD STE 703

City State Zip Code
OKLAHOMA CITY OK 73120

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

Name of Employer
AFFILIATED ANESTHESIOLOGISTS, INC.

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: SA11AI.90235

Amount of Each Receipt this Period
750.00

B.

Full Name (Last, First, Middle Initial)
DAVID GAAR

Mailing Address 3600 HERITAGE LN., S.W.

City State Zip Code
FORT MYERS FL 33908

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

Name of Employer
MEDICAL ANES AND PAIN MGM-T. CONSULTANT

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.91582

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 723 TAUNTON RD.

City State Zip Code
WILMINGTON DE 19803

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

Name of Employer
ANESTHESIA SERVICES, P.A.

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 02 / 2010

Transaction ID: SA11AI.89560

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 73 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8753 LAKE TIBET CT.

City State Zip Code
ORLANDO FL 32836

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

Name of Employer Occupation
JLR MEDICAL GROUP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2010

Transaction ID: SA11AI.91142

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BRUCE GANDLE

Mailing Address 1123 NASHVILLE AVE.

City State Zip Code
NEW ORLEANS LA 70115

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

Name of Employer Occupation
ANESTHESIA CONSULTANTS OF THE SOUTH PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2010

Transaction ID: SA11AI.90037

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DON GANIM

Mailing Address 155 WOODLAND MEAD

City State Zip Code
HAMILTON MA 01982

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

Name of Employer Occupation
BEVERLY ANES ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.91611

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 258
(check only one)

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

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

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

Mailing Address 18 CHERRY FARM LN

City WEST CHESTER State PA Zip Code 19382

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

Name of Employer WEST CHESTER ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 27 / 2010
Transaction ID: SA11AI.91218
 Amount of Each Receipt this Period: 1000.00

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

Mailing Address 3231 FOUNTAIN BLVD.

City TAMPA State FL Zip Code 33609

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

Name of Employer ALL CHILDRENS SPECIALTY PHYSICIANS Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 24 / 2010
Transaction ID: SA11AI.91023
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
LESLIE GARSON

Mailing Address PO BOX 14423

City ALBUQUERQUE State NM Zip Code 87191

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

Name of Employer ANESTHESIA CONSULTANTS Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 09 / 06 / 2010
Transaction ID: SA11AI.89688
 Amount of Each Receipt this Period: 750.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ROBIN GAVELIN

Mailing Address 5215 S LAURELHURST CT

City State Zip Code
SPOKANE WA 99223

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

Name of Employer Occupation
PHYSICIAN ANESTHESIA GROUP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2010

Transaction ID: SA11AI.90372

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RALF GEBHARD

Mailing Address 1611 NW 12TH AVENUE, ROOM C-302

City State Zip Code
MIAMI FL 33136

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

Name of Employer Occupation
UNIVERSITY OF MIAMI ANES. DEPT. ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2010

Transaction ID: SA11AI.90807

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PHILLIP GEIGER

Mailing Address 1908 W BERKSHIRE LN

City State Zip Code
HANFORD CA 93230

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

Name of Employer Occupation
US NAVY ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 369.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89455

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional) ► 791.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) TONY GEORGE		Date of Receipt	
	Mailing Address 7 LAYER DR.		M M / D D / Y Y Y Y Y 09 / 21 / 2010	
	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.		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) JENELLE GERMANY		Date of Receipt	
	Mailing Address 2009 THAMES TRL		M M / D D / Y 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		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) WILLIAM GEZZAR		Date of Receipt	
	Mailing Address 1820 WHITECAP CIRCLE		M M / D D / Y Y Y Y Y 09 / 25 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.91120
	NORTH FORT MYERS	FL	33903	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer MAPMC		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	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 77 / 258

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) NOEL GIESECKE		Date of Receipt MM / DD / YYYY 09 / 24 / 2010		
	Mailing Address 6037 LLANO AVE		Transaction ID: SA11AI.91051		
	City DALLAS	State TX	Zip Code 75206	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00		
Name of Employer UT SOUTHWESTERN MEDICAL CENTER		Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) THOMAS GILLOCK		Date of Receipt MM / DD / YYYY 09 / 08 / 2010		
	Mailing Address 6839 S. CANTON		Transaction ID: SA11AI.89840		
	City TULSA	State OK	Zip Code 74136	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer ASSOCIATED ANESTHESIOLOGISTS, INC.		Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) RICHARD GIVEN		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 91 GIRARD AVE.		Transaction ID: SA11AI.90648		
	City HARTFORD	State CT	Zip Code 06105	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer MILFORD ANESTHESIOLOGY		Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) KEVIN GLASSMAN		Date of Receipt MM / DD / YYYY 09 / 19 / 2010		
	Mailing Address 2 HOPE LN		Transaction ID: SA11AI.90473		
	City GLEN HEAD	State NY	Zip Code 11545	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GENERAL ANESTHESIA SERVICES, LLP	Occupation PHYSICIAN	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) PAUL GOEHNER		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address 149 LINDEN AVE		Transaction ID: SA11AI.90354		
	City ATHERTON	State CA	Zip Code 94027	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 500.00		

C.	Full Name (Last, First, Middle Initial) MARILYN GOLDSTEIN		Date of Receipt MM / DD / YYYY 09 / 03 / 2010		
	Mailing Address 412 FAIRWAY ESTATES DR		Transaction ID: SA11AI.89606		
	City BLOUNTVILLE	State TN	Zip Code 37617	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BRISTOL ANESTHESIA SERVICES	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 1000.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) PRAVEEN GOLLAPUDI	Date of Receipt MM / DD / YYYY 09 / 05 / 2010
	Mailing Address 5 WILLINGS ALLEY MEWS	Transaction ID: SA11AI.89642
	City State Zip Code PHILADELPHIA PA 19106	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BURLINGTON ANESTHESIA ASSOCIATES PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

B.	Full Name (Last, First, Middle Initial) GLENN GOLLOBIN	Date of Receipt MM / DD / YYYY 09 / 19 / 2010
	Mailing Address 3514 BAYARD DR	Transaction ID: SA11AI.90480
	City State Zip Code CINCINNATI OH 45208	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA ASSOCIATES OF CINCINNATI PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

C.	Full Name (Last, First, Middle Initial) GOKUL GONDI	Date of Receipt MM / DD / YYYY 09 / 29 / 2010
	Mailing Address 1112 GIST ST	Transaction ID: SA11AI.91450
	City State Zip Code COLUMBIA SC 29201	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CRITICAL HEALTH SYSTEMS ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JERRY GONZALES

Mailing Address 200 WHISPERING BROOK WAY

City MEDIA State PA Zip Code 19063

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

Name of Employer UNITED ANESTHESIA SERVICES Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 04 / 2010
Transaction ID: SA11AI.89613
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
GENE GORDON

Mailing Address PO BOX 1166

City SYLACAUGA State AL Zip Code 35150

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

Name of Employer SYLACAUGA ANESTH Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.91626
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
ZACHARY GORDON

Mailing Address 3535 LEBON DR UNIT 5204

City SAN DIEGO State CA Zip Code 92122

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

Name of Employer ANESTHESIA SERVICE MED GR- OUP Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 16 / 2010
Transaction ID: SA11AI.90362
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 258
(check only one)

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

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

A.

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

Mailing Address 561 LAKE COLONY DR.

City State Zip Code
BIRMINGHAM AL 35242

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

Name of Employer ANESTH ASSOC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2010

Transaction ID: SA11AI.90911

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
PAUL GREAVES

Mailing Address 1165 LINNWOOD DR NE

City State Zip Code
ALBANY OR 97322

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

Name of Employer ALBANY ANESTHESIA, PC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
501.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.90185

Amount of Each Receipt this Period
501.00

C.

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

Mailing Address 15 KINZEL LN

City State Zip Code
WEST ORANGE NJ 07052

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

Name of Employer SUMMIT ANESTHESIA ASSOC. Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2010

Transaction ID: SA11AI.91503

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1251.00**

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

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

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

FOR LINE NUMBER: PAGE 82 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 725 STURGES WAY

City State Zip Code
ALPHARETTA GA 30022

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

Name of Employer NORTHSIDE ANESTHESIOLOGY CONSULTANTS Occupation PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.90058

Amount of Each Receipt this Period
250.00

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

Mailing Address 1579 GROVE AVE

City State Zip Code
HIGHLAND PARK IL 60035

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

Name of Employer EVANSTON NORTHWESTERN HOSPITAL ANES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.89886

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
STEFAN GRENVIK

Mailing Address 222 MEADOW GLEN DR

City State Zip Code
BRISTOL TN 37620

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

Name of Employer BRISTOL ANESTHESIA SERVICES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.90263

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 83 / 258

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) STEPHEN GRICE		Date of Receipt MM / DD / YYYY 09 / 07 / 2010		
	Mailing Address 9175 OLD SOUTHWICK PASS		Transaction ID: SA11AI.89775		
	City ALPHARETTA	State GA	Zip Code 30022	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NORTHSIDE HOSPITAL NORTHSIDE ANESTHESIOLOGIST	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) ALINA GRIGORE		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address DEPARTMENT OF ANESTHESIOLOGY 22 SOUTH GREEN STREET S11C00		Transaction ID: SA11AI.91701		
	City BALTIMORE	State MD	Zip Code 21201	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY OF MARYLAND	Occupation CARDIAC ANESTHESIOLOGIST	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) CHAKRAPANI GUPTA		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 6081 SILVER KING BLVD # 1102		Transaction ID: SA11AI.91580		
	City CAPE CORAL	State FL	Zip Code 33914	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MAPMC	Occupation MD	Aggregate Year-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) WILLIAM GURLEY		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address 3657 SHANDWICK PL.		Transaction ID: SA11AI.90287		
	City BIRMINGHAM	State AL	Zip Code 35242	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UAB SCHOOL OF MEDICINE AN-ES. DEPT. JT	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) ANTHONY GYAMFI		Date of Receipt MM / DD / YYYY 09 / 22 / 2010		
	Mailing Address 10018 S.W. 125TH ST.		Transaction ID: SA11AI.90703		
	City MIAMI	State FL	Zip Code 33176	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer U. OF MIAMI	Occupation MD	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) JOHN HAMILTON		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address 3709 SCENIC HOLLOW LN		Transaction ID: SA11AI.91183		
	City SIGNAL MOUNTAIN	State TN	Zip Code 37377	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACE DEPT OF ANESTHESIOLOGY	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 85 / 258

(check only one)

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

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

A.

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

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

City TUCSON State AZ Zip Code 85719

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

Name of Employer SOUTHERN ARIZONA ANESTHES-IA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 751.00

Date of Receipt

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

Transaction ID: SA11AI.89423

Amount of Each Receipt this Period
83.00

B.

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

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

City TUCSON State AZ Zip Code 85719

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

Name of Employer SOUTHERN ARIZONA ANESTHES-IA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 834.00

Date of Receipt

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

Transaction ID: SA11AI.89460

Amount of Each Receipt this Period
83.00

C.

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

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

City TUCSON State AZ Zip Code 85719

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

Name of Employer SOUTHERN ARIZONA ANESTHES-IA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 751.00

Date of Receipt

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

Transaction ID: SA11AI.90297

Amount of Each Receipt this Period
-83.00

SUBTOTAL of Receipts This Page (optional)

83.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 23604 WINTERGREEN CIR

City State Zip Code
NOVI MI 48374

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

Name of Employer Occupation
SOUTH OAKLAND ANESTHESIA ASSOCIATES, P ANESTHESIOLOGIST

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2010

Transaction ID: SA11AI.90656

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
YUNG HO HAN

Mailing Address PO BOX 5412

City State Zip Code
LARGO FL 33779

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

Name of Employer Occupation
BAYPINES VA PHYSICIAN

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2010

Transaction ID: SA11AI.91237

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PHILIP HANLON

Mailing Address PO BOX 8365

City State Zip Code
MOBILE AL 36689

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

Name of Employer Occupation
PRH, P.C. ANESTHESIOLOGIST

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2010

Transaction ID: SA11AI.91256

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) CHAD HARBIN		Date of Receipt MM / DD / YYYY 09 / 20 / 2010
Mailing Address 16495 TIMBERLANE DR		Transaction ID: SA11AI.90599
City ATHENS	State AL	Zip Code 35613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA SERVICES OF DE-CATUR	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) NANCY HARING		Date of Receipt MM / DD / YYYY 09 / 20 / 2010
Mailing Address PO BOX 235019		Transaction ID: SA11AI.90507
City MONTGOMERY	State AL	Zip Code 36123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MONTGOMERY ANESTHESIA ASSOCIATES, PC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C.

Full Name (Last, First, Middle Initial) SCOTT HARPER		Date of Receipt MM / DD / YYYY 09 / 22 / 2010
Mailing Address 1065 LAKE COLONY LN.		Transaction ID: SA11AI.90722
City BIRMINGHAM	State AL	Zip Code 35242
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ARM	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) AARON HARVILLE	Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 4122 SILVERY MINNOW PL NW	Transaction ID: SA11AI.90207
	City State Zip Code ALBUQUERQUE NM 87120	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA SPECILAISTS OF ALBUQUERQUE Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) STEPHAN HATCH	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 11 MOCCASIN HL	Transaction ID: SA11AI.91287
	City State Zip Code LINCOLN MA 01773	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer BEVERLY ANESTHESIA ASSOCI-ATES Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) STEVEN HATTAMER	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 8 PROSPECT STREET	Transaction ID: SA11AI.89462
	City State Zip Code NASHUA NH 03060	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NASHUA ANESTHESIA PARTNERS Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 664.00	

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

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

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

FOR LINE NUMBER: PAGE 89 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ADAM HAUSER

Mailing Address 14 HUNTSMAN DR.

City State Zip Code
GARNET VALLEY PA 19060

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

Name of Employer ASSOCIATES IN ANESTHESIA, INC. Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2010

Transaction ID: SA11AI.91211

Amount of Each Receipt this Period
500.00

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

Mailing Address 7417 AURELIA RD

City State Zip Code
OKLAHOMA CITY OK 73121

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

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2010

Transaction ID: SA11AI.90858

Amount of Each Receipt this Period
250.00

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

Mailing Address 1711 RIVER RIDGE DR

City State Zip Code
SPRING VALLEY OH 45370

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

Name of Employer KETTERING ANESTHESIA ASSO- CIATES Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 369.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89497

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional) ► **791.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 258
(check only one)

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

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

A.

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

Mailing Address 916 OLDE THOMPSON CREEK ROAD

City State Zip Code
APEX NC 27523

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

Name of Employer REGIONAL ANESTHESIA, PLLC Occupation PHYSICIAN-ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2010

Transaction ID: SA11AI.91190

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
ROBERT HEFLIN

Mailing Address 6 FAIRVIEW HTS

City State Zip Code
PARKERSBURG WV 26101

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

Name of Employer UNITED ANESTH Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.91078

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
ROBERT HENDRICK

Mailing Address 3366 DEBORAH DR.

City State Zip Code
MONROE LA 71201

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

Name of Employer PARISH ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2010

Transaction ID: SA11AI.90905

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
PETER HENDRICKS

Mailing Address 1590 PANORAMA DR

City State Zip Code
BIRMINGHAM AL 35216

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

Name of Employer SELF Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 747.00

Date of Receipt M M / D D / Y Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89471

Amount of Each Receipt this Period 83.00

B.

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

Mailing Address 116 HAVERFORD CIRCLE

City State Zip Code
PITTSBURGH PA 15228

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

Name of Employer UPMC MERCY Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 747.00

Date of Receipt M M / D D / Y Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89463

Amount of Each Receipt this Period 83.00

C.

Full Name (Last, First, Middle Initial)
ANTONIO HERNANDEZ

Mailing Address DEPT. OF ANESTHESIOLOGY
7703 FLOYD CURL DRIVE

City State Zip Code
SAN ANTONIO TX 78229

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

Name of Employer UNIV. OF TX HLTH. SCIENCE CENTER-SAN A Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y Y
09 / 10 / 2010

Transaction ID: SA11AI.89959

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **666.00**

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

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

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

FOR LINE NUMBER: PAGE 92 / 258

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DAVID HERRICK		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address P.O. BOX 241348		Transaction ID: SA11AI.91703		
	City MONTGOMERY	State AL	Zip Code 36124	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CENTER FOR PAIN OF MONTGOMERY	Occupation PHYSICIAN	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) GREGORY HICKMAN		Date of Receipt MM / DD / YYYY 09 / 14 / 2010		
	Mailing Address 1040 GULF BREEZE PKWY STE 100		Transaction ID: SA11AI.90131		
	City GULF BREEZE	State FL	Zip Code 32561	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PARADIGM ANESTHESIA, PA	Occupation PHYSICIAN	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) RUSSELL HILL		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address 12 PRENTICE LN.		Transaction ID: SA11AI.91186		
	City SIGNAL MOUNTAIN	State TN	Zip Code 37377	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACE	Occupation MD	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) GARY HINDIN		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 17840 VILLA CLUB WAY		Transaction ID: SA11AI.90889		
	City BOCA RATON	State FL	Zip Code 33496	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MILLENNIUM ANESTHESIA	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) JOHN HINE		Date of Receipt MM / DD / YYYY 09 / 05 / 2010		
	Mailing Address 1147 SANTA MARIA DR.		Transaction ID: SA11AI.89650		
	City BOISE	State ID	Zip Code 83712	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIOLOGY CONSULTS OF TREASURE VA	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) MAGGIE HO		Date of Receipt MM / DD / YYYY 09 / 10 / 2010		
	Mailing Address 9 CARLEYS WAY		Transaction ID: SA11AI.89966		
	City ROCKAWAY	State NJ	Zip Code 07866	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MORRIS ANEST. GROUP ST. CLARES HOSP.	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ROBERT HODSON	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 217 COUNTRY CLUB PARK # 113	Transaction ID: SA11AI.90799
	City State Zip Code BIRMINGHAM AL 35213	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ARM	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) ANDY HOLLENSHEAD	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 3300 OAK LAWN AVE STE 200	Transaction ID: SA11AI.90776
	City State Zip Code DALLAS TX 75219	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) GREGORY HONDORP	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 2931 PIONEER CLUB, S.E.	Transaction ID: SA11AI.91292
	City State Zip Code GRAND RAPIDS MI 49506	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ANESTHESIA MEDICAL CONSULTANTS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) KEVIN HOOK	Date of Receipt
	Mailing Address 7202 E 112TH PL S	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 08 / 2010
	City State Zip Code BIXBY OK 74008	Transaction ID: SA11AI.89860
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
	Name of Employer ASSOCIATED ANESTHESIOLOGISTS, INC. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

