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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE 520 N. NORTHWEST HIGHWAY ADDRESS (number and street) Check if different than previously PARK RIDGE 60068 ΙĻ reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS **AMENDED** NEW C00255752 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day Х (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 11 02 2010 IL Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2010 10 13 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. THOMAS CONWAY Type or Print Name of Treasurer Electronically Filed by THOMAS CONWAY 04 8 0 2011 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

D D 0 1 10 2010 10 13 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 1495220.03 January 1 (b) Cash on Hand at 1292687.26 Begining of Reporting Period 40418.00 1143706.91 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1333105.26 2638926.94 6(a) and 6(c) for Column B) 53600.00 1359421.68 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1279505.26 1279505.26 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

м м 1 0 0 1 м°м 10 1 3 2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 33835.00 960776.00 (i) Itemized (use Schedule A) 6583.00 182767.51 (ii) Unitemized (iii) TOTAL (add 40418.00 1143543.51 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 40418.00 1143543.51 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 163.40 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 40418.00 1143706.91 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 40418.00 1143706.91 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4	
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating Expenditures	0.00	5623.94	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	5623.94	
Transfers to Affiliated/Other Party Committees	0.00	0.00	
Contributions to Federal Candidates/Committees and Other Political Committees	52500.00	934010.00	
Independent Expenditure (use Schedule E)	0.00	211980.00	
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	
. Loan Repayments Made	0.00	0.00	
Loans Made	0.00	0.00	
(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	
. Other Disbursements	1100.00	207807.74	
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	
. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	53600.00	1359421.68	
2. Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	53600.00	1359421.68	
,			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

	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)	40418.00	1143543.51	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	40418.00	1143543.51	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	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)	0.00	5623.94	

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 70 (check only one) X	
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHI	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) BASEM ABDELMALAK Mailing Address 9500 EUCLID AVE DEPT OF ANES E-3 City CLEVELAND FEC ID number of contributing federal political committee. Name of Employer CLEVELAND CLINIC FOUNDATI- ON Receipt For:	State OH C Occupation ANESTH	Zip Code 44195 n IESIOLOGIST 2 Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Other (specify) ▼ Full Name (Last, First, Middle Initial) AMR ABOULEISH	Full Name (Last, First, Middle Initial) AMR ABOULEISH Mailing Address 4303 EVERGREEN ELM CT City State Zip Code			
FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF TEXAS MEDICAL BRANCH Receipt For: □ Primary □ General Other (specify) ▼		n IESIOLOGIST e Year-to-Date ▼ 418.00	Amount of Each Receipt this Period 41.00	
Full Name (Last, First, Middle Initial) AMR ABOULEISH Mailing Address 4303 EVERGREEN City HOUSTON FEC ID number of contributing federal political committee.	ELM CT State TX	Zip Code 77059	Date of Receipt M M M D D D 2 0 1 0 Transaction ID: SA11AI.92637 Amount of Each Receipt this Period 41.00	
Name of Employer UNIVERSITY OF TEXAS MEDIC- AL BRANCH Receipt For: Primary General Other (specify) ▼	'	n IESIOLOGIST e Year-to-Date ▼ 459.00		
SUBTOTAL of Receipts This Page (optional)			123.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 70 (check only one) X 11a		
or for commercial purposes, other than using	nd Statements may not be sold or used by any personal the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS POLITICAL ACTION COM	IMITTEE		
Full Name (Last, First, Middle Initial) MOSES ALBERT		Date of Receipt		
Mailing Address 10800 MIDLOTHIA SUITE 265	N TURNPIKE	10 01 2010		
City RICHMOND	State Zip Code VA 23235	Transaction ID: SA11AI.92582		
FEC ID number of contributing federal political committee.	C 23233	Amount of Each Receipt this Period 41.00		
Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES	Occupation ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00			
Full Name (Last, First, Middle Initial) THOMAS ANDREWS		Date of Receipt		
Mailing Address 1821 ALAQUA DR.	Mailing Address 1821 ALAQUA DR.			
City	State Zip Code	Transaction ID: SA11AI.92651		
LONGWOOD FEC ID number of contributing federal political committee.	FL 32779	Amount of Each Receipt this Period 41.00		
Name of Employer JLR MEDICAL GROUP, MAITLA- ND, FLORIDA	Occupation ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00			
Full Name (Last, First, Middle Initial) MAGDALENA ANITESCU		Date of Receipt		
5841 S. MARYLAN	•	10 08 2010		
City <u>CHICAGO</u>	State Zip Code IL 60637	Transaction ID: SA11AI.92775 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer UNIVERSITY OF CHICAGO MED- ICAL CENTER	Occupation ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional	l)	332.00		
TOTAL This Period (last page this line num	ber only)			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 8 / 70 (check only one) X 11a 11b 11c 12	
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may not be g the name and address o	e sold or used by any perso f any political committee to	n for the purpose of soliciting contributions oscilicit contributions from such committee.	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POL	ITICAL ACTION COM	MITTEE	
Full Name (Last, First, Middle Initial) JEFFREY APFELBAUM			Date of Receipt	
Mailing Address 2560 GREENVIEV			10 05 2010	
City NORTHBROOK		p Code 0062	Transaction ID: SA11AI.92737 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		1000.00	
Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) LEE ARTHUR			Date of Receipt	
Mailing Address 504 MEDICAL CE	Mailing Address 504 MEDICAL CENTER BLVD			
City		p Code	Transaction ID: SA11AI.92603	
CONROE	TX 7	7304	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		25.00	
Name of Employer NORTH HOUSTON ANESTHESIOL- OGISTS	Occupation PHYSICIAN			
Receipt For: Primary General	Aggregate Year-t	o-Date ▼		
Other (specify) ▼		250.00		
Full Name (Last, First, Middle Initial) JENNIFER AUNSPAUGH	1		Date of Receipt	
Mailing Address CHILDRENS WAY DEPT OF ANES			10 01 7 2010	
City LITTLE ROCK		p Code 2202	Transaction ID: SA11AI.92569 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		25.00	
Name of Employer ARKANSAS CHILDRENS HOSPIT- AL	Occupation ASSISTANT P	ROFESSOR PEDIATE	RIC ANESTHES	
Receipt For: Primary General	Aggregate Year-t	o-Date ▼	,	
Other (specify) ▼		250.00		
SUBTOTAL of Receipts This Page (option			1050.00	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and State	ements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 9 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions		
•	or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC					
Α.		ARNA BANERJEE				
	City	State	Zip Code	Transaction ID: SA11AI.92605		
	NASHVILLE FEC ID number of contributing federal political committee.	C	37212	Amount of Each Receipt this Period 83.00		
	Name of Employer VANDERBILT UNIVERSITY MED- ICAL CENTER Receipt For: Primary General Other (specify) ▼		n IESIOLOGIST e Year-to-Date ▼ 830.00			
В.	Full Name (Last, First, Middle Initial) SHAWN BANKS	Date of Receipt				
Ь.	Mailing Address 601 NE 36TH ST APT 34	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: SA11AI.92575		
	MIAMI FEC ID number of contributing federal political committee.	C	33137	Amount of Each Receipt this Period 83.00		
	Name of Employer UNIVERSITY OF MIAMI	Occupatio PHYSICI				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 830.00			
с. С.	Full Name (Last, First, Middle Initial) CAROLYN BANNISTER			Date of Receipt		
.	Mailing Address 5102 CHASTLETON DRI	M M / D D / Y Y Y Y Y 1 1 0 0 1 2 0 1 0				
	City STONE MOUNTAIN	State GA	Zip Code 30087	Transaction ID: SA11AI.92612 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		83.00		
	Name of Employer EMORY UNIVERSITY SCHOOL OF MEDICINE	Occupatio MD	n			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 830.00			
	SUBTOTAL of Receipts This Page (optional)			249.00		