B.	Full Name (Last, First, Middle Initial) ROBERT HORVATH	Date of Receipt
	Mailing Address 5201 N. FORT YUMA TRL	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 03 / 2010
	City State Zip Code TUCSON AZ 85750	Transaction ID: SA11AI.89588
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 25.00
	Name of Employer OLD PUEBLO ANES. P.C. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 225.00	

C.	Full Name (Last, First, Middle Initial) JEFFREY HOUSE	Date of Receipt
	Mailing Address 3440 ROSE MALLOW LOOP	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 27 / 2010
	City State Zip Code OVIEDO FL 32766	Transaction ID: SA11AI.91247
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
	Name of Employer JLR MED GRP Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1025.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) TIMOTHY HOUSEMAN		Date of Receipt
	Mailing Address PO BOX 1025		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 01 / 2010
	City	State	Zip Code
	FAIRHOPE	AL	36533
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89432
Name of Employer EASTERN SHORE ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 336.00	<input type="text"/> 41.00

B.	Full Name (Last, First, Middle Initial) JOSEPH HOUSER		Date of Receipt
	Mailing Address 3604 PARK LANE SOUTH		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	BIRMINGHAM	AL	35213
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90913
Name of Employer ANES. ASSOC., P.C.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) MARTIN HOVE		Date of Receipt
	Mailing Address 1212 PLEASANT SUITE 400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 29 / 2010
	City	State	Zip Code
	DES MOINES	IA	50130
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91560
Name of Employer ASSOCIATED ANESTHESIOLOGI-STS		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 791.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 258

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) YUAN HU		Date of Receipt MM / DD / YYYY 09 / 13 / 2010		
	Mailing Address 20 BERNARD DR		Transaction ID: SA11AI.90047		
	City BASKING RIDGE	State NJ	Zip Code 07920	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SUMMIT ANESTHESIA	Occupation PHYSICIAN	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) RYAN HULVER		Date of Receipt MM / DD / YYYY 09 / 19 / 2010		
	Mailing Address 3719 S ATLANTA PL		Transaction ID: SA11AI.90490		
	City TULSA	State OK	Zip Code 74105	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HILLCREST MEDICAL CENTER ANESTHESIA	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 500.00		

C.	Full Name (Last, First, Middle Initial) REA HUNT		Date of Receipt MM / DD / YYYY 09 / 22 / 2010		
	Mailing Address 52 MEDICAL PARK E.,#321		Transaction ID: SA11AI.90714		
	City BIRMINGHAM	State AL	Zip Code 35235	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA GROUP EAST PC	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 1000.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) JAMES HUNTER		Date of Receipt MM / DD / YYYY 09 / 17 / 2010
Mailing Address ANESTHESIOLOGY DEPARTMENT 619 S. 19TH STREET JT926C		Transaction ID: SA11AI.90417
City BIRMINGHAM	State AL	Zip Code 35249
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UNIVERSITY OF ALABAMA AT BIRMINGHAM	Occupation ANESTHESIOLOGIST-INTENSIVIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) WILLIAM HURFORD		Date of Receipt MM / DD / YYYY 09 / 01 / 2010
Mailing Address DEPARTMENT OF ANESTHESIOLOGY 231 ALBERT SABIN WAY		Transaction ID: SA11AI.89508
City CINCINNATI	State OH	Zip Code 45267
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.00
Name of Employer UNIVERSITY OF CINCINNATI MEDICAL CENTE	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 369.00	

C.

Full Name (Last, First, Middle Initial) JAE HYUN		Date of Receipt MM / DD / YYYY 09 / 29 / 2010
Mailing Address 665 PROSPECT AVE.		Transaction ID: SA11AI.91509
City WINNETKA	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PARK RIDGE ANESTHESIOLOGI-ST ASSOCIATES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1041.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 / 258
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

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

Mailing Address 10571 GREENBELT DR.

City State Zip Code
CLIVE IA 50325

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2010

Transaction ID: SA11AI.90374

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 11041 PINE LODGE TRAIL

City State Zip Code
DAVIE FL 33328

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

Name of Employer CLEVELAND CLINIC FLORIDA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 369.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89476

Amount of Each Receipt this Period
41.00

C.

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

Mailing Address 11041 PINE LODGE TRAIL

City State Zip Code
DAVIE FL 33328

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

Name of Employer CLEVELAND CLINIC FLORIDA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 377.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2010

Transaction ID: SA11AI.89584

Amount of Each Receipt this Period
8.00

SUBTOTAL of Receipts This Page (optional) ► 549.00

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

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

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

FOR LINE NUMBER: PAGE 100 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ALIRAZA JAFFER

Mailing Address 5070 BROOKDALE ROAD

City State Zip Code
BLOOMFIELD HILLS MI 48304

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

Name of Employer Occupation
SOUTH OAKLAND ANESTHESIA ASSOCIATES ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 747.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89489

Amount of Each Receipt this Period
83.00

B. Full Name (Last, First, Middle Initial)
MOKARRAM JAFRI

Mailing Address 6 OAKHURST CT

City State Zip Code
CLIFTON PARK NY 12065

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

Name of Employer Occupation
ANESTHESIA GROUP OF ALBANY ANESTHESIOLOGIST

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2010

Transaction ID: SA11AI.89720

Amount of Each Receipt this Period
500.00

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

Mailing Address 920 PARLIAMENT RD.

City State Zip Code
MAITLAND FL 32751

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

Name of Employer Occupation
JLR MEDICAL GROUP ANESTHESIOLOGIST

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.91081

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 101 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
AMBER JANDIK

Mailing Address 4048 EVANS AVE STE 303

City State Zip Code
FORT MYERS FL 33901

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

Name of Employer Occupation
MAPMC ANESTHESIOLOGIST

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: SA11AI.90141

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 15605 E PRENTICE DR

City State Zip Code
CENTENNIAL CO 80015

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

Name of Employer Occupation
UNIVERSITY OF COLORADO PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 664.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89511

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)
JONATHAN JAQUES

Mailing Address 22 FORSTER ROAD

City State Zip Code
MANCHESTER MA 01944

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

Name of Employer Occupation
BEVERLY ANESTHESIA ASSOCIATES, INC. ANESTHESIOLOGIST

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.91578

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

833.00

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

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

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

FOR LINE NUMBER: PAGE 102 / 258

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PAUL JENKINS		Date of Receipt MM / DD / YYYY 09 / 26 / 2010		
	Mailing Address 21 SPRUCE LANE		Transaction ID: SA11AI.91166		
	City BELLE MEAD	State NJ	Zip Code 08502	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) DORY JEWELWICZ		Date of Receipt MM / DD / YYYY 09 / 08 / 2010		
	Mailing Address 84 RAINBOW TRL		Transaction ID: SA11AI.89874		
	City DENVER	State NJ	Zip Code 07834	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MORRIS ANESTHESIA GROUP	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) THOMAS JOHANS		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 12335 IRONSTONE RD		Transaction ID: SA11AI.90909		
	City SAINT LOUIS	State MO	Zip Code 63131	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer WESTERN ANES ASSOC	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6624 PASILLA RD. N.E.

City State Zip Code
RIO RANCHO NM 87144

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

Name of Employer ANESTHESIA SPECIALISTS OF ALBUQUERQUE
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: SA11AI.89622

Amount of Each Receipt this Period
500.00

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

Mailing Address 5007 MONICA RD NW

City State Zip Code
HUNTSVILLE AL 35810

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

Name of Employer HUNTSVILLE ANESTHESIOLOGY CONSULTANTS
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA11AI.90653

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
KATHY JOHNSON

Mailing Address 221 NW 160TH TER

City State Zip Code
EDMOND OK 73013

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

Name of Employer KJ ANESTHESIA PLLC
Occupation ANESTHESIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: SA11AI.90471

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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 104 / 258
(check only one)

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

A.

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

Mailing Address 4479 SUMMERVIEW ROAD

City State Zip Code
BOUNTIFUL UT 84010

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

Name of Employer Occupation
MOUNTAIN WEST ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2010

Transaction ID: SA11AI.90079

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1516 CUMBERLAND RD.

City State Zip Code
TYLER TX 75703

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

Name of Employer Occupation
E TEXAS ANES ASSOC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2010

Transaction ID: SA11AI.90307

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
KATHRYN JONES

Mailing Address 1600 7TH AVE S STE 420

City State Zip Code
BIRMINGHAM AL 35233

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

Name of Employer Occupation
PEDIATRIC ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2010

Transaction ID: SA11AI.90001

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
KYLE JONES
Mailing Address 11 ADAMS ALY SE
City HUNTSVILLE State AL Zip Code 35801
FEC ID number of contributing federal political committee. **C**
Name of Employer CAS Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.89597
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
STEPHEN JONES
Mailing Address 1203 CAMBRIDGE RD.
City DOTHAN State AL Zip Code 36305
FEC ID number of contributing federal political committee. **C**
Name of Employer DOTHAN ANESTHESIOLOGY ASSOCIATES Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.91729
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
PETER JONG
Mailing Address 24014 FALCONS VIEW DRIVE
City DIAMOND BAR State CA Zip Code 91765
FEC ID number of contributing federal political committee. **C**
Name of Employer SCPMG Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 23 / 2010
Transaction ID: SA11AI.90977
Amount of Each Receipt this Period 250.00

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

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

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

FOR LINE NUMBER: PAGE 106 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
WILLIAM JORDAN

Mailing Address 1859 RIDGE AVE

City State Zip Code
MONTGOMERY AL 36106

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

Name of Employer Occupation
MONTGOMERY ANES ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2010

Transaction ID: SA11AI.90509

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PAUL JUDSON

Mailing Address 2158 BROOK HIGHLAND RDG

City State Zip Code
BIRMINGHAM AL 35242

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

Name of Employer Occupation
SOUTHERN PERIOPERATIVE SE-RVICES ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2010

Transaction ID: SA11AI.91387

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DEBORA KACZYNSKI

Mailing Address 1209 WATERWAYS DRIVE

City State Zip Code
ANN ARBOR MI 48108

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

Name of Employer Occupation
ALLEGIANCE ANESTHESIA ASS-OCIATES, PLLC M.D. ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 07 / 2010

Transaction ID: SA11AI.89805

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 107 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MINNEA KALRA

Mailing Address 85 HURON AVE.

City State Zip Code
TAMPA FL 33606

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

Name of Employer Occupation
UNICOM ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2010

Transaction ID: SA11AI.91394

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
GEETHA KANNAN

Mailing Address 5372 CYPRESS RESERVE PL

City State Zip Code
WINTER PARK FL 32792

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

Name of Employer Occupation
ANESTHESIOLOGISTS OF GREATER ORLANDO ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: SA11AI.91151

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ERIC KAPUSTKA

Mailing Address 505 N LAKE SHORE DR APT 4208

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Occupation
PARK RIDGE ANESTHESIA ASSOCIATES ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2010

Transaction ID: SA11AI.89852

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 258

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) TRIPTI KATARIA		Date of Receipt MM / DD / YYYY 09 / 01 / 2010		
	Mailing Address 130 S CANAL ST APT 419		Transaction ID: SA11AI.89491		
	City CHICAGO	State IL	Zip Code 60606	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSICIAN	Aggregate Year-to-Date 747.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) DAVID KATZ		Date of Receipt MM / DD / YYYY 09 / 08 / 2010		
	Mailing Address 4336 E MOUNTAIN VIEW RD		Transaction ID: SA11AI.89879		
	City PHOENIX	State AZ	Zip Code 85028	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer VALLEY ANESTHESIOLOGY CON-SULTANTS	Occupation ANEESTESIOLOGIST	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) ERIC KATZ		Date of Receipt MM / DD / YYYY 09 / 24 / 2010		
	Mailing Address 10830 S. TROPICAL TRL.		Transaction ID: SA11AI.91083		
	City MERRITT ISLAND	State FL	Zip Code 32952	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MELBOURNE ANESTHESIA, P.A.	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

883.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MARK KAUFMANN		Date of Receipt
	Mailing Address 4640 E. MOCKINGBIRD LN.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 24 / 2010
	City	State	Zip Code
	SCOTTSDALE	AZ	85253
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91097
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

B.	Full Name (Last, First, Middle Initial) RENAE KAVLOCK		Date of Receipt
	Mailing Address 1501 S. 42ND STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 26 / 2010
	City	State	Zip Code
	WEST DES MOINES	IA	50265
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91153
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, P.C.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) THOMAS KELLY		Date of Receipt
	Mailing Address 35216 OVERFALLS DR N		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 04 / 2010
	City	State	Zip Code
	LEWES	DE	19958
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89630
Name of Employer DELAWARE ANESTHESIA ASSOC- IATES		Occupation PHYSICIAD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1050.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 258

(check only one)

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

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

A.

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

Mailing Address **1020 26TH STREET SOUTH
SUITE 100**

City **BIRMINGHAM** State **AL** Zip Code **35205**

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

Name of Employer **MICHAEL SCOTT KENDRICK, MD, PC** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 30 / 2010**

Transaction ID: SA11AI.91676

Amount of Each Receipt this Period **1000.00**

B.

Full Name (Last, First, Middle Initial)
SCOTT KERCHEVILLE

Mailing Address **MAIL CODE 7838
7703 FLOYD CURL DRIVE**

City **SAN ANTONIO** State **TX** Zip Code **78229**

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

Name of Employer **UTHSCSA** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1125.00**

Date of Receipt **09 / 01 / 2010**

Transaction ID: SA11AI.89464

Amount of Each Receipt this Period **125.00**

C.

Full Name (Last, First, Middle Initial)
SCOTT KERCHEVILLE

Mailing Address **MAIL CODE 7838
7703 FLOYD CURL DRIVE**

City **SAN ANTONIO** State **TX** Zip Code **78229**

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

Name of Employer **UTHSCSA** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 02 / 2010**

Transaction ID: SA11AI.89579

Amount of Each Receipt this Period **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)

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

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

A.

Full Name (Last, First, Middle Initial)
RUBIN KESNER

Mailing Address 35 HEARTHSTONE DRIVE

City State Zip Code
GANSEVOORT NY 12831

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

Name of Employer ANESTHESIA GROUP OF ALBANY Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 747.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89456

Amount of Each Receipt this Period
83.00

B.

Full Name (Last, First, Middle Initial)
EDWIN KEZAR

Mailing Address 923 IVAWOOD RD

City State Zip Code
BIRMINGHAM AL 35210

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

Name of Employer ANESTHESIA SERVICES OF BI-RMINGHAM Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2010

Transaction ID: SA11AI.91201

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
LAURA KIHSTROM

Mailing Address 915 LARCHMONT CRES.

City State Zip Code
NORFOLK VA 23508

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

Name of Employer ATLANTIC ANESTHESIA, INC. Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89526

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶ **608.00**

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

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

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

FOR LINE NUMBER: PAGE 112 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
SHANNON KILKELLY

Mailing Address 2121 SHARONDALE DR

City State Zip Code
NASHVILLE TN 37215

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

Name of Employer Occupation
VANDERBILT UNIV. MED. CTR. ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.91725

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
COLLIN KING

Mailing Address 901 PERSIMMON PL

City State Zip Code
BIRMINGHAM AL 35226

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

Name of Employer Occupation
PEDIATRIC ANESTHESIA ASSO- CIATES PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2010

Transaction ID: SA11AI.91275

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
KEVIN KINKEAD

Mailing Address 1776 MCCONNELL DR.

City State Zip Code
WILLIAMSPORT PA 17701

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

Name of Employer Occupation
ANESTHESIA ASSOCIATES OF WILLIAMSPORT PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 506.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89435

Amount of Each Receipt this Period
166.00

SUBTOTAL of Receipts This Page (optional) ► 666.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ROBERT KITTERMAN

Mailing Address 7613 SILVERSTONE CT

City State Zip Code
GRIMES IA 50111

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

Name of Employer Occupation
MCA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: SA11AI.90950

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address 930 EDGEWATER CT.

City State Zip Code
SANDY SPRINGS GA 30328

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

Name of Employer Occupation
EMORY UNIVERSITY HOSPITAL DEPARTMENT O PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89546

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 373 1ST ST W

City State Zip Code
TIERRA VERDE FL 33715

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

Name of Employer Occupation
FLORIDA GULF TO BAY ANES. ASSOC. PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: SA11AI.90145

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

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

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

FOR LINE NUMBER: PAGE 114 / 258

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
GEORGE KORONES

Mailing Address 2191 MUIRFIELD WAY

City State Zip Code
OLDSMAR FL 34677

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

Name of Employer Occupation
ANESTH ASSOC OF PINELLAS ANESTHESIOLOGIST
COUNTY

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 22 / 2010

Transaction ID: SA11AI.90726

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 820 PRUDENTIAL DRIVE
SUITE 606

City State Zip Code
JACKSONVILLE FL 32207

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

Name of Employer Occupation
FLORIDA ANESTHESIA ASSOCI- PHYSICIAN
ATES

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2010

Transaction ID: SA11AI.91172

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
FORREST KRAUSE

Mailing Address 1910 SOUTH STREET

City State Zip Code
LA CROSSE WI 54601

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

Name of Employer Occupation
GUNDERSEN-LUTHERAN DEPT. ANESTHESIOLOGIST
OF ANES.

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2010

Transaction ID: SA11AI.89954

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 115 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
SUSAN KREHER
Mailing Address 7719 WYNLAKES BLVD.
City MONTGOMERY State AL Zip Code 36117
FEC ID number of contributing federal political committee. **C**
Name of Employer MONTGOMERY ANES Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 09 / 20 / 2010
Transaction ID: SA11AI.90508
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
DAVID KRHOVSKY
Mailing Address 2248 SHAWNEE S.E.
City GRAND RAPIDS State MI Zip Code 49506
FEC ID number of contributing federal political committee. **C**
Name of Employer ANESTHESIA MEDICAL CONSULTANTS PC Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 747.00
Date of Receipt 09 / 01 / 2010
Transaction ID: SA11AI.89479
Amount of Each Receipt this Period 83.00

C. Full Name (Last, First, Middle Initial)
GOPAL KRISHNA
Mailing Address 702 BARNHILL DR., ROOM 2001
City INDIANAPOLIS State IN Zip Code 46202
FEC ID number of contributing federal political committee. **C**
Name of Employer IU ANESTHESIOLOGY ASSOCIATES Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 08 / 2010
Transaction ID: SA11AI.89842
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1333.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) SCOTT KUHNERT	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 4640 HAWK HOLLOW DR. E.	Transaction ID: SA11AI.89434
	City State Zip Code BATH MI 48808	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LANSING ANESTHESIOLOGISTS, P.C. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.00	

B.	Full Name (Last, First, Middle Initial) HUNG-CHI KWOK	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 2732 MUIR WOODS DR., SE	Transaction ID: SA11AI.91106
	City State Zip Code HAMPTON COVE AL 35763	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ALABAMA ANES. OF HUNTSVIL-LE, LLC PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

C.	Full Name (Last, First, Middle Initial) PATRICIA LABORDE	Date of Receipt MM / DD / YYYY 09 / 29 / 2010
	Mailing Address 1600 7TH AVE S STE 420 PEDIATRIC ANESTHESIA	Transaction ID: SA11AI.91539
	City State Zip Code BIRMINGHAM AL 35233	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PEDIATRIC ANESTHESIA ASSO-C., P.C. PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	483.00
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 117 / 258
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) JOHN LA GORIO		Date of Receipt
	Mailing Address 1543 FOREST PARK RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 06 / 2010
	City	State	Zip Code
	NORTON SHORES	MI	49441
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89694
Name of Employer LAKESHORE ANESTHESIA SERVICES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) JAMES LAMBERT		Date of Receipt
	Mailing Address 1780 FAIRVIEW COURT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 17 / 2010
	City	State	Zip Code
	SALINE	MI	48176
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90379
Name of Employer METROPOLITAN ANESTHESIA, PC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) GORDON LANGSTON		Date of Receipt
	Mailing Address 1110 GIST ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 23 / 2010
	City	State	Zip Code
	COLUMBIA	SC	29201
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90860
Name of Employer ACC		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JAMES LAWRENCE		Date of Receipt
	Mailing Address 2699 LEE RD STE 510		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 23 / 2010
	City	State	Zip Code
	WINTER PARK	FL	32789
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90982
Name of Employer ANESTHESIOLOGISTS OF GREATER ORLANDO		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) RICHARD LAYMAN		Date of Receipt
	Mailing Address 6431 FANNIN ST STE 5.196 DEPT OF ANESTHESIOLOGY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 01 / 2010
	City	State	Zip Code
	HOUSTON	TX	77030
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89534
Name of Employer UNIVERSITY OF TEXAS MED SCHOOL		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.00

C.	Full Name (Last, First, Middle Initial) SEAN LEACH		Date of Receipt
	Mailing Address 6410 S. 66TH ST.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 02 / 2010
	City	State	Zip Code
	LINCOLN	NE	68516
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89577
Name of Employer ASSOC. ANESTHESIOLOGISTS, PC		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 791.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 119 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
GEORGE LEDERHAAS

Mailing Address 2155 NW 137TH ST

City State Zip Code
CLIVE IA 50325

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

Name of Employer ASSOC ANESTH Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2010

Transaction ID: SA11AI.90540

Amount of Each Receipt this Period
500.00

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

Mailing Address 2165 HERSCHEL ST

City State Zip Code
JACKSONVILLE FL 32204

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

Name of Employer NORTH FLORIDA ANESTHESIA CONSULTANTS Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2010

Transaction ID: SA11AI.90994

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MARCIA LEE

Mailing Address 25825 S. VERMONT AVE.

City State Zip Code
HARBOR CITY CA 90710

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

Name of Employer SCPMG Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.90425

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 120 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3900 WALNUT CLAY DR.

City State Zip Code
AUSTIN TX 78731

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

Name of Employer Occupation
AUSTIN ANESTHESIOLOGY GRO-UP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 369.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2010

Transaction ID: SA11AI.89475

Amount of Each Receipt this Period
41.00

B. Full Name (Last, First, Middle Initial)
GLORIA LEWIS

Mailing Address 501 20TH ST., SUITE #606

City State Zip Code
KNOXVILLE TN 37916

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

Name of Employer Occupation
ANES MED ALLI E TN ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: SA11AI.90547

Amount of Each Receipt this Period
500.00

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

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
1611 NW 12TH AVE

City State Zip Code
MIAMI FL 33136

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

Name of Employer Occupation
JACKSON MEMORIAL HOSPITAL ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 664.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2010

Transaction ID: SA11AI.89517

Amount of Each Receipt this Period
83.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) KENNETH LIAO	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 200 OLD CHESTER RD	Transaction ID: SA11AI.90577
	City State Zip Code ESSEX FELLS NJ 07021	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MORRIS ANESTHESIA GROUP PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) DREW LIEBERMAN	Date of Receipt MM / DD / YYYY 09 / 08 / 2010
	Mailing Address 179 BAL CROSS DR.	Transaction ID: SA11AI.89862
	City State Zip Code BAL HARBOUR FL 33154	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA ASSOC OF BROWARD COUNTY INC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) JEFF LINDSAY	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 5402 E. 118TH ST.	Transaction ID: SA11AI.89801
	City State Zip Code TULSA OK 74137	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ASSOCIATED ANESTHESIOLOGISTS INC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 122 / 258
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) RICHARD LITTLE		Date of Receipt MM / DD / YYYY 09 / 29 / 2010		
	Mailing Address 1725 SPALDING DR		Transaction ID: SA11AI.91511		
	City ATLANTA	State GA	Zip Code 30350	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer PSA		Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) RENE LLERA		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address PO BOX 235019		Transaction ID: SA11AI.90510		
	City MONTGOMERY	State AL	Zip Code 36123	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1500.00		
Name of Employer MONTGOMERY ANES		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) ERIC LOBEL		Date of Receipt MM / DD / YYYY 09 / 12 / 2010		
	Mailing Address 53 CLARISE CIRCLE		Transaction ID: SA11AI.90008		
	City MOBILE	State AL	Zip Code 36608	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer ANESTHESIA SERVICES P.C.		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ASA LOCKHART

Mailing Address 2106 KENNEBUNK LN.

City State Zip Code
TYLER TX 75703

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

Name of Employer EAST TEXAS ANESTHESIOLOGY ASSOCIATES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 747.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89530

Amount of Each Receipt this Period
83.00

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

Mailing Address 8 WEST 78TH ST.

City State Zip Code
HARVEY CEDARS NJ 08008

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

Name of Employer SELF Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2010

Transaction ID: SA11AI.89711

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
WARD LONGBOTTOM

Mailing Address 17910 SPENCER RD.

City State Zip Code
ODESSA FL 33556

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

Name of Employer UNICOM ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: SA11AI.91219

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) ETTALOWERY		Date of Receipt MM / DD / YYYY 09 / 29 / 2010
Mailing Address 212 HARBORVIEW LN.		Transaction ID: SA11AI.91436
City LARGO	State FL	Zip Code 33770
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer FLORIDA GULF-TO-BAY ANESTHESIOLOGY	Occupation ANESTHESIOLOGIST, DO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) YA-TSENG LU		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address PO BOX 6852		Transaction ID: SA11AI.91013
City BRIDGEWATER	State NJ	Zip Code 08807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SUNRISE ANESTHESIA ASSOCIATES, P.C.	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) GLEN LUEHRMAN		Date of Receipt MM / DD / YYYY 09 / 28 / 2010
Mailing Address 4048 EVANS AVE., #303		Transaction ID: SA11AI.91322
City FORT MYERS	State FL	Zip Code 33901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MAPMC	Occupation ANESTHESIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 125 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOSHUA LUMBLEY

Mailing Address 410 W 10TH AVE
N411 DOAN HALL

City State Zip Code
COLUMBUS OH 43210

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

Name of Employer Occupation
THE OHIO STATE UNIVERSITY ATTENDING ANESTHESIOLOGIST
MEDICAL CENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 336.00

Date of Receipt

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

Transaction ID: SA11AI.89521

Amount of Each Receipt this Period
41.00

B. Full Name (Last, First, Middle Initial)
MOISES LUSTGARTEN

Mailing Address 19931 NE 36TH PL

City State Zip Code
AVENTURA FL 33180

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

Name of Employer Occupation
CENTER FOR PAIN MANAGEMENT MEDICAL DIRECTOR

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

Date of Receipt

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

Transaction ID: SA11AI.90219

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JONI MAGA

Mailing Address 7728 COLLINS AVE APT 11

City State Zip Code
MIAMI BEACH FL 33141

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

Name of Employer Occupation
UNIVERSITY OF MIAMI HOSPITAL PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.90818

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **541.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ARCHIE MAGEE

Mailing Address 2517 OLEASTER CT.

City State Zip Code
GRAND JUNCTION CO 81505

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

Name of Employer
ANES. CONSULTANTS OF WEST-ERN COLORADO

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.90414

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
DAVID MAGUIRE

Mailing Address 8 TALON CT.

City State Zip Code
SEWELL NJ 08080

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

Name of Employer
THOMAS JEFFERSON UNIVERSITY

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2010

Transaction ID: SA11AI.89638

Amount of Each Receipt this Period
500.00

C.

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

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

City State Zip Code
BIRMINGHAM AL 35249

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

Name of Employer
UNIV. OF ALABAMA - BIRMIN-GHAM

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
747.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89458

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ► **883.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) MARK MANDABACH		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address DEPT. OF ANESTHESIOLOGY 619 S. 19TH ST., JT845		Transaction ID: SA11AI.91706
City BIRMINGHAM	State AL	Zip Code 35249
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UNIV. OF ALABAMA - BIRMIN- GHAM	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1247.00	

B.

Full Name (Last, First, Middle Initial) MARK MANDABACH		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address DEPT. OF ANESTHESIOLOGY 619 S. 19TH ST., JT845		Transaction ID: SA11AI.91709
City BIRMINGHAM	State AL	Zip Code 35249
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4.00
Name of Employer UNIV. OF ALABAMA - BIRMIN- GHAM	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1251.00	

C.

Full Name (Last, First, Middle Initial) GREGORY MARCOE		Date of Receipt MM / DD / YYYY 09 / 21 / 2010
Mailing Address 4087 OLD PINE TRAIL		Transaction ID: SA11AI.90651
City MIDLAND	State MI	Zip Code 48642
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MMAG	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	754.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) KURT MARKGRAF		Date of Receipt
	Mailing Address 3663 MCKINLEY AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 01 / 2010
	City	State	Zip Code
	FORT MYERS	FL	33901
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89505
Name of Employer MEDICAL ANESTHESIA		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 747.00	<input type="text"/> 83.00

B.	Full Name (Last, First, Middle Initial) SHAWN MARSH		Date of Receipt
	Mailing Address 9787 S. ISABEL CT.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 29 / 2010
	City	State	Zip Code
	HIGHLANDS RANCH	CO	80126
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91476
Name of Employer SOUTH DENVER ANESTHESIOLOGISTS, P.C.		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) JOHN MARSHALL		Date of Receipt
	Mailing Address 5 BRIDGEWATER COURT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 22 / 2010
	City	State	Zip Code
	RENO	NV	89509
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90825
Name of Employer ASSOC. ANESTHESIOLOGISTS OF RENO		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) BARRY MARTIN	Date of Receipt MM / DD / YYYY 09 / 18 / 2010
	Mailing Address 52 MEDICAL PARK EAST DR, #321	Transaction ID: SA11AI.90445
	City State Zip Code BIRMINGHAM AL 35235	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AGE ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) LYNN MARTIN	Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 4800 SAND POINT WAY NE # 359300	Transaction ID: SA11AI.90180
	City State Zip Code SEATTLE WA 98105	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SEATTLE CHILDRENS HOSPITAL PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) RHONDA MARVAR	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 43 OXFORD	Transaction ID: SA11AI.91630
	City State Zip Code PLEASANT RIDGE MI 48069	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SOUTH OAKLAND ANESTHESIA ASSOCIATES ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) GEORGE MASHOUR	Date of Receipt MM / DD / YYYY 09 / 05 / 2010
	Mailing Address DEPARTMENT OF ANESTHESIOLOGY 1500 E MEDICAL CENTER DR	Transaction ID: SA11AI.89646
	City ANN ARBOR State MI Zip Code 48109	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNIVERSITY OF MICHIGAN Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) RIMA MATEVOSIAN	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 1934 RIMCREST DR.	Transaction ID: SA11AI.90396
	City GLENDALE State CA Zip Code 91207	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer OLIVE VIEW-UCLA MEDICAL CENTER Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) ALEXANDER MATVEEVSKII	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 1600 SW ARCHER RD., P.O. BOX 10025 ANES. DEPT.	Transaction ID: SA11AI.90759
	City GAINESVILLE State FL Zip Code 32160	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNIV. OF FLORIDA, COLLEGE OF MEDICINE Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) BILL MAUPIN		Date of Receipt
	Mailing Address 801 N.W. 145TH CIR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 09 / 2010
	City	State	Zip Code
	EDMOND	OK	73013
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89909
Name of Employer AFFILIATED ANESTHESIOLOGISTS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) JOHN MAXA		Date of Receipt
	Mailing Address PO BOX 3559		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 23 / 2010
	City	State	Zip Code
	SUWANEE	GA	30024
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90941
Name of Employer NEW LONDON ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) BRADLEY MCALLISTER		Date of Receipt
	Mailing Address 6608 OLD MILL CIR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 04 / 2010
	City	State	Zip Code
	SALT LAKE CITY	UT	84121
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89623
Name of Employer MOUNTAIN WEST ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MAURICE MCCABE		Date of Receipt	
	Mailing Address 1244 LAKE TRACE CV.		M M / D D / Y Y Y Y Y 09 / 29 / 2010	
	City	State	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		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) CHANDRA MCCALL		Date of Receipt	
	Mailing Address 1587 CREEKSTONE CIR.		M M / D D / Y Y Y Y Y 09 / 09 / 2010	
	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.		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

C.	Full Name (Last, First, Middle Initial) JOHN MCCALL		Date of Receipt	
	Mailing Address 3229 BURNET AVE SHRINERS HOSP. FOR CHILDREN		M M / D D / Y Y Y Y Y 09 / 12 / 2010	
	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		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

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

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

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

FOR LINE NUMBER: PAGE 133 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOHN MCCARRICK
Mailing Address P.O. BOX 1987
City MANCHESTER State CT Zip Code 06045
FEC ID number of contributing federal political committee. **C**
Name of Employer MAA Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 15 / 2010
Transaction ID: SA11AI.90211
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
DANIEL MCCARTHY
Mailing Address 3200 TROUP HWY #200
City TYLER State TX Zip Code 75701
FEC ID number of contributing federal political committee. **C**
Name of Employer E TEXAS ANES ASSOC Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 28 / 2010
Transaction ID: SA11AI.91377
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
CHARLES MCCOLLUM
Mailing Address 4714 MARGARETE ST.
City DECATUR State AL Zip Code 35603
FEC ID number of contributing federal political committee. **C**
Name of Employer ANESTHESIA SERVICES OF DECATUR Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 20 / 2010
Transaction ID: SA11AI.90525
Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) GREGORY MCCOMAS	Date of Receipt MM / DD / YYYY 09 / 06 / 2010
	Mailing Address 6578 CANYON COVE PL	Transaction ID: SA11AI.89715
	City State Zip Code SALT LAKE CITY UT 84121	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MOUNTAIN WEST ANESTHESIA PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL MCCORMICK	Date of Receipt MM / DD / YYYY 09 / 26 / 2010
	Mailing Address 100 SHERWOOD DR.	Transaction ID: SA11AI.91136
	City State Zip Code GLASTONBURY CT 06033	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HARTFORD ANESTHESIOLOGIST ASSOCIATES ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) KEITH MCFARLAND	Date of Receipt MM / DD / YYYY 09 / 13 / 2010
	Mailing Address 13023 BLUE CANYON CIR	Transaction ID: SA11AI.90087
	City State Zip Code OKLAHOMA CITY OK 73142	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 135 / 258
(check only one)

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

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

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

Mailing Address 4200 W. MEMORIAL RD.
SUITE 703

City State Zip Code
OKLAHOMA CITY OK 73120

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

Name of Employer Occupation
SELF MEDICAL DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2010

Transaction ID: SA11AI.90805

Amount of Each Receipt this Period
500.00

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

Mailing Address 120 S BEND DR

City State Zip Code
PONTE VEDRA BEACH FL 32082

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

Name of Employer Occupation
EDWARD MCGOUGH MD PA ANRSTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2010

Transaction ID: SA11AI.90475

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ROBERT MCKAY

Mailing Address 5 N SAGEBRUSH ST

City State Zip Code
WICHITA KS 67230

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

Name of Employer Occupation
UNIVERSITY OF KANSAS - WI-CHITA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.90184

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 136 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
BRIAN MCKENNA
 Mailing Address 12 S. TEALBROOK DRIVE
 City ST. LOUIS State MO Zip Code 63141
 Date of Receipt MM / DD / YYYY 09 / 30 / 2010
 Transaction ID: SA11AI.91613
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer WAAI Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

B. Full Name (Last, First, Middle Initial)
FREDERICK MCKIBBEN
 Mailing Address 1711 HOMEWOOD DR.
 City ALTADENA State CA Zip Code 91001
 Date of Receipt MM / DD / YYYY 09 / 19 / 2010
 Transaction ID: SA11AI.90483
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer SELF Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

C. Full Name (Last, First, Middle Initial)
JOSEPH MCLAUGHLIN
 Mailing Address 12729 WALTON RIDGE LN
 City MIDLOTHIAN State VA Zip Code 23114
 Date of Receipt MM / DD / YYYY 09 / 06 / 2010
 Transaction ID: SA11AI.89714
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES Occupation PHYSICIAN
 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 only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 137 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) RICHARD MCNEER		Date of Receipt
Mailing Address 18340 SW 122 ST.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 01 / 2010
City	State	Zip Code
MIAMI	FL	33196
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89535
Name of Employer UNIVERSITY OF MIAMI DEPT OF ANESTHESIO		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		<input type="text"/> 83.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 668.00

B.

Full Name (Last, First, Middle Initial) RYAN MELCHER		Date of Receipt
Mailing Address 1215 PLEASANT ST STE 400 METHODIST MED PLAZA II		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 09 / 2010
City	State	Zip Code
DES MOINES	IA	50309
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89913
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS_PC		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		<input type="text"/> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 250.00

C.

Full Name (Last, First, Middle Initial) MELVILLE MERCER		Date of Receipt
Mailing Address 3020 S. WHEELING		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
City	State	Zip Code
TULSA	OK	74114
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91664
Name of Employer ASSOC ANESTH INC		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		<input type="text"/> 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 138 / 258

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ROBERT MICHAELS

Mailing Address 291 SOUTHHALL LN

City State Zip Code
MAITLAND FL 32751

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

Name of Employer Occupation
JLR MEDICAL GROUP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 369.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89492

Amount of Each Receipt this Period

41.00

B.

Full Name (Last, First, Middle Initial)
CARLOS MIJARES

Mailing Address 7700 SW 176TH ST

City State Zip Code
VILLAGE OF PALMETT FL 33157

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

Name of Employer Occupation
UNIV. OF MIAMI SCHOOL OF MEDICINE ATTENDING ANESTHESIOLOGIST

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 22 / 2010

Transaction ID: SA11AI.90797

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
DAVID MILLER

Mailing Address 336 PALACE DR.

City State Zip Code
TRUSSVILLE AL 35173

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

Name of Employer Occupation
UNIVERSITY OF ALABAMA MEDICAL CENTER ANESTHESIOLOGIST

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.91712

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2041.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MICHAEL MILLER	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 15936 OAK PARK CT	Transaction ID: SA11AI.89519
	City State Zip Code WESTFIELD IN 46074	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACI,LLC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

B.	Full Name (Last, First, Middle Initial) TIMOTHY MILLER	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1194 HILLSBORO MILE APT 56	Transaction ID: SA11AI.91610
	City State Zip Code HILLSBORO BEACH FL 33062	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SHERIDAN PROFESSOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) CHRISTOPHER MILLSON	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 2400 WIMBLEDON DR	Transaction ID: SA11AI.89494
	City State Zip Code LAS VEGAS NV 89107	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DESERT ANESTHESIOLOGISTS PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 747.00	

SUBTOTAL of Receipts This Page (optional)	374.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 140 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial) MITCHELL MINANA		Date of Receipt MM / DD / YYYY 09 / 20 / 2010
Mailing Address 1306 E WELDEN DR		Transaction ID: SA11AI.90531
City SPOKANE	State WA	Zip Code 99223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer PHYS ANESTH GRP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.

Full Name (Last, First, Middle Initial) MITCHELL MINANA		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 1306 E WELDEN DR		Transaction ID: SA11AI.90944
City SPOKANE	State WA	Zip Code 99223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer PHYS ANESTH GRP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.

Full Name (Last, First, Middle Initial) PAUL MINTZ		Date of Receipt MM / DD / YYYY 09 / 12 / 2010
Mailing Address 200 READING BLVD.		Transaction ID: SA11AI.90028
City WYOMISSING	State PA	Zip Code 19610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer READING ANESTHESIA ASSOCI- ATES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
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 141 / 258
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
HARRY MINTZER

Mailing Address 125 GRAMPIAN BLVD.

City State Zip Code
WILLIAMSPORT PA 17701

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

Name of Employer ANESTHESIA ASSOC. OF WILLIAMSPORT
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2010

Transaction ID: SA11AI.89661

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DANIEL MITCHELL

Mailing Address 3426 W 164TH TER

City State Zip Code
STILWELL KS 66085

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

Name of Employer MIDWEST ANESTHESIA ASSOCIATES PA
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: SA11AI.90289

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DEREK MITCHELL

Mailing Address 3200 TROUP HWY #200

City State Zip Code
TYLER TX 75701

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

Name of Employer EAST TEXAS ANES. ASSOC.
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: SA11AI.90280

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 142 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
STANLEY MOGELNICKI

Mailing Address 640 TANGLEWOOD TRAIL NW

City ATLANTA State GA Zip Code 30327

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

Name of Employer: PHYSICIAN SPECIALISTS IN ANESTH. Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 06 / 2010
Transaction ID: SA11AI.89678
Amount of Each Receipt this Period: 250.00

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

Mailing Address 1748 VESTWOOD HILLS DR.

City VESTAVIA HILLS State AL Zip Code 35216

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

Name of Employer: UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt: 09 / 01 / 2010
Transaction ID: SA11AI.89461
Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
GARY MORTON

Mailing Address 3510 MAGNOLIA BLVD.

City TEMPLE State TX Zip Code 76502

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

Name of Employer: SCOTT AND WHITE CLINIC Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 06 / 2010
Transaction ID: SA11AI.89727
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 143 / 258
(check only one)

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

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

A.

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

Mailing Address 3142 ROCK PARK DR

City State Zip Code
FORT COLLINS CO 80528

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

Name of Employer
NORTHERN CO ANESTH. PROF. CONSULTANTS

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: SA11AI.91108

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
SUNITA MOTIANI

Mailing Address 4291 WHITE BIRCH DR.

City State Zip Code
LISLE IL 60532

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

Name of Employer
DUPAGE VALLEY ANESTHESIOLOGISTS

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: SA11AI.91562

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
GREGG MOTONAGA

Mailing Address 340 DIANE LN

City State Zip Code
SOLDOTNA AK 99669

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

Name of Employer
CPGH, INC.

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: SA11AI.90236

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) FRANK MOYA		Date of Receipt
	Mailing Address 5915 PONCE DE LEON BLVD. SUITE 19		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 27 / 2010
	City	State	Zip Code
	CORAL GABLES	FL	33146
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91258
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) CATHLEEN MUCENSKI		Date of Receipt
	Mailing Address 7870 DENNLER LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 20 / 2010
	City	State	Zip Code
	CINCINNATI	OH	45247
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90545
Name of Employer INDEPENDENT ANESTH		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) DODD MULLICAN		Date of Receipt
	Mailing Address 4216 OVERLOOK DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	BIRMINGHAM	AL	35222
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91637
Name of Employer ANESTHESIA RESOURCES MANA- GEMENT		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text"/> 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 145 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 JOHN MULLICAN
 Mailing Address 330 DON CUBERO PLACE
 City State Zip Code
 SANTA FE NM 87505
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2010
Transaction ID: SA11AI.89970
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SANTA FE ANESTH. SPECIALISTS ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
 MICHAEL MULLINS
 Mailing Address 2415 HEIGHTS AVE
 City State Zip Code
 LANSING MI 48912
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2010
Transaction ID: SA11AI.89974
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARSON CITY HOSPITAL SURGERY ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
 JOEL MUMFORD
 Mailing Address 221 ELM HILL RD.
 City State Zip Code
 SPRINGFIELD VT 05156
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 01 / 2010
Transaction ID: SA11AI.89467
 Amount of Each Receipt this Period
 83.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 V A MEDICAL CENTER PHYSICIAN
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 747.00

SUBTOTAL of Receipts This Page (optional) ► **1333.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) BRENT MURDOCK		Date of Receipt
	Mailing Address 6036 WEST FOOTHILL DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 12 / 2010
	City	State	Zip Code
	HIGHLAND	UT	84003
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90035
Name of Employer MOUNTAIN WEST ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) GLENN MURPHY		Date of Receipt
	Mailing Address DEPARTMENT OF ANESTHESIOLOGY 2650 RIDGE AVE.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 16 / 2010
	City	State	Zip Code
	EVANSTON	IL	60201
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90331
Name of Employer NORTHSHORE UNIVERSITY HEALTHSYSTEM		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) ERIC MURRAY		Date of Receipt
	Mailing Address 201 SIVLEY RD SW STE 300		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 29 / 2010
	City	State	Zip Code
	HUNTSVILLE	AL	35801
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91427
Name of Employer HUNTSVILLE CARDIAC ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 147 / 258
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MARK MURRAY	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 1924 ALCOA HIGHWAY, BOX U-109 DEPARTMENT OF ANESTHESIA	Transaction ID: SA11AI.89452
	City State Zip Code KNOXVILLE TN 37920	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNIVERSITY ANESTHESIOLOGISTS Occupation DOCTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 419.00	

B.	Full Name (Last, First, Middle Initial) ROBERT MURRAY III	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 19 ELM PARK BLVD.	Transaction ID: SA11AI.89502
	City State Zip Code PLEASANT RIDGE MI 48069	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOC Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 747.00	

C.	Full Name (Last, First, Middle Initial) ROSS MUSUMECI	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 9 LINCOLN ST.	Transaction ID: SA11AI.89429
	City State Zip Code WESTON MA 02493	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANES. ASSOC. OF MASSACHUSETTS Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 369.00	

SUBTOTAL of Receipts This Page (optional)	207.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JEFFREY MYERS	Date of Receipt MM / DD / YYYY 09 / 14 / 2010
	Mailing Address 3777 BOBBIN MILL RD.	Transaction ID: SA11AI.90101
	City State Zip Code TALLAHASSEE FL 32312	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SHERIDAN	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) SATHYENDRA MYSORE	Date of Receipt MM / DD / YYYY 09 / 12 / 2010
	Mailing Address 40 WOODS EDGE CIRCLE	Transaction ID: SA11AI.90039
	City State Zip Code LONDON KY 40741	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SAINT JOSEPH LONDON HOSPITAL	Occupation PHYSICIAN-ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) SOLMAZ NABIPOUR	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 110 FARLEY DR	Transaction ID: SA11AI.90402
	City State Zip Code APTOS CA 95003	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer DOMINICAN HOSPITAL	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) KENNETH NANNERS		Date of Receipt
	Mailing Address 170 LEEWOOD FARMS RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 06 / 2010
	City	State	Zip Code
	WHEELING	WV	26003
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89674
Name of Employer MPA INC.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) AJAY NATH		Date of Receipt
	Mailing Address 23 BARCLAY CT.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 27 / 2010
	City	State	Zip Code
	SOMERSET	NJ	08873
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91296
Name of Employer ANESTHESIA CONSULTANTS OF NJ		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) EMERY NAVORI		Date of Receipt
	Mailing Address 412 S PALOMA PL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 20 / 2010
	City	State	Zip Code
	TAMPA	FL	33609
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90593
Name of Employer FLA GULF TO BAY ANESTHESIA		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 150 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) EMERY NAVORI		Date of Receipt MM / DD / YYYY 09 / 21 / 2010
Mailing Address 412 S PALOMA PL		Transaction ID: SA11AI.90680
City TAMPA	State FL	Zip Code 33609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer FL GULF TO BAY ANESTHESIA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) EMERY NAVORI		Date of Receipt MM / DD / YYYY 09 / 22 / 2010
Mailing Address 412 S PALOMA PL		Transaction ID: SA11AI.90791
City TAMPA	State FL	Zip Code 33609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer FLA GULF TO BAY ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) MICHAEL NEE		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
Mailing Address 95 HOCKANUM BLVD UNIT 4508		Transaction ID: SA11AI.89765
City VERNON ROCKVILLE	State CT	Zip Code 06066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MAA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 151 / 258
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) MICHAEL NEED		Date of Receipt
	Mailing Address 7632 TIMBER SPRINGS DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 01 / 2010
	City	State	Zip Code
	FISHERS	IN	46038
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89520
Name of Employer SOUTHEAST ANESTHESIOLOGISTS		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 668.00	<input type="text"/> 83.00

B.	Full Name (Last, First, Middle Initial) MARK NELSON		Date of Receipt
	Mailing Address 5500 HEATHROW DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 11 / 2010
	City	State	Zip Code
	KNOXVILLE	TN	37919
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89986
Name of Employer AMAET		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) MARK NELSON		Date of Receipt
	Mailing Address 14175 GOLF PKWY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 20 / 2010
	City	State	Zip Code
	BROOKFIELD	WI	53005
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90528
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ROBERT NESBITT		Date of Receipt
	Mailing Address 410 1ST AVE SE STE 201		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 22 / 2010
	City	State	Zip Code
	CULLMAN	AL	35055
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90700
Name of Employer NESBITT PAIN ASSOCIATES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) JOHN NGUYEN		Date of Receipt
	Mailing Address 19503 STEVENS CREEK BLVD #230		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 17 / 2010
	City	State	Zip Code
	CUPERTINO	CA	95014
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90391
Name of Employer COAST ANESTHESIA MEDICAL GROUP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) THAI NGUYEN		Date of Receipt
	Mailing Address 500 S. MAIN STREET STE 1210		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 17 / 2010
	City	State	Zip Code
	ORANGE	CA	92868
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90389
Name of Employer ALLIED ANESTHESIA MED GRP INC.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 153 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
DEAN NICHOLS

Mailing Address 18118 E. WEAVER DR.

City State Zip Code
CENTENNIAL CO 80016

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

Name of Employer Occupation
METRO DENVER ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 09 / 2010

Transaction ID: SA11AI.89943

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1090 DEVINE CIRCLE

City State Zip Code
ATLANTA GA 30319

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

Name of Employer Occupation
NOVA SOUTHEASTERN UNIVERSITY ANESTHESIA ANESTHESIOLOGIST ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 747.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89484

Amount of Each Receipt this Period
83.00

C.

Full Name (Last, First, Middle Initial)
JOSEPHE NICHOLSON

Mailing Address 1708 INDIAN CREEK DR.

City State Zip Code
BIRMINGHAM AL 35243

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

Name of Employer Occupation
SOUTHERN PERIOPERATIVE SERVICE PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.90419

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) WILLIAM NORDLIE	Date of Receipt MM / DD / YYYY 09 / 14 / 2010
	Mailing Address 12067 N 135TH WAY	Transaction ID: SA11AI.90165
	City State Zip Code SCOTTSDALE AZ 85259	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer VALLEY ANES. CONSULTANTS, LTD. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) TODD NOVAK	Date of Receipt MM / DD / YYYY 09 / 16 / 2010
	Mailing Address 3807 SOMERSET DR APT 205	Transaction ID: SA11AI.90269
	City State Zip Code PRAIRIE VILLAGE KS 66208	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MIDWEST ANESTHESIA ASSOCIATES, P.A. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) SHAFEENA NURANI	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1805 TORQUAY AVENUE	Transaction ID: SA11AI.90938
	City State Zip Code ROYAL OAK MI 48073	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 155 / 258
(check only one)

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

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

A.

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

Mailing Address 324 6TH AVE

City State Zip Code
INDIAN ROCKS BEACH FL 33785

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

Name of Employer
FLORIDA GULF TO BAY ANES ASSOC

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: SA11AI.91105

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
KATHLEEN OLEARY

Mailing Address 666 ELM AND CARLTON ST

City State Zip Code
BUFFALO NY 14263

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

Name of Employer
ROSWELL PARK CANCER INSTI-TUTE

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2010

Transaction ID: SA11AI.89515

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
PAUL OLEARY

Mailing Address 1174 LAKESIDE DRIVE

City State Zip Code
BIRMINGHAM MI 48009

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

Name of Employer
SOAA

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: SA11AI.90668

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **775.00**

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

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

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

FOR LINE NUMBER: PAGE 156 / 258
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DOUGLAS OLIN		Date of Receipt MM / DD / YYYY 09 / 08 / 2010		
	Mailing Address 5270 VISTA CLUB RUN		Transaction ID: SA11AI.89870		
	City SANFORD	State FL	Zip Code 32771	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer JLR MEDICAL GROUP	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) DAVID OLIVER		Date of Receipt MM / DD / YYYY 09 / 05 / 2010		
	Mailing Address P.O. BOX 1928		Transaction ID: SA11AI.89652		
	City COLUMBIA	State SC	Zip Code 29202	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIOLOGY CONSULTANTS OF COLUMBIA	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) RICHARD OLIVER		Date of Receipt MM / DD / YYYY 09 / 22 / 2010		
	Mailing Address 1715 E MCMILLAN ST # 2		Transaction ID: SA11AI.90771		
	City CINCINNATI	State OH	Zip Code 45206	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer IAPSC	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)

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 157 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1060 LIVE OAK PLANTATION RD.

City State Zip Code
TALLAHASSEE FL 32312

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

Name of Employer Occupation
AAT ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2010

Transaction ID: SA11AI.91541

Amount of Each Receipt this Period
500.00

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

Mailing Address 5885 LAKE HARBOR RD

City State Zip Code
MUSKEGON MI 49441

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

Name of Employer Occupation
LAKESHORE ANES. ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2010

Transaction ID: SA11AI.91337

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CHERIAN SANTOSH OOMMEN

Mailing Address 58 ORCHARD FARMS LN.

City State Zip Code
AVON CT 06001

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

Name of Employer Occupation
MILFORD ANESTHESIA ASSOCIATES ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2010

Transaction ID: SA11AI.89615

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) BRYAN ORME		Date of Receipt	
	Mailing Address 10001 E 33RD STREET		M M / D D / Y Y Y Y 09 / 08 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.89831
	JONES	OK	73049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		500.00
Name of Employer AFFILIATED ANESTHESIOLOGISTS		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

B.	Full Name (Last, First, Middle Initial) JON PACE		Date of Receipt	
	Mailing Address 1850 N CENTRAL AVE STE 1600		M M / D D / Y Y Y Y 09 / 29 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.91462
	PHOENIX	AZ	85004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		1000.00
Name of Employer VALLEY ANESTHESIA CONSULTANTS		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

C.	Full Name (Last, First, Middle Initial) KEVIN PACE		Date of Receipt	
	Mailing Address 231 CHARLESTON COURT, SOUTH		M M / D D / Y Y Y Y 09 / 20 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.90512
	MONTGOMERY	AL	36117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		1000.00
Name of Employer MONTGOMERY ANESTHESIA ASSOC.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 159 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CRAIG PADAVICH
 Mailing Address 660 NOBLE HILL RD
 City State Zip Code
YAKIMA WA 98908
 Date of Receipt
MM / DD / YYYY
09 / 30 / 2010
Transaction ID: SA11AI.91589
 Amount of Each Receipt this Period
250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
PHYSICIAN ANES. ASSOC. ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
PATRICIA PANCOAST
 Mailing Address 19031 HILLTOP RD
 City State Zip Code
LAKE OSWEGO OR 97034
 Date of Receipt
MM / DD / YYYY
09 / 23 / 2010
Transaction ID: SA11AI.90876
 Amount of Each Receipt this Period
500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
OREGON ANES GROUP, P.C. ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

C. Full Name (Last, First, Middle Initial)
MICHAEL PANGER
 Mailing Address 146 WHISPERING WOODS RD.
 City State Zip Code
CHARLESTON WV 25304
 Date of Receipt
MM / DD / YYYY
09 / 07 / 2010
Transaction ID: SA11AI.89742
 Amount of Each Receipt this Period
500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
GENERAL ANESTHESIA SERVICES, INC. PHYSICIAN
 Receipt For: Aggregate 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 only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 160 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
SPARKHILL PARKHILL

Mailing Address 300 S. ARLINGTON AVE.

City RENO State NV Zip Code 89501

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

Name of Employer ASSOCIATED ANES. OF RENO Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2010
Transaction ID: SA11AI.89932
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
C. LEE PARMLEY

Mailing Address 1211 21ST AVE S
MEDICAL ARTS BUILDING SUITE 526

City NASHVILLE State TN Zip Code 37212

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

Name of Employer VANDERBILT UNIVERSITY MEDICAL CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 09 / 01 / 2010
Transaction ID: SA11AI.89496
Amount of Each Receipt this Period 125.00

C.

Full Name (Last, First, Middle Initial)
KATHLEEN PARR

Mailing Address 5008 ILCHESTER RD

City ELLICOTT CITY State MD Zip Code 21043

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

Name of Employer PARKWAY ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2010
Transaction ID: SA11AI.89636
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **875.00**

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

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

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

FOR LINE NUMBER: PAGE 161 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DHARINI PATEL

Mailing Address 21246 RONDA CIR

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer DHARINI PATEL Occupation SELF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 02 / 2010

Transaction ID: SA11AI.89564

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
HARESH PATEL

Mailing Address 1120 ENCLAVE RD

City State Zip Code
CHATTANOOGA TN 37415

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

Name of Employer ACE Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 09 / 2010

Transaction ID: SA11AI.89919

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
VINIT PATIL

Mailing Address 515 GENTLEMANS RIDGE

City State Zip Code
SIGNAL MOUNTAIN TN 37377

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

Name of Employer ACE Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2010

Transaction ID: SA11AI.91371

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) SCOTT PAULSEN		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 3103 153RD ST		Transaction ID: SA11AI.90641		
	City URBANDALE	State IA	Zip Code 50323	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer ASSOCIATED ANESTHESIOLOGISTS, P.C.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) ROBERT PEASE		Date of Receipt MM / DD / YYYY 09 / 15 / 2010		
	Mailing Address P.O. BOX 220909		Transaction ID: SA11AI.90229		
	City ANCHORAGE	State AK	Zip Code 99522	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer PAAMG		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) TIMOTHY PEDERSON		Date of Receipt MM / DD / YYYY 09 / 26 / 2010		
	Mailing Address 39 SUMMIT ST.		Transaction ID: SA11AI.91164		
	City NEWTON	State MA	Zip Code 02458	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer COMMONWEALTH ANESTHESIA ASSOC.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

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

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

FOR LINE NUMBER: PAGE 163 / 258
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WILLIAM PEDERSON	Date of Receipt MM / DD / YYYY 09 / 29 / 2010
	Mailing Address 1819 DENVER WEST DRIVE #200	Transaction ID: SA11AI.91434
	City State Zip Code GOLDEN CO 80401	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer PHYSICIAN ANESTHESIA SERVICES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) WILLIAM PEKARSKE	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 1281 E. CALLE DE LA CABRA	Transaction ID: SA11AI.89480
	City State Zip Code TUCSON AZ 85718	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SOUTHERN ARIZONA ANESTHESIA SERVICES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 747.00	

C.	Full Name (Last, First, Middle Initial) STAN PERKINS	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 3200 TROUP HWY #200	Transaction ID: SA11AI.91379
	City State Zip Code TYLER TX 75701	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer EAST TEXAS ANES. ASSOC.	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶

833.00

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

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

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

FOR LINE NUMBER: PAGE 164 / 258

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ANDREW PETERS		Date of Receipt MM / DD / YYYY 09 / 24 / 2010		
	Mailing Address 1401 WEST BAY DRIVE		Transaction ID: SA11AI.91099		
	City LARGO	State FL	Zip Code 33770	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DIAGNOSTIC CLINIC	Occupation MDA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) THEODORE PETERSON		Date of Receipt MM / DD / YYYY 09 / 24 / 2010		
	Mailing Address 3632 21ST AVE. S.		Transaction ID: SA11AI.91089		
	City ST. CLOUD	State MN	Zip Code 56301	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANES ASSOC ST CLOUD	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) W. CURTIS PETERSON		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address P. O. BOX 3870		Transaction ID: SA11AI.90319		
	City SALT LAKE CITY	State UT	Zip Code 84110	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PEDIATRIC ANESTHESIOLOGIST-S. INC	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 165 / 258
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) LANG-HA PHAM	Date of Receipt MM / DD / YYYY 09 / 05 / 2010
	Mailing Address 10015 PETRA CT NE	Transaction ID: SA11AI.89637
	City State Zip Code ALBUQUERQUE NM 87122	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PRESBYTERIAN HOSPITAL MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) JEFFREY PHILIP	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 4549 RAYNOR CT.	Transaction ID: SA11AI.90948
	City State Zip Code MASON OH 45040	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PERIOP MED CONSULTS ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) MARK PHILLIPS	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 619 19TH ST S	Transaction ID: SA11AI.90747
	City State Zip Code BIRMINGHAM AL 35249	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UAB PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 166 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) PAUL PICKARD		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 5680 RIVERVIEW PLANTATION DR		Transaction ID: SA11AI.91721
City Theodore	State AL	Zip Code 36582
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer COASTAL ANESTHESIA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) LINDA POLLEY		Date of Receipt MM / DD / YYYY 09 / 13 / 2010
Mailing Address 12 RIDGEWAY ST		Transaction ID: SA11AI.90083
City ANN ARBOR	State MI	Zip Code 48104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UNIVERSITY OF MICHIGAN HEALTH SYSTEM	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) EDWARD PREJEAN		Date of Receipt MM / DD / YYYY 09 / 20 / 2010
Mailing Address 9706 VALLEY LAKE CT.		Transaction ID: SA11AI.90522
City IRVING	State TX	Zip Code 75063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AFC/UTSW	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) REX PRITCHARD	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 17268 RIDGE CREST DR	Transaction ID: SA11AI.91057
	City State Zip Code FLINT TX 75762	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer EAST TEXAS ANESTHESIOLOGY ASSOC. Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

B.	Full Name (Last, First, Middle Initial) DAVID PROVENZANO	Date of Receipt MM / DD / YYYY 09 / 05 / 2010
	Mailing Address 702 AUGUSTA DRIVE	Transaction ID: SA11AI.89658
	City State Zip Code BRIDGEVILLE PA 15017	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer OHIO VALLEY GENERAL HOSPITAL DEPT. OF Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) DANICA PRUETT	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 806 MULLINS HILL DR.	Transaction ID: SA11AI.91303
	City State Zip Code HUNTSVILLE AL 35802	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DANICA Q PRUETT M.D. Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional)	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 168 / 258

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MIHAEL PUC		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2010		
	Mailing Address 119 GADWALL LN		Transaction ID: SA11AI.90016		
	City MANLIUS	State NY	Zip Code 13104	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ST. JOSEPH HOSPITAL HEALTH CENTER DEPT	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) P. PURVES		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2010		
	Mailing Address PO BOX 627		Transaction ID: SA11AI.91497		
	City AUBURN	State AL	Zip Code 36831	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) JAMES QUALKINBUSH		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010		
	Mailing Address 6320 BRAEWICK RD.		Transaction ID: SA11AI.90953		
	City INDIANAPOLIS	State IN	Zip Code 46226	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACI	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 169 / 258
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) JOHN QUINN		Date of Receipt MM / DD / YYYY 09 / 05 / 2010
Mailing Address 90 COWDRAY PARK		Transaction ID: SA11AI.89634
City COLUMBIA	State SC	Zip Code 29223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIOLOGY CONSULTANTS OF COLUMBIA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) ANDREW QUIROZ		Date of Receipt MM / DD / YYYY 09 / 16 / 2010
Mailing Address 4720 RICHMOND RD.		Transaction ID: SA11AI.90304
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer E TEXAS ANES ASSOC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) CRISPIN QUITOS		Date of Receipt MM / DD / YYYY 09 / 16 / 2010
Mailing Address 1018 HARRINGTON LN.		Transaction ID: SA11AI.90292
City EAST LANSING	State MI	Zip Code 48823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer LANSING ANESTHESIOLOGIST, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) LLOYD RADER		Date of Receipt	
	Mailing Address 2301 PAWNEE CROSSING		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 PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) RADHIKA RADHAKRISHNAN		Date of Receipt	
	Mailing Address 46 MCBRIDE WAY		M M / D D / Y Y Y Y Y 09 / 13 / 2010	
	City	State	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 ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) ALESSANDRO RADIGHIERI		Date of Receipt	
	Mailing Address 1548 COOKS XING		M M / D D / Y Y Y Y Y 09 / 20 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.90504
	TYLER	TX	75703	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
JONATHAN RADIN
 Mailing Address 12720 FRANK DR S
 City SEMINOLE State FL Zip Code 33776
 Date of Receipt 09 / 22 / 2010
Transaction ID: SA11AI.90803
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer BAY AREA ANESTHESIA Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 250.00

B. Full Name (Last, First, Middle Initial)
MATTHEW RAGLAND
 Mailing Address 315 N ROLLSTON AVE APT 201
 City FAYETTEVILLE State AR Zip Code 72701
 Date of Receipt 09 / 23 / 2010
Transaction ID: SA11AI.90918
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer NORTHWEST ANESTHESIOLOGY ASSOCIATES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 250.00

C. Full Name (Last, First, Middle Initial)
CHRISTINE RALPH
 Mailing Address 12630 W 67TH PL
 City ARVADA State CO Zip Code 80004
 Date of Receipt 09 / 13 / 2010
Transaction ID: SA11AI.90062
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer COLORADO PERMANENTE MEDICAL GROUP Occupation ANESTHESIOLOGIST
 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 only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 172 / 258
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MARK RANSOM		Date of Receipt
	Mailing Address 859 MORNING SUN DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 16 / 2010
	City	State	Zip Code
	ENCINITAS	CA	92024
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90333
Name of Employer ASMG		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) SRIPAD RAO		Date of Receipt
	Mailing Address 1504 BAY RD APT 3307		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 01 / 2010
	City	State	Zip Code
	MIAMI BEACH	FL	33139
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89436
Name of Employer RYDER TRAUMA CENTER ANESTHESIOLOGY		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 83.00

C.	Full Name (Last, First, Middle Initial) STEVEN READ		Date of Receipt
	Mailing Address 102 WATERSTONE CV		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 01 / 2010
	City	State	Zip Code
	GEORGETOWN	TX	78628
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89522
Name of Employer NORTHSTAR ANESTHESIA DEPT. OF ANESTHES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 374.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
SUDHAKAR REDDY

Mailing Address 1704 PATRIOT LN

City State Zip Code
HIXSON TN 37343

FEC ID number of contributing federal political committee. **C**

Name of Employer ACE Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 27 / 2010
Transaction ID: SA11AI.91196
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
JEFFREY REED

Mailing Address 4200 W. MEMORIAL RD., STE. 703

City State Zip Code
OKLAHOMA CITY OK 73120

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 22 / 2010
Transaction ID: SA11AI.90790
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
DIANE REYNOLDS

Mailing Address 501 20TH ST STE 606

City State Zip Code
KNOXVILLE TN 37916

FEC ID number of contributing federal political committee. **C**

Name of Employer ANES MED ALLIANCE OF EAST TN Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: SA11AI.90882
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 258

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) KEITH RIABOV		Date of Receipt	
	Mailing Address 3 WARWICK RD		M M / D D / Y Y Y Y Y 09 / 04 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.89618
	CHATHAM	NJ	07928	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer AAM		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) RAFAEL RICO		Date of Receipt	
	Mailing Address 1627 BRICKELL AVE. #1401		M M / D D / Y Y Y Y Y 09 / 28 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.91366
	MIAMI	FL	33129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer UNIVERSITY OF MIAMI		Occupation CHIEF ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) JASON RIGOL		Date of Receipt	
	Mailing Address 3117 PALM VISTA		M M / D D / Y Y Y Y Y 09 / 07 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.89802
	METAIRIE	LA	70003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer SELF		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
STEVEN RITROSKY

Mailing Address 15090 SHAMROCK DR.

City State Zip Code
FORT MYERS FL 33912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MAPMC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.91604

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DAVID RITTER

Mailing Address 6234 NW 23RD TER

City State Zip Code
BOCA RATON FL 33496

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DAVID RITTER MD PA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: SA11AI.89915

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DAVID RITTER

Mailing Address 6234 NW 23RD TER

City State Zip Code
BOCA RATON FL 33496

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DAVID RITTER, MD, PA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11AI.91306

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) CHARLES ROBERSON		Date of Receipt
	Mailing Address 125 SUNSET LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 24 / 2010
	City	State	Zip Code
	TEMPLE	TX	76502
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91049
Name of Employer SCOTT & WHITE CLINIC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) JOHN ROBERTS		Date of Receipt
	Mailing Address 201 GOVERNORS DR SW STE 400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 29 / 2010
	City	State	Zip Code
	HUNTSVILLE	AL	35801
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91516
Name of Employer TENNESSEE VALLEY PAIN CONSULTANTS		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) KEVIN ROBERTS		Date of Receipt
	Mailing Address 240 WALNUT LN.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 01 / 2010
	City	State	Zip Code
	SLINGERLANDS	NY	12159
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89428
Name of Employer ALBANY MEDICAL CENTER HOSPITAL		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 747.00	<input type="text"/> 83.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1083.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MARK ROBERTS

Mailing Address 3200 TROUP HWY STE 200

City State Zip Code
TYLER TX 75701

FEC ID number of contributing federal political committee. **C**

Name of Employer EAST TEXAS ANES. ASSOC., P.A. Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2010

Transaction ID: SA11AI.90306

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
STEVEN ROBICSEK

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
P.O. BOX 100254

City State Zip Code
GAINESVILLE FL 32610

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF FLORIDA Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89430

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
JOHN ROBINSON

Mailing Address 4969 W. 88TH ST.

City State Zip Code
PRAIRIE VILLAGE KS 66207

FEC ID number of contributing federal political committee. **C**

Name of Employer MIDWEST ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2010

Transaction ID: SA11AI.90257

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **525.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 178 / 258
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) KAI RODNING		Date of Receipt	
	Mailing Address 3750 RHONDA DR N		M M / D D / Y Y Y Y 09 / 28 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.91384
	MOBILE	AL	36608	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer COASTAL ANESTHESIA		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) LEOPOLDO RODRIGUEZ		Date of Receipt	
	Mailing Address 21050 POINT PLACE #305 ATLANTIC 3 AT THE POINT		M M / D D / Y Y Y Y 09 / 01 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.89527
	AVENTURA	FL	33180	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.00	
Name of Employer SHERIDAN HEALTHCARE INC		Occupation MEDICAL DIRECTOR OF THE SURGERY CENTER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 747.00		

C.	Full Name (Last, First, Middle Initial) TIMOTHY ROEDIG		Date of Receipt	
	Mailing Address 8956 GREY HAWK POINT		M M / D D / Y Y Y Y 09 / 14 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.90154
	ORLANDO	FL	32836	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer JLR MEDICAL GROUP		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional)	583.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) PETER ROESSLER		Date of Receipt
	Mailing Address 19031 HILLTOP RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 23 / 2010
	City	State	Zip Code
	LAKE OSWEGO	OR	97034
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90875
Name of Employer OREGON ANES GRP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) SUSANNE ROESSLER		Date of Receipt
	Mailing Address 4233 POCONO CT.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 20 / 2010
	City	State	Zip Code
	FAIR OAKS	CA	95628
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90561
Name of Employer SACRAMENTO ANESTHESIA MEDICAL GROUP, I		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) ROBERT ROETTGER		Date of Receipt
	Mailing Address 9051 ITASCA TRAIL NORTH		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 24 / 2010
	City	State	Zip Code
	GRANT	MN	55082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91085
Name of Employer ASSOCIATED ANESTHESIOLOGISTS, PA		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ANNE ROGERS		Date of Receipt
	Mailing Address 6005 RIVER RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	NORFOLK	VA	23505
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91587
Name of Employer ATLANTIC ANESTHESIA INC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) PAUL ROSE		Date of Receipt
	Mailing Address 14465 NW BELLE PL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 08 / 2010
	City	State	Zip Code
	BEAVERTON	OR	97006
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89877
Name of Employer OREGON ANESTHESIOLOGY GRO-UP, P.C.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) FRANK ROSEMEIER		Date of Receipt
	Mailing Address 10004 CRYSTALLINE COURT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 01 / 2010
	City	State	Zip Code
	ORLANDO	FL	32836
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89525
Name of Employer JLR MEDICAL GROUP		Occupation STAFF ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 254.00	<input type="text"/> 41.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 391.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) GERALD ROSEN		Date of Receipt	
	Mailing Address 4300 ALTON RD.		M M / D D / Y Y Y Y 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 federal political committee. C		250.00	
Name of Employer MIAMI BEACH ANESTHESIOLOGY ASSOC.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) 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
	FEC ID number of contributing federal political committee. C		41.00	
Name of Employer TULANE UNIVERSITY SCHOOL OF MEDICINE		Occupation CHAIRMAN, DEPARTMENT OF ANESTHESIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 369.00		

C.	Full Name (Last, First, Middle Initial) LAWRENCE ROY		Date of Receipt	
	Mailing Address 2420 FREEMAN MANOR DR		M M / D D / Y Y Y Y 09 / 01 / 2010	
	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. C		83.00	
Name of Employer OKLAHOMA ANESTHESIA CONSULTANTS		Occupation MEDICAL DOCTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 747.00		

SUBTOTAL of Receipts This Page (optional)	374.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 258
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
WILLIAM RUDA

Mailing Address 60 TWIN OAKS RD.

City State Zip Code
BRIDGEWATER NJ 08807

FEC ID number of contributing federal political committee. **C**

Name of Employer ANESTHESIA CONSULTANTS OF NJ, L.L.C. Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2010

Transaction ID: SA11AI.89599

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
RONALD RUDAK

Mailing Address 3200 TROUP HWY STE 200

City State Zip Code
TYLER TX 75701

FEC ID number of contributing federal political committee. **C**

Name of Employer E TEXAS ANES ASSOC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2010

Transaction ID: SA11AI.90861

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
ABELARDO RUIZ

Mailing Address 3260 STAPLEFORD CHASE

City State Zip Code
VIRGINIA BEACH VA 23452

FEC ID number of contributing federal political committee. **C**

Name of Employer ATLANTIC ANESTH Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2010

Transaction ID: SA11AI.90552

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) STEPHEN RUPP	Date of Receipt MM / DD / YYYY 09 / 11 / 2010
	Mailing Address 1100 9TH AVE # B2-AN DEPARTMENT OF ANESTHESIOLOGY	Transaction ID: SA11AI.89991
	City State Zip Code SEATTLE WA 98101	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer VIRGINIA MASON MEDICAL CENTER Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) HAROLD RUST	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 1136 HEATHER CIR	Transaction ID: SA11AI.89756
	City State Zip Code FARMINGTON UT 84025	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MOUNTAIN WEST ANESTHESIOLOGY Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) THOMAS RYAN	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 4655 N. MURRAY AVE.	Transaction ID: SA11AI.90536
	City State Zip Code MILWAUKEE WI 53211	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SUMMIT ANESTH Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
JAMES SALVATORE

Mailing Address 10 HASTINGS DR

City State Zip Code
PUEBLO CO 81001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PHYS ANES PUEBLO ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2010

Transaction ID: SA11AI.90865

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DAVID SAMUELS

Mailing Address 5121 SAN JOSE

City State Zip Code
TAMPA FL 33629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DAVID J SAMUELS, MD PA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.90393

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ANTONIO SANTOS

Mailing Address 3100 E. FLETCHER AVE.

City State Zip Code
TAMPA FL 33613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNICOM ANESTHESIA ASSOCIATES ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2010

Transaction ID: SA11AI.91176

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) SHANNON SAVAGE	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 52 MEDICAL PARK EAST DR., #321	Transaction ID: SA11AI.90716
	City State Zip Code BIRMINGHAM AL 35235	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA GROUP EAST Occupation ANESHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) SAMUEL SAYSON	Date of Receipt MM / DD / YYYY 09 / 14 / 2010
	Mailing Address 5710 PROVIDENCE COUNTRY CLUB DR.	Transaction ID: SA11AI.90133
	City State Zip Code CHARLOTTE NC 28277	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PRESBYTERIAN ANES ASSOC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) IAN SCHAJA	Date of Receipt MM / DD / YYYY 09 / 18 / 2010
	Mailing Address 1601 CLINT MOORE RD STE 160	Transaction ID: SA11AI.90449
	City State Zip Code BOCA RATON FL 33487	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer BROAD PAIN CARE CONSULTANTS Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 258

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) PHYLLIS SCHAPIRE		Date of Receipt																					
	Mailing Address 52 CEDAR HILL LN		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		2	6		2	0	1	0														
	City State Zip Code MEDIA PA 19063		Transaction ID: SA11AI.91152																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00																						
Name of Employer ASSOCIATES IN ANESTHESIA		Occupation ANESTHESIOLOGIST																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00																						

B.	Full Name (Last, First, Middle Initial) WILLIAM SCHIMPKE		Date of Receipt																					
	Mailing Address 289 GRAY WOODS LN		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		2	1		2	0	1	0														
	City State Zip Code LAKE ANGELUS MI 48326		Transaction ID: SA11AI.90682																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES		Occupation PHYSICIAN																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

C.	Full Name (Last, First, Middle Initial) MARK SCHNEIDER		Date of Receipt																					
	Mailing Address 4 N HAMPSHIRE CT		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		0	6		2	0	1	0														
	City State Zip Code WILMINGTON DE 19807		Transaction ID: SA11AI.89729																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer ANESTHESIA SERVICES, P.A.		Occupation ANESTHESIOLOGIST																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

SUBTOTAL of Receipts This Page (optional) ▶

900.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JOHN SCHRAM		Date of Receipt
	Mailing Address 18179 N. FRUITPORT RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 26 / 2010
	City	State	Zip Code
	SPRING LAKE	MI	49456
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91168
Name of Employer LAKESHORE ANESTHESIA SERVICES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) HARRY SCHRIER		Date of Receipt
	Mailing Address 7390 S.W. 153RD ST.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 25 / 2010
	City	State	Zip Code
	MIAMI	FL	33157
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91123
Name of Employer ANES. ASSOC. OF GREATER MIAMI, PA		Occupation MD ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) MICHAEL SCHUR		Date of Receipt
	Mailing Address 1304 OAK ST.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 14 / 2010
	City	State	Zip Code
	MELBOURNE	FL	32901
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90118
Name of Employer BREVARD ANESTHESIA SERVICES		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ALAN JAY SCHWARTZ

Mailing Address 1000 SHARPLESS ROAD

City MELROSE PARK State PA Zip Code 19027

FEC ID number of contributing federal political committee. **C**

Name of Employer CHILDRENS HOSPITAL OF PHILADELPHIA Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 369.00

Date of Receipt 09 / 01 / 2010

Transaction ID: SA11AI.89466

Amount of Each Receipt this Period 41.00

B. Full Name (Last, First, Middle Initial)
KAMLESH SHAH

Mailing Address 2 HILLCREST CT.

City BURR RIDGE State IL Zip Code 60527

FEC ID number of contributing federal political committee. **C**

Name of Employer ANESTHESIOLOGISTS LTD Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2010

Transaction ID: SA11AI.90793

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
MANOJ SHAHANE

Mailing Address 10 VOCISANO CT

City PISCATAWAY State NJ Zip Code 08854

FEC ID number of contributing federal political committee. **C**

Name of Employer SUMMIT ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2010

Transaction ID: SA11AI.91231

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **791.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ARYEH SHANDER

Mailing Address 10 MYRTLE AVENUE

City State Zip Code
DEMAREST NJ 07627

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NORTHERN VALLEY ANES ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: SA11AI.90778

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
FRED SHAPIRO

Mailing Address 330 BROOKLINE AVE # F-407
DEPARTMENT OF ANESTHESIOLOGY

City State Zip Code
BOSTON MA 02215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HARVARD MEDICAL SCHOOL PHYSICIAN ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: SA11AI.91457

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MATTHEW SHATZ

Mailing Address 28 JAROMBEEK DR.

City State Zip Code
TOWACO NJ 07082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GARDEN STATE ANESTHESIA SERVICES ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: SA11AI.89750

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) LOYD SHAW		Date of Receipt MM / DD / YYYY 09 / 29 / 2010
Mailing Address 201 S BEATY ST		Transaction ID: SA11AI.91423
City ATHENS	State AL	Zip Code 35611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer ANESTHESIA SERVICES OF DE-CATUR	Occupation M.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) BRIAN SHEPHERD		Date of Receipt MM / DD / YYYY 09 / 27 / 2010
Mailing Address 2200 SHIREWOOD LN		Transaction ID: SA11AI.91298
City SIGNAL MOUNTAIN	State TN	Zip Code 37377
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer ANESTHESIOLOGY CONSULTANTS EXCHANGE	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) HORNGFU SHIAU		Date of Receipt MM / DD / YYYY 09 / 11 / 2010
Mailing Address 8 MEADOW CT.		Transaction ID: SA11AI.89998
City MONTVILLE	State NJ	Zip Code 07045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MORRIS ANESTHESIA GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) LAWRENCE SHINBAUM	Date of Receipt MM / DD / YYYY 09 / 06 / 2010
	Mailing Address 343 ROLLING HILLS DR	Transaction ID: SA11AI.89672
	City State Zip Code FAIRFIELD CT 06824	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MILFORD ANESTHESIA ASSOCIATES ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) LARRY SHIRLEY	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2705 RAMBLING DR.	Transaction ID: SA11AI.90929
	City State Zip Code EDMOND OK 73025	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NORTHWEST ANESTHESIA PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) DONALD SHOEMAKER	Date of Receipt MM / DD / YYYY 09 / 06 / 2010
	Mailing Address 11704 E. ARBOR DR.	Transaction ID: SA11AI.89718
	City State Zip Code ANCHORAGE KY 40223	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WILLIAMS AND WAGNER, PSC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
KAREN SIBERT

Mailing Address 4146 SUNNYSLOPE AVE.

City State Zip Code
SHERMAN OAKS CA 91423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CEDARS-SINAI MEDICAL CENTER ANES. DEPT ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 369.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	1	/	2	0	1	0

Transaction ID: SA11AI.89510

Amount of Each Receipt this Period
41.00

B. Full Name (Last, First, Middle Initial)
BERNIS SIMMONS

Mailing Address 52 MEDICAL PARK EAST, STE 321

City State Zip Code
BIRMINGHAM AL 35216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANESTHESIA GROUP EAST PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.90579

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MICHAEL SIMON

Mailing Address 35 GELLATLY DR.

City State Zip Code
WAPPINGERS FALLS NY 12590

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NAPA PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 747.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	1	/	2	0	1	0

Transaction ID: SA11AI.89487

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ► **1124.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DAVID SKINNER

Mailing Address 26082 GLEN CANYON

City State Zip Code
LAGUNA HILLS CA 92653

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CAA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.91608

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
KAREN SLACK

Mailing Address 90 BAHAMA CIRCLE

City State Zip Code
TAMPA FL 33606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MILLENNIUM ANESTHESIA CARE ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: SA11AI.90740

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PATRICK SLATEV

Mailing Address 16405 ERNEST CT

City State Zip Code
EDMOND OK 73013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFFILIATED ANESTHESIOLOGI- ANESTHESIOLOGIST
STS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11AI.90428

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) PAUL SLAVENAS	Date of Receipt MM / DD / YYYY 09 / 14 / 2010
	Mailing Address 660 N WESTMORELAND RD	Transaction ID: SA11AI.90125
	City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA CONSULTANTS LIMITED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) ALEXEY SLUCKY	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 333 W. HAMPDEN AVE., SUITE 600	Transaction ID: SA11AI.89488
	City State Zip Code ENGLEWOOD CO 80110	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SOUTH DENVER ANESTHESIOLOGISTS, PC Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 747.00	

C.	Full Name (Last, First, Middle Initial) TODD SMAKA	Date of Receipt MM / DD / YYYY 09 / 08 / 2010
	Mailing Address 7865 EMERALD WINDS CIRCLE	Transaction ID: SA11AI.89839
	City State Zip Code BOYNTON BEACH FL 33473	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNIV. OF MIAMI ANES DEPT C-300 Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	1083.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 258
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
BLAIR SMITH

Mailing Address 1046 LAKE COLONY LN.

City BIRMINGHAM State AL Zip Code 35242

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF ALABAMA HSF Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 747.00

Date of Receipt: 09 / 01 / 2010
Transaction ID: SA11AI.89481
 Amount of Each Receipt this Period: 83.00

B. Full Name (Last, First, Middle Initial)
DARYL SMITH

Mailing Address 4615 PIONEER TRAIL

City OKEMOS State MI Zip Code 48864

FEC ID number of contributing federal political committee. **C**

Name of Employer LANSING ANESTH Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 27 / 2010
Transaction ID: SA11AI.91253
 Amount of Each Receipt this Period: 400.00

C. Full Name (Last, First, Middle Initial)
JOSHUA SMITH

Mailing Address 505 LANSLOWNE PL

City BIRMINGHAM State AL Zip Code 35226

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIV OF ALABAMA MEDICAL CENTER Occupation P

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.91733
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1483.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) PERRY SMITH	Date of Receipt MM / DD / YYYY 09 / 13 / 2010
	Mailing Address 4017 OLD LEEDS RIDGE	Transaction ID: SA11AI.90065
	City State Zip Code BIRMINGHAM AL 35213	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UAB ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) SAMUEL MORGAN SMITH	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 7821 NIGHT HAWK RD.	Transaction ID: SA11AI.91184
	City State Zip Code CHATTANOOGA TN 37421	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACE MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) WILLIAM SMITH	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 2223 EDGEMONT	Transaction ID: SA11AI.91095
	City State Zip Code BRISTOL TN 37620	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BRISTOL ANESTHESIA SERV ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) GREGORY SOMERVILLE		Date of Receipt
	Mailing Address 6208 DEVILS HOLLOW RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 01 / 2010
	City	State	Zip Code
	FORT WAYNE	IN	46814
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89533
Name of Employer ASSOCIATED ANESTHESIOLOGISTS OF FORT W		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 336.00	<input type="text"/> 41.00

B.	Full Name (Last, First, Middle Initial) SHANNON SORAH		Date of Receipt
	Mailing Address 11743 COUCH MILL ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 01 / 2010
	City	State	Zip Code
	KNOXVILLE	TN	37932
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89536
Name of Employer METHODIST MED. CTR. ANES. GR.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 336.00	<input type="text"/> 41.00

C.	Full Name (Last, First, Middle Initial) JAMES SPERRAZZA		Date of Receipt
	Mailing Address 940 WOODLAND AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 17 / 2010
	City	State	Zip Code
	PLAINFIELD	NJ	07060
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90434
Name of Employer ANESTHESIA CONSULTANTS OF NJ		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 582.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MARK SPIRO	Date of Receipt MM / DD / YYYY 09 / 05 / 2010
	Mailing Address 10012 E. CALLE DE LAS BRISAS	Transaction ID: SA11AI.89635
	City State Zip Code SCOTTSDALE AZ 85255	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation VALLEY ANESTHESIOLOGY CON-SULTANTS ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) BRETT SPRTTEL	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 11934 CROSSING DEER CT	Transaction ID: SA11AI.89738
	City State Zip Code ROSCOMMON MI 48653	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MERCY HOSPITAL GRAYLING DEPT OF ANESTH ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 350.00	

C.	Full Name (Last, First, Middle Initial) THOMAS STAMOS	Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 1441 SCHOETTLER RD.	Transaction ID: SA11AI.89950
	City State Zip Code CHESTERFIELD MO 63017	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WESTERN ANESTHESIOLOGISTS ASSOCIATES ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) GLYNNE STANLEY		Date of Receipt
	Mailing Address 270 MIDDLETON ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 01 / 2010
	City	State	Zip Code
	BOXFORD	MA	01921
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89474
Name of Employer ANESTHESIA ASSOCIATES OF MASSACHUSETTS		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 369.00	<input type="text"/> 41.00

B.	Full Name (Last, First, Middle Initial) RICHARD STARK		Date of Receipt
	Mailing Address 915 E. EAGLE LAKE DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 12 / 2010
	City	State	Zip Code
	KALAMAZOO	MI	49009
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90034
Name of Employer KALAMAZOO ANESTHESIOLOGY		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) MARION STARKS		Date of Receipt
	Mailing Address 1204 N. WINDOMERE AVE.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 01 / 2010
	City	State	Zip Code
	DALLAS	TX	75208
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89450
Name of Employer ANESTHESIA RESOURCES FOR CHILDREN		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	<input type="text"/> 125.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 666.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 258
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) ELDON STEELE		Date of Receipt MM / DD / YYYY 09 / 20 / 2010	
Mailing Address 1904 LAMPLIGHT LN		Transaction ID: SA11AI.90503	
City TYLER	State TX	Zip Code 75701	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer E TEXAS ANES ASSOC	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B.

Full Name (Last, First, Middle Initial) LOUIS STOOL		Date of Receipt MM / DD / YYYY 09 / 27 / 2010	
Mailing Address PO BOX 7637		Transaction ID: SA11AI.91197	
City DALLAS	State TX	Zip Code 75209	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer UNIVERSITY OF TEXAS SOUTH-WESTERN MEDIC	Occupation ANESTHESIOLOGISTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C.

Full Name (Last, First, Middle Initial) AIMEE STOTZ		Date of Receipt MM / DD / YYYY 09 / 15 / 2010	
Mailing Address 5079 W. CATALPA		Transaction ID: SA11AI.90227	
City CHICAGO	State IL	Zip Code 60630	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTHESIA CONSULTANTS, LTD.	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRANCIS SULLIVAN

Mailing Address 8915 MERION DR.

City State Zip Code
DULUTH GA 30097

FEC ID number of contributing federal political committee. **C**

Name of Employer NORTHSIDE ANES. CONSULTANTS
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.90757

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MARK SUNDET

Mailing Address 1215 PLEASANT ST STE 400

City State Zip Code
DES MOINES IA 50309

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSOCIATED ANESTHESIOLOGISTS, P.C.
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: SA11AI.91716

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MATTHEW SUPRON

Mailing Address 729 SPRUCE ST.

City State Zip Code
MARQUETTE MI 49855

FEC ID number of contributing federal political committee. **C**

Name of Employer ANESTHESIOLOGY OF MARQUETTE
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	7	/	2	0	1	0

Transaction ID: SA11AI.89752

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MAYA SURESH

Mailing Address 1709 DRYDEN RD STE 1700

City HOUSTON State TX Zip Code 77030

FEC ID number of contributing federal political committee. **C**

Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 747.00

Date of Receipt 09 / 01 / 2010
Transaction ID: SA11AI.89470
Amount of Each Receipt this Period 83.00

B. Full Name (Last, First, Middle Initial)
JOHAN SUYDERHOUD

Mailing Address 3467 N VENICE ST

City ARLINGTON State VA Zip Code 22207

FEC ID number of contributing federal political committee. **C**

Name of Employer GEORGETOWN HOSPITAL Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2010
Transaction ID: SA11AI.91079
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
KENNETH SWANK

Mailing Address 6198 E PRINCETON AVE

City ENGLEWOOD State CO Zip Code 80111

FEC ID number of contributing federal political committee. **C**

Name of Employer SOUTH DENVER ANESTHESIOLOGISTS Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2010
Transaction ID: SA11AI.90203
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **633.00**

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 203 / 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
THOMAS SWYGERT

Mailing Address 7014 PRESTONSHIRE LN.

City State Zip Code
DALLAS TX 75225

FEC ID number of contributing federal political committee. **C**

Name of Employer PINNACLE ANESTHESIA CONSULTANTS
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 369.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2010

Transaction ID: SA11AI.89495

Amount of Each Receipt this Period
41.00

B. Full Name (Last, First, Middle Initial)
MICHAL SZLABOWICZ

Mailing Address 7210 BERGAMO WAY APT 201

City State Zip Code
FORT MYERS FL 33966

FEC ID number of contributing federal political committee. **C**

Name of Employer MAPMC
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: SA11AI.91552

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOSEPH TALARICO

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
200 LOTHROP ST # 463

City State Zip Code
PITTSBURGH PA 15213

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CENTE
Occupation ASSISTANT PROFESSOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 369.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2010

Transaction ID: SA11AI.89507

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional) ▶ **582.00**

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 204 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
RAVI TAMERISA
Mailing Address 11602 BLALOCK FOREST ST
City HOUSTON State TX Zip Code 77024
FEC ID number of contributing federal political committee. **C**
Name of Employer GREATER HOUSTON ANESTHESIOLOGY Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 24 / 2010
Transaction ID: SA11AI.91044
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
DAVID TAO
Mailing Address 2439 ROAT DR.
City ORLANDO State FL Zip Code 32835
FEC ID number of contributing federal political committee. **C**
Name of Employer JLR MEDICAL GROUP Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 23 / 2010
Transaction ID: SA11AI.90848
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
GEOFFREY TAYLOR
Mailing Address 1620 NW 182ND ST.
City EDMOND State OK Zip Code 73012
FEC ID number of contributing federal political committee. **C**
Name of Employer AFFILIATED ANESTHESIOLOGISTS, INC. Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.90376
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JEFFERSON TAYLOR	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3550 GRANDVIEW PKWY APT 1433	Transaction ID: SA11AI.91717
	City State Zip Code BIRMINGHAM AL 35243	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ANESTHESIA RESOURCE MANAGEMENT, INC.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) KYLE THOMPSON	Date of Receipt MM / DD / YYYY 09 / 25 / 2010
	Mailing Address 12814 W HARVARD AVE	Transaction ID: SA11AI.91121
	City State Zip Code LAKEWOOD CO 80228	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SOUTH DENVER ANESTHESIOLOGY, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) ROBERT THORNTON	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 5628 DOUBLE OAK LANE	Transaction ID: SA11AI.91203
	City State Zip Code BIRMINGHAM AL 35242	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer PREMIERE ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	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 206 / 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) JEFFREY THUE		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
Mailing Address 120 33RD STREET		Transaction ID: SA11AI.89798
City MANHATTAN BEACH	State CA	Zip Code 90266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AMBULATORY ANESTHESIA ASSOCIATES, INC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) ANDREW THYEN		Date of Receipt MM / DD / YYYY 09 / 16 / 2010
Mailing Address 1505 HOLLY STAR DR		Transaction ID: SA11AI.90296
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ETAA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) NORBERT TOPF		Date of Receipt MM / DD / YYYY 09 / 18 / 2010
Mailing Address 1012 TRAMWAY LN NE		Transaction ID: SA11AI.90460
City ALBUQUERQUE	State NM	Zip Code 87122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AANM	Occupation ANESTHESIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
RONALD TORLINE

Mailing Address 14109 KESSLER ST

City State Zip Code
OVERLAND PARK KS 66221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KUAF ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11AI.90435

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
GLENN TORRE

Mailing Address 1630 BELLEVIEW AVE.

City State Zip Code
ROANOKE VA 24014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACV ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11AI.91264

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
LAURENCE TORSHER

Mailing Address DEPT OF ANESTHESIOLOGY
200 FIRST STREET SW

City State Zip Code
ROCHESTER MN 55905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MAYO CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: SA11AI.89778

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) TROY TORTORICI		Date of Receipt MM / DD / YYYY 09 / 19 / 2010		
	Mailing Address 17401 HAWKS VIEW CT		Transaction ID: SA11AI.90486		
	City EDMOND	State OK	Zip Code 73012	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NORTHWEST ANESETHESIA	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) THAO TRAN		Date of Receipt MM / DD / YYYY 09 / 09 / 2010		
	Mailing Address 7717 127TH ST. CT. E 1901 S. UNION AVE.		Transaction ID: SA11AI.89930		
	City PUYALLUP	State WA	Zip Code 98373	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF EMPLOYED	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) LUIS TREJO		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 1069 METROPOLITAN AVE.		Transaction ID: SA11AI.91586		
	City MILTON	State MA	Zip Code 02186	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANAESTHESIA ASSOCIATES OF MASSACHUSET	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
 KEVIN TREMPER
 Mailing Address 1500 E. MEDICAL CENTER DR., 1H247
 City State Zip Code
ANN ARBOR MI 48109
 Date of Receipt
 M M / D D / Y Y Y Y
09 16 2010
Transaction ID: SA11AI.90317
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY OF MICHIGAN HEALTH SYSTEM PHYSICIAN
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
 GREGORY TREMPY
 Mailing Address 6602 W. 131ST ST.
 City State Zip Code
OVERLAND PARK KS 66209
 Date of Receipt
 M M / D D / Y Y Y Y
09 21 2010
Transaction ID: SA11AI.90689
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MIDWEST ANESTHESIA ASSOC ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
 CHRISTOPHER TROIANOS
 Mailing Address 427 HEIGHTS DR
 City State Zip Code
GIBSONIA PA 15044
 Date of Receipt
 M M / D D / Y Y Y Y
09 01 2010
Transaction ID: SA11AI.89512
 Amount of Each Receipt this Period
 83.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WESTERN PENNSYLVANIA HOSPITAL DEPARTMENT ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 747.00

SUBTOTAL of Receipts This Page (optional) ► **1333.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) ROBERT TUBBEN		Date of Receipt MM / DD / YYYY 09 / 22 / 2010
Mailing Address 1984 BELWOOD DR.		Transaction ID: SA11AI.90709
City OKEMOS	State MI	Zip Code 48864
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer LAPC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) WILLIAM TURNAGE		Date of Receipt MM / DD / YYYY 09 / 22 / 2010
Mailing Address 100 WHETSTONE PL SUITE 310		Transaction ID: SA11AI.90706
City ST. AUGUSTINE	State FL	Zip Code 32086
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer COASTAL ANESTHESIOLOGY CO- NSULTANTS, PL	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) JAMES TYLKE		Date of Receipt MM / DD / YYYY 09 / 11 / 2010
Mailing Address 8517 SE MERRITT WAY		Transaction ID: SA11AI.89987
City JUPITER	State FL	Zip Code 33458
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer REGAL MARKETING INC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) 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	DE	19803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer ANESTHESIA SERVICES, P.A.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) GREGORY UMPHREY		Date of Receipt	
	Mailing Address 121 PEACHTREE RD		M M / D D / Y Y Y Y 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 SERVICES		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) WILLIAM UNCAPHER		Date of Receipt	
	Mailing Address 3844 SPRING VALLEY ROAD		M M / D D / Y Y Y Y 09 / 23 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.90914
	BIRMINGHAM	AL	35223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer ANESTHESIOLOGISTS ASSOCIATED, P.C.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) BENJAMIN UNGER	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 474 W 238TH ST., APT. 3A	Transaction ID: SA11AI.89486
	City State Zip Code RIVERDALE NY 10463	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer COLUMBIA UNIVERSITY MEDICAL CENTER Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 369.00	

B.	Full Name (Last, First, Middle Initial) DAVID VARLOTTA	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 1303 BAYSHORE BLVD.	Transaction ID: SA11AI.89472
	City State Zip Code TAMPA FL 33606	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNICOM ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 747.00	

C.	Full Name (Last, First, Middle Initial) LISA VELASQUEZ	Date of Receipt MM / DD / YYYY 09 / 12 / 2010
	Mailing Address 2107 PINNACLE CIR S	Transaction ID: SA11AI.90020
	City State Zip Code PALM HARBOR FL 34684	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ALL CHILDRENS HOSPITAL Occupation PEDIATRIC ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	374.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) THOMAS VERDONE		Date of Receipt MM / DD / YYYY 09 / 02 / 2010
Mailing Address 27 CRYSTAL RIDGE RD		Transaction ID: SA11AI.89554
City SOUTH GLASTONBURY	State CT	Zip Code 06073
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MAA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) MICHAEL VIGODA		Date of Receipt MM / DD / YYYY 09 / 26 / 2010
Mailing Address 1449 ROBBIA AVE		Transaction ID: SA11AI.91146
City CORAL GABLES	State FL	Zip Code 33146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UNIVERSITY OF MIAMI - MILLER SCHOOL O	Occupation DIRECTOR OF INFORMATICS AND PERIOPERAT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) MICHAEL VILLAREALE		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 6917 CLINTON ST.		Transaction ID: SA11AI.90884
City BERGEN	State NY	Zip Code 14416
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ANES ASSOC OF ROCHESTER	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ANNETTE VIZENA

Mailing Address 919 SKIPPING STONE CT

City State Zip Code
TIMNATH CO 80547

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NORTHERN CO ANESTH. PROF. CONSULTANTS ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2010

Transaction ID: SA11AI.90557

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
J. MICHAEL VOLLERS

Mailing Address 1 CHILDRENS WAY
SLOT 203, S-319

City State Zip Code
LITTLE ROCK AR 72202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIVERSITY OF ARKANSAS FOR MEDICAL SCI PROFESSOR OF ANESTHESIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 747.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.89509

Amount of Each Receipt this Period
83.00

C. Full Name (Last, First, Middle Initial)
RONALD VRNAK

Mailing Address 1706 BRANDYWINE

City State Zip Code
TYLER TX 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ETEXAS ANES ASSOC PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2010

Transaction ID: SA11AI.90329

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 383.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) AIMEE WALSH		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 1340 SLEDGE DR.		Transaction ID: SA11AI.91015		
	City MOBILE	State AL	Zip Code 36606	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer METRO ANESTHESIA AND PAIN SERVICES, PC	Occupation MD	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) AIMEE WALSH		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 1340 SLEDGE DR.		Transaction ID: SA11AI.91727		
	City MOBILE	State AL	Zip Code 36606	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer METRO ANESTHESIA AND PAIN SERVICES, PC	Occupation PHYSICIAN	Aggregate Year-to-Date 500.00		

C.	Full Name (Last, First, Middle Initial) JOHN WALSH		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 1900 EXETER, SUITE #210		Transaction ID: SA11AI.91708		
	City GERMANTOWN	State TN	Zip Code 38138	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer METROPOLITAN ANESTHESIA ALLIANCE	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MARK WASHNOCK

Mailing Address 230 E RIDGE ST

City State Zip Code
MARQUETTE MI 49855

FEC ID number of contributing federal political committee. **C**

Name of Employer ANESTHESIOLOGY OF MARQUETTE
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	1	0

Transaction ID: SA11AI.89819

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER WASSINK

Mailing Address 3300 EGYPT VALLEY NE

City State Zip Code
ADA MI 49301

FEC ID number of contributing federal political committee. **C**

Name of Employer ANESTHESIA MEDICAL CONSULTANTS PC
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
369.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	1	/	2	0	1	0

Transaction ID: SA11AI.89473

Amount of Each Receipt this Period
41.00

C. Full Name (Last, First, Middle Initial)
SCOTT WATKINS

Mailing Address 1710 SHELBY AVE

City State Zip Code
NASHVILLE TN 37206

FEC ID number of contributing federal political committee. **C**

Name of Employer VANDERBILT UNIVERSITY MEDICAL CENTER
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: SA11AI.91686

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **541.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
ROBERT WATSON

Mailing Address 1970 BRADSHIRE DR

City State Zip Code
MOBILE AL 36695

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF SOUTH ALABAMA
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11AI.91348

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
LIZA WEAVIND

Mailing Address 1409 BEDDINGTON PARK

City State Zip Code
NASHVILLE TN 37215

FEC ID number of contributing federal political committee. **C**

Name of Employer VANDERBILT UNIVERSITY MEDICAL CENTER
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.91714

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
OSCAR WEBB

Mailing Address 1304 OAK ST

City State Zip Code
MELBOURNE FL 32901

FEC ID number of contributing federal political committee. **C**

Name of Employer BREVARD ANESTHESIA SERVICES
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: SA11AI.90752

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JOSEPH WEBER	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 795 EL CAMINO REAL	Transaction ID: SA11AI.90408
	City State Zip Code PALO ALTO CA 94301	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer PALTO ALTO MEDICAL FOUNDATION	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) PAUL WEIDOFF	Date of Receipt MM / DD / YYYY 09 / 16 / 2010
	Mailing Address 3939 J ST STE 310	Transaction ID: SA11AI.90341
	City State Zip Code SACRAMENTO CA 95819	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SACRAMENTO ANESTHESIA MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) IVAN WEINER	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 10527 EMERALD CHASE DR	Transaction ID: SA11AI.90614
	City State Zip Code ORLANDO FL 32836	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer JLR MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: (check only one)	PAGE 219 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ANDREW WEISINGER	Date of Receipt MM / DD / YYYY 09 / 04 / 2010
	Mailing Address 405 BEAUMONT PARK CIRCLE	Transaction ID: SA11AI.89628
	City State Zip Code BLYTHEWOOD SC 29016	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDIOVASCULAR ANES. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) JEFFREY WEISS	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 3370 BURNS ROAD STE 105	Transaction ID: SA11AI.90631
	City State Zip Code PALM BEACH GARDENS FL 33410	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TEAM HEALTH ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) STEVEN WEISSMAN	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 155 BALTIC CIRCLE	Transaction ID: SA11AI.90988
	City State Zip Code TAMPA FL 33606	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIV. COMMUNITY HOSPITAL ANES. DEPT. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	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 220 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ROBERT WELLS

Mailing Address 513 BELLWOOD ST.

City State Zip Code
ASHLAND CITY TN 37015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VANDERBILT UNIV MED CTR ANESTHESIOLOGIST
DEPT OF ANESTH

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.91682

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DOUGLAS WEMMER

Mailing Address 426 SAN REMO WY.

City State Zip Code
SAN DIEGO CA 92106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WEMMER AND ASSOCIATES MED ANESTHESIOLOGIST
GRP INC

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2010

Transaction ID: SA11AI.89692

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
LAURA WESTBROOK

Mailing Address 286 SOUTH CREST ROAD

City State Zip Code
CHATTANOOGA TN 37404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACE MD

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2010

Transaction ID: SA11AI.91459

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 221 / 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) DAVID WHEELER	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 7108 COLLINGWOOD CT.	Transaction ID: SA11AI.90687
	City State Zip Code ELKRIDGE MD 21075	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer FIRST COLONIES ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) ROBERT WHITE	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 801 MARTIN MILL PIKE	Transaction ID: SA11AI.91567
	City State Zip Code ROCKFORD TN 37853	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AMAET Occupation M.D. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) JEANINE WIENER-KRONISH	Date of Receipt MM / DD / YYYY 09 / 29 / 2010
	Mailing Address ANESTHESIA AND CRITICAL CARE 55 FRUIT ST # 444A	Transaction ID: SA11AI.91438
	City State Zip Code BOSTON MA 02114	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MASSACHUSETTS GENERAL HOSPITAL Occupation ANESTHETIST-IN-CHIEF Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) BRIAN WILDER	Date of Receipt MM / DD / YYYY 09 / 13 / 2010
	Mailing Address PO BOX 36351	Transaction ID: SA11AI.90072
	City State Zip Code CHARLOTTE NC 28236	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SOUTHEAST ANESTHESIOLOGY CONSULTANTS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) ANNE WILHITE	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 10136 CHEROKEE ROAD	Transaction ID: SA11AI.89503
	City State Zip Code RICHMOND VA 23235	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 369.00	

C.	Full Name (Last, First, Middle Initial) GISELE WILKE	Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 6839 S CANTON AVE	Transaction ID: SA11AI.89925
	City State Zip Code TULSA OK 74136	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ASSOCIATED ANESTHESIOLOGISTS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	791.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
BROOKE WILLIAMS

Mailing Address 4944 W SAN RAFAEL ST

City State Zip Code
TAMPA FL 33629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FLORIDA GULF TO BAY ANESTHESIOLOGY ANESTHESIOLOGIST, M.D.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	1	0

Transaction ID: SA11AI.90996

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ELIZABETH WILLIAMS

Mailing Address 5523 BARTLETT ST.

City State Zip Code
PITTSBURGH PA 15217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIV PITTSBURGH PHYS ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.90548

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JAMES WILLIAMS

Mailing Address 303 3RD ST APT 409

City State Zip Code
CAMBRIDGE MA 02142

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MASSACHUSETTS GENERAL HOSPITAL ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	6	/	2	0	1	0

Transaction ID: SA11AI.89669

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 258
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
JANE WILLIAMS
Mailing Address 40 FAIRWAY DR
City BIRMINGHAM State AL Zip Code 35213
FEC ID number of contributing federal political committee. **C**
Name of Employer SPS Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 28 / 2010
Transaction ID: SA11AI.91369
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
JOHN WILLIFORD
Mailing Address 1616 QUEENS RD W
City CHARLOTTE State NC Zip Code 28207
FEC ID number of contributing federal political committee. **C**
Name of Employer PRESBYTERIAN ANES ASSOC Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 20 / 2010
Transaction ID: SA11AI.90505
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
JON WILLIS
Mailing Address 516 N.W. 148TH ST.
City EDMOND State OK Zip Code 73013
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 23 / 2010
Transaction ID: SA11AI.90946
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ROBERT WINANS

Mailing Address 2012 HOLLY HILL DR

City TYLER State TX Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer E TEXAS ANES ASSOC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2010
Transaction ID: SA11AI.90303
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
BRUCE WINGO

Mailing Address 2726 TREVOR DR SE

City HUNTSVILLE State AL Zip Code 35802

FEC ID number of contributing federal political committee. **C**

Name of Employer CAS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.90400
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
RICHARD WINGO

Mailing Address 4008 STANFORD AVE.

City DALLAS State TX Zip Code 75225

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 18 / 2010
Transaction ID: SA11AI.90462
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) BRETT WINTHROP		Date of Receipt
	Mailing Address 520 HAMMILL LN		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	RENO	NV	89511
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90309
Name of Employer SIERRA ANESTHESIA, INC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	

B.	Full Name (Last, First, Middle Initial) SUSAN WOGAN		Date of Receipt
	Mailing Address 11 HEATHER WAY		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	NEWTOWN SQUARE	PA	19073
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90469
Name of Employer ANESTHESIA SERVICES, PA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

C.	Full Name (Last, First, Middle Initial) JAMES WOLD		Date of Receipt
	Mailing Address 567 32ND AVE. DR., N.W.		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	HICKORY	NC	28601
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90173
Name of Employer UNIFOUR ANESTHESIA ASSOCI- ATES		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) PHILIP WOLOK		Date of Receipt MM / DD / YYYY 09 / 22 / 2010		
	Mailing Address 1928 BAYOU DR		Transaction ID: SA11AI.90794		
	City BLOOMFIELD HILLS	State MI	Zip Code 48302	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFFIL ANESTH	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) KENT WOOLARD		Date of Receipt MM / DD / YYYY 09 / 09 / 2010		
	Mailing Address 8919 S. GARY AVE.		Transaction ID: SA11AI.89907		
	City TULSA	State OK	Zip Code 74137	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, INC	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) GRANVILLE WORK		Date of Receipt MM / DD / YYYY 09 / 01 / 2010		
	Mailing Address 3749 LYNNFIELD DR.		Transaction ID: SA11AI.89498		
	City VIRGINIA BEACH	State VA	Zip Code 23452	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ATLANTIC ANESTHESIA	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 664.00			

SUBTOTAL of Receipts This Page (optional)

833.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JASON WORKMAN	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 7575 W WASHINGTON AVE STE 127-374	Transaction ID: SA11AI.89457
	City State Zip Code LAS VEGAS NV 89128	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIOLOGY CONSULTANT-S, INC. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 747.00	

B.	Full Name (Last, First, Middle Initial) KAMALA WRIGHT	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 7878 UNDERWOOD RIDGE	Transaction ID: SA11AI.90527
	City State Zip Code TRAVERSE CITY MI 44968	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer TAA PC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) ASSUMPTA YAU	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address P.O. BOX 1514	Transaction ID: SA11AI.89583
	City State Zip Code HIGHLAND PARK NJ 08904	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	583.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ERVIN YEN	Date of Receipt MM / DD / YYYY 09 / 29 / 2010
	Mailing Address 1111 N LEE AVE STE 236	Transaction ID: SA11AI.91518
	City State Zip Code OKLAHOMA CITY OK 73103	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ERVIN YEN, MD, INC, PC PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) CHANG YOON	Date of Receipt MM / DD / YYYY 09 / 16 / 2010
	Mailing Address 3450 N. ROCK RD., SUITE #208	Transaction ID: SA11AI.90271
	City State Zip Code WICHITA KS 67226	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MID-CONTINENT ANESTHESIOLOGY ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) DAVID YOUNG	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 6839 S. CANTON	Transaction ID: SA11AI.90792
	City State Zip Code TULSA OK 74136	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ASSOCIATES ANESTH ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 230 / 258
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) LAWRENCE YOUNG		Date of Receipt
	Mailing Address 1717 VALLEY FORGE DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 01 / 2010
	City	State	Zip Code
	HIXSON	TN	37343
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89531
Name of Employer ANESTHESIOLOGISTS ASSOCIATED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 125.00
		<input type="text"/> 1125.00	

B.	Full Name (Last, First, Middle Initial) DINO ZACHARAKOS		Date of Receipt
	Mailing Address 20 SPECTACLE LN.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 06 / 2010
	City	State	Zip Code
	RIDGEFIELD	CT	06877
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.89731
Name of Employer MILFORD ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) NERRIN ZAHARIAS		Date of Receipt
	Mailing Address 801 ROYAL TERR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 16 / 2010
	City	State	Zip Code
	BIRMINGHAM	AL	35242
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90350
Name of Employer ANESTHESIA GROUP EAST		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1625.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 / 258
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ZACHARY ZANOWIAK		Date of Receipt
	Mailing Address 8513 N ASHLEY DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	EDMOND	OK	73025
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90943
Name of Employer NW ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) ANDRZEJ ZEMBRZUSKI		Date of Receipt
	Mailing Address 31 MEREDITH DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 14 / 2010
	City	State	Zip Code
	SPARTA	NJ	07871
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.90162
Name of Employer MORRIS ANESTHESIA GROUP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 350.00

C.	Full Name (Last, First, Middle Initial) FERNANDO ZEPEDA		Date of Receipt
	Mailing Address 216 STRAWBERRY FIELD DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	JOHNSON CITY	TN	37604
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.91694
Name of Employer ANESTH AND PAIN CONSULTAN- TS, PC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 258
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CYNTHIA ZERWAS

Mailing Address 6702 RIVA RIDGE DR

City RICHMOND State TX Zip Code 77406

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation SPOUSE/RELATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 24 / 2010
Transaction ID: SA11AI.91053
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
JOHN ZIMMERMAN

Mailing Address PO BOX 970159

City OREM State UT Zip Code 84097

FEC ID number of contributing federal political committee. **C**

Name of Employer MOUNTAIN WEST ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 22 / 2010
Transaction ID: SA11AI.90795
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
JONATHAN ZUCKER

Mailing Address 1612 SAINT GREGORY DRIVE

City LAS VEGAS State NV Zip Code 89117

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 747.00

Date of Receipt: 09 / 01 / 2010
Transaction ID: SA11AI.89469
Amount of Each Receipt this Period: 83.00

SUBTOTAL of Receipts This Page (optional)	1083.00
TOTAL This Period (last page this line number only)	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)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input checked="" type="checkbox"/>	17						

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO		Date of Receipt																					
	Mailing Address 50 S LASALLE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		3	0		2	0	1	0														
	City State Zip Code CHICAGO IL 60675		Transaction ID: SA17.91848																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.12																						
Name of Employer Occupation		INTEREST																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 163.40																						

SUBTOTAL of Receipts This Page (optional)	▶	39.12
TOTAL This Period (last page this line number only)	▶	39.12

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO			Transaction ID: SB21B.91849	
	Mailing Address 50 S LASALLE			Date of Disbursement 09 / 30 / 2010	
City CHICAGO		State IL	Zip Code 60675		Amount of Each Disbursement this Period 2181.76
Purpose of Disbursement CC/BANK FEES			Category/ Type		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

SUBTOTAL of Disbursements This Page (optional)

2181.76

TOTAL This Period (last page this line number only)

2181.76

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS</p> <p>Mailing Address 14 KNIGHTSWOOD DR</p> <p>City MARLTON State NJ Zip Code 08053</p> <p>Purpose of Disbursement CK VOIDED ORIG ISSUED 8/4/10</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91737 Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period -2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS</p> <p>Mailing Address 14 KNIGHTSWOOD DR</p> <p>City MARLTON State NJ Zip Code 08053</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91738 Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) AMERICA'S LEADERSHIP PAC</p> <p>Mailing Address 426 C ST NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement 2010 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91811 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) BARTON FOR CONGRESS		Transaction ID: SB23.91758	
	Mailing Address PO BOX 1444		Date of Disbursement 09 / 01 / 2010	
	City ENNIS	State TX	Zip Code 75120	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement		Category/ Type	
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 06				
B.	Full Name (Last, First, Middle Initial) BENISHEK FOR CONGRESS		Transaction ID: SB23.91836	
	Mailing Address 802 PENTOGA TRAIL		Date of Disbursement 09 / 30 / 2010	
	City CRYSTAL FALLS	State MI	Zip Code 49920	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement		Category/ Type	
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MI District: 01				
C.	Full Name (Last, First, Middle Initial) BEN QUAYLE FOR CONGRESS		Transaction ID: SB23.91754	
	Mailing Address 4247 N 44TH STREET		Date of Disbursement 09 / 01 / 2010	
	City PHOENIX	State AZ	Zip Code 85018	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement		Category/ Type	
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ District: 03				

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) BENTLEY FOR GOVERNOR <hr/> Mailing Address PO BOX 2276 <hr/> City TUSCALOOSA State AL Zip Code 35403 <hr/> Purpose of Disbursement 2010 GUBENATORIAL CONTRIBUTION Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.91748 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2010
	Amount of Each Disbursement this Period 15000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) BENTLEY FOR GOVERNOR <hr/> Mailing Address PO BOX 2276 <hr/> City TUSCALOOSA State AL Zip Code 35403 <hr/> Purpose of Disbursement 2010 GUBENATORIAL CONTRIBUTION Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.91751 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2010
	Amount of Each Disbursement this Period 15000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) BENTLEY FOR GOVERNOR <hr/> Mailing Address PO BOX 2276 <hr/> City TUSCALOOSA State AL Zip Code 35403 <hr/> Purpose of Disbursement 2010 GUBENATORIAL CONTRIBUTION Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.91752 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2010
	Amount of Each Disbursement this Period 20000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	50000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) BILL OWENS FOR CONGRESS <hr/> Mailing Address PO BOX 1575 <hr/> City PLATTSBURGH State NY Zip Code 12901 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.91746 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) BLUMENTHAL FOR SENATE <hr/> Mailing Address 777 SUMMER ST <hr/> City STAMFORD State CT Zip Code 06901 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.91777 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 3500.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) CARLY FOR CALIFORNIA INC <hr/> Mailing Address 520 CAPITOL MALL #220 <hr/> City SACRAMENTO State CA Zip Code 95814 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.91778 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR BOBBY RUSH	Transaction ID: SB23.91807
	Mailing Address PO BOX 7292	Date of Disbursement 09 / 30 / 2010
	City CHICAGO State IL Zip Code 60680	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 01	

B.	Full Name (Last, First, Middle Initial) COLE FOR CONGRESS	Transaction ID: SB23.91756
	Mailing Address PO BOX 722256	Date of Disbursement 09 / 01 / 2010
	City NORMAN State OK Zip Code 73070	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OK District: 04	

C.	Full Name (Last, First, Middle Initial) COMM TO ELECT CHRIS MURPHY	Transaction ID: SB23.91782
	Mailing Address P.O. BOX 127	Date of Disbursement 09 / 22 / 2010
	City CHESHIRE State CT Zip Code 06410	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CT District: 05	

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) COMM TO RE-ELECT TRENT FRANKS TO CONGRESS Mailing Address PO BOX 8105 City GLENDALE State AZ Zip Code 85312 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.91803 Date of Disbursement 09 / 30 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMM Mailing Address 6380 WILSHIRE BLVD #1612 City LOS ANGELES State CA Zip Code 90048 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.91741 Date of Disbursement 09 / 01 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CORY GARDNER FOR CONGRESS Mailing Address PO BOX 2408 City LOVELAND State CO Zip Code 80539 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.91824 Date of Disbursement 09 / 30 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) DAVID SCHWEIKERT FOR CONGRESS	Transaction ID: SB23.91840 Date of Disbursement 09 / 30 / 2010	
	Mailing Address 15749 E EL LAGO BLVD		
	City FOUNTAIN HILLS State AZ Zip Code 85268	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement		
	Candidate Name	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) DAVID SCOTT FOR CONGRESS	Transaction ID: SB23.91789 Date of Disbursement 09 / 22 / 2010	
	Mailing Address PO BOX 960821		
	City RIVERDALE State GA Zip Code 30296	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement		
	Candidate Name	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) DAVID VITTER FOR SENATE	Transaction ID: SB23.91790 Date of Disbursement 09 / 22 / 2010	
	Mailing Address PO BOX 8175		
	City METAIRIE State LA Zip Code 70011	Amount of Each Disbursement this Period	3500.00
	Purpose of Disbursement		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DEBBIE WASSERMAN-SCHULTZ FOR CONGRESS

Mailing Address 1071 TWIN BRANCH LN

City WESTON State FL Zip Code 33326

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: FL District: 20

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.91827

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
2010 CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

State: DC District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.91809

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
DEMOCRATS WIN SEATS PAC

Mailing Address 1071 TWIN BRANCH LN

City WESTON State FL Zip Code 33326

Purpose of Disbursement
2010 CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.91819

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL PAC</p> <p>Mailing Address 209 PENNSYLVANIA AVE SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement 2010 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91844 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) FAMILIES FOR JAMES LANKFORD</p> <p>Mailing Address 16121 WINDRUSH PL</p> <p>City EDMOND State OK Zip Code 73013</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91830 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS</p> <p>Mailing Address 2501 WISCONSIN AVE NW #304</p> <p>City WASHINGTON State DC Zip Code 20007</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91772 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI <hr/> Mailing Address PO BOX 74 <hr/> City SYRACUSE State NY Zip Code 13214 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 25	Transaction ID: SB23.91806 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010	
	Amount of Each Disbursement this Period <input type="text"/> 2500.00	
	Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE <hr/> Mailing Address PO BOX 68444 <hr/> City VIRGINIA BEACH State VA Zip Code 23471 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 02	Transaction ID: SB23.91742 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2010
	Amount of Each Disbursement this Period <input type="text"/> 3500.00	
C. Full Name (Last, First, Middle Initial) FRIENDS OF JEFF DENHAM <hr/> Mailing Address 2150 RIVER PLAZA DR #150 <hr/> City SACRAMENTO State CA Zip Code 95833 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 19	Transaction ID: SB23.91769 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2010	
	Amount of Each Disbursement this Period <input type="text"/> 1500.00	

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text"/> 7500.00
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF JOE BACA</p> <p>Mailing Address 555 CAPITOL MALL #1425</p> <p>City SACRAMENTO State CA Zip Code 95814</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91785 Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF JOE HECK</p> <p>Mailing Address PO BOX 750114</p> <p>City LAS VEGAS State NV Zip Code 89136</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91793 Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF SAM JOHNSON</p> <p>Mailing Address PO BOX 860096</p> <p>City PLANO State TX Zip Code 75086</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91823 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON	Transaction ID: SB23.91813 Date of Disbursement 09 / 30 / 2010
	Mailing Address P.O. BOX 250116	Amount of Each Disbursement this Period 3500.00
	City ATLANTA State GA Zip Code 30325	Category/ Type
	Purpose of Disbursement	
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON	Transaction ID: SB23.91815 Date of Disbursement 09 / 30 / 2010
	Mailing Address P.O. BOX 250116	Amount of Each Disbursement this Period 1500.00
	City ATLANTA State GA Zip Code 30325	Category/ Type
	Purpose of Disbursement	
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) GIFFORDS FOR CONGRESS	Transaction ID: SB23.91744 Date of Disbursement 09 / 01 / 2010
	Mailing Address P.O. BOX 12886	Amount of Each Disbursement this Period 2500.00
	City TUCSON State AZ Zip Code 85732	Category/ Type
	Purpose of Disbursement	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) GUS BILIRAKIS FOR CONGRESS COMMITTEE

Transaction ID: SB23.91817
Date of Disbursement

Mailing Address PO BOX 606

09 / 30 / 2010

City TARPON SPRINGS State FL Zip Code 34688

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 09
Disbursement For: 2010
 Primary General
 Other (specify) ▼

B. Full Name (Last, First, Middle Initial) HULTGREN FOR CONGRESS

Transaction ID: SB23.91846
Date of Disbursement

Mailing Address PO BOX 39

09 / 30 / 2010

City BATAVIA State IL Zip Code 60510

Amount of Each Disbursement this Period

Purpose of Disbursement

500.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 14
Disbursement For: 2010
 Primary General
 Other (specify) ▼

C. Full Name (Last, First, Middle Initial) JACKIE SPEIER FOR CONGRESS

Transaction ID: SB23.91745
Date of Disbursement

Mailing Address P.O. BOX 112

09 / 01 / 2010

City BURLINGAME State CA Zip Code 94011

Amount of Each Disbursement this Period

Purpose of Disbursement

2500.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 12
Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JIM COSTA FOR CONGRESS	Transaction ID: SB23.91798 Date of Disbursement 09 / 22 / 2010
	Mailing Address 2037 W BULLARD AVE #355	Amount of Each Disbursement this Period 1000.00
	City FRESNO State CA Zip Code 93711	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 20 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
B.	Full Name (Last, First, Middle Initial) JIM HIMES FOR CONGRESS	Transaction ID: SB23.91762 Date of Disbursement 09 / 08 / 2010
	Mailing Address 857 POST RD #312	Amount of Each Disbursement this Period 2500.00
	City FAIRFIELD State CT Zip Code 06824	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
C.	Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS	Transaction ID: SB23.91776 Date of Disbursement 09 / 15 / 2010
	Mailing Address P.O. BOX 2323	Amount of Each Disbursement this Period 5000.00
	City ATLANTA State GA Zip Code 30301	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JUDY CHU FOR CONGRESS <hr/> Mailing Address 777 S FIGUEROA ST #4050 <hr/> City LOS ANGELES State CA Zip Code 90017 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <input type="checkbox"/> Category/Type <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 32	Transaction ID: SB23.91760 Date of Disbursement 09 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 1500.00
B.	Full Name (Last, First, Middle Initial) KAREN BASS FOR CONGRESS <hr/> Mailing Address 777 S FIGUEROA ST, #4050 <hr/> City LOS ANGELES State CA Zip Code 90017 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <input type="checkbox"/> Category/Type <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 33	Transaction ID: SB23.91765 Date of Disbursement 09 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 1500.00
C.	Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS <hr/> Mailing Address 21301 POWERLINE RD #204 <hr/> City BOCA RATON State FL Zip Code 33433 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <input type="checkbox"/> Category/Type <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 22	Transaction ID: SB23.91805 Date of Disbursement 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) LATOURETTE FOR CONGRESS COMM</p> <p>Mailing Address 320 KENARDEN DR</p> <p>City HIGHLAND HTS State OH Zip Code 44143</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91822</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS</p> <p>Mailing Address 213 LISBON ST</p> <p>City LEWISTON State ME Zip Code 04240</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91829</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO BOX 360</p> <p>City PRESCOTT State AR Zip Code 71857</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91820</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) MODERATE VICTORY FUND <hr/> Mailing Address PO BOX 83142 <hr/> City GAITHERSBURG State MD Zip Code 20883 Purpose of Disbursement 2010 CONTRIBUTION Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.91816 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 5000.00
B. Full Name (Last, First, Middle Initial) MURRAY VICTORY 2010 <hr/> Mailing Address 1050 17TH STREET NW #590 <hr/> City WASHINGTON State DC Zip Code 20036 Purpose of Disbursement 2010 CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.91842 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 7000.00
C. Full Name (Last, First, Middle Initial) NEW DEMOCRAT COALITION PAC <hr/> Mailing Address 607 14TH ST NW #800 <hr/> City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement 2010 CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.91774 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

14500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) PAUL GOSAR FOR CONGRESS</p> <p>Mailing Address 2222 E CEDAR AVE</p> <p>City FLAGSTAFF State AZ Zip Code 86004</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91838</p> <p>Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) PETE SESSIONS FOR CONGRESS</p> <p>Mailing Address PO BOX 823047</p> <p>City DALLAS State TX Zip Code 75382</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91773</p> <p>Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="4000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMM</p> <p>Mailing Address PO BOX 75214</p> <p>City WASHINGTON State DC Zip Code 20013</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91761</p> <p>Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) POE FOR CONGRESS</p> <p>Mailing Address P.O. BOX 14222</p> <p>City HUMBLE State TX Zip Code 77347</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91775 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE</p> <p>Mailing Address 8331 LITTLE HARBOR DR</p> <p>City CINCINNATI State OH Zip Code 45244</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91812 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 3500.00</p>
<p>C. Full Name (Last, First, Middle Initial) REID VICTORY FUND</p> <p>Mailing Address 607 14TH STREET NW #800</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91796 Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 10000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

15500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) ROB WOODALL FOR CONGRESS <hr/> Mailing Address PO BOX 1871 <hr/> City LAWRENCEVILLE State GA Zip Code 30046 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.91764 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	9		0	8		2	0	1	0											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																				
Category/ Type																					
B. Full Name (Last, First, Middle Initial) ROB WOODALL FOR CONGRESS <hr/> Mailing Address PO BOX 1871 <hr/> City LAWRENCEVILLE State GA Zip Code 30046 Purpose of Disbursement CK VOIDED ORIG ISSUED 7/28/10 <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Transaction ID: SB23.91736 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	9		1	0		2	0	1	0											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>-2500.00</td> </tr> </table>	-2500.00																			
-2500.00																					
<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																				
Category/ Type																					
C. Full Name (Last, First, Middle Initial) RUSS CARNAHAN IN CONGRESS COMMITTEE <hr/> Mailing Address 7000 CHIPPEWA ST <hr/> City ST LOUIS State MO Zip Code 63123 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.91794 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	9		2	2		2	0	1	0											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																				
Category/ Type																					

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00
2000.00		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td> </td> </tr> </table>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) SANDY LEVIN FOR CONGRESS	Transaction ID: SB23.91783
	Mailing Address PO BOX 37	Date of Disbursement 09 / 22 / 2010
	City ROSEVILLE State MI Zip Code 48066	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SHELLEY BERKLEY FOR CONGRESS	Transaction ID: SB23.91786
	Mailing Address 3069 CONQUISTA CT	Date of Disbursement 09 / 22 / 2010
	City LAS VEGAS State NV Zip Code 89121	Amount of Each Disbursement this Period 3500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SHORE PAC	Transaction ID: SB23.91792
	Mailing Address P.O. BOX 3157	Date of Disbursement 09 / 22 / 2010
	City LONG BRANCH State NJ Zip Code 07740	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement 2010 CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	10500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) TIM WALZ FOR US CONGRESS</p> <p>Mailing Address PO BOX 938</p> <p>City MANKATO State MN Zip Code 56002</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91800</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) TREY GOWDY FOR CONGRESS</p> <p>Mailing Address PO BOX 3324</p> <p>City SPARTANBURG State SC Zip Code 29304</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91747</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) YODER FOR CONGRESS</p> <p>Mailing Address PO BOX 26742</p> <p>City OVERLAND PARK State KS Zip Code 66225</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.91763</p> <p>Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	213500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TEXANS FOR RICK PERRY

Transaction ID: SB29.91833

Date of Disbursement

Mailing Address PO BOX 2013

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

City State Zip Code
AUSTIN TX 78768

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
2010 GUBENATORIAL RACE/NON-FED CONTRIB

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00