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 70 (check only one) X
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
٠.	Full Name (Last, First, Middle Initial) SCOTT BARTUSCH			Date of Receipt
	Mailing Address 82 WOOD GROVE R	OAD		10 07 2010
	City MEMPHIS	State TN	Zip Code 38117	Transaction ID: SA11AI.92771 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer METROPOLITAN ANESTHESIA ALLIANCE	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) ANDREW BAUDO	Date of Receipt		
	Mailing Address 627 W BUCKINGHAN	10 01 YYYY 2010		
	City	State	Zip Code	Transaction ID: SA11AI.92615
	CHICAGO	<u>IL</u>	60657	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer NMFF	Occupation ATTEND		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		410.00	
	Full Name (Last, First, Middle Initial) EILEEN BEGIN			Date of Receipt
	Mailing Address 110 IRVING ST. NW #G-226			10 01 YYYY 2010
	City	State	Zip Code	Transaction ID: SA11AI.92571
	WASHINGTON FEC ID number of contributing federal political committee. Name of Employer WASHINGTON HOSPITAL CENTER Occupation ANESTHESIOLOGIST		20010	Amount of Each Receipt this Period 41.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 369.00	
	UBTOTAL of Receipts This Page (optional) .			332.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate scher for each category o Detailed Summary	f the
Ar or	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by a name and address of any political co	y any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL ACTION	ON COMMITTEE
	Full Name (Last, First, Middle Initial) EILEEN BEGIN		Date of Receipt
	Mailing Address 110 IRVING ST. NW		10 04 2010
	City WASHINGTON	State Zip Code DC 20010	Transaction ID: SA11AI.92708 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	8.00
	Name of Employer WASHINGTON HOSPITAL CENTER	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	77.00
- s.	Full Name (Last, First, Middle Initial) FRANK BEMIS	Date of Receipt	
	Mailing Address 700 REYNOLDS PLA	1 0 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: SA11AI.92665
	VESTAVIA HILLS	AL 35242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer SELF	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	00.00
. —	Full Name (Last, First, Middle Initial) MICHAEL BERRIGAN		Date of Receipt
	Mailing Address 900 23RD ST NW, SI	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: SA11AI.92697
	WASHINGTON FEC ID number of contributing federal political committee.	DC 20037	Amount of Each Receipt this Period 250.00
	Name of Employer GEORGE WASHINGTON UNIVERS- ITY MEDICAL C	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
	UBTOTAL of Receipts This Page (optional) .	1	758.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 70 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and addres	s of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DAVID BIEL Mailing Address 2216 MADISON AV	E		Date of Receipt 1 0 0 1 2 0 1 0
City CINCINNATI FEC ID number of contributing federal political committee.	State OH	Zip Code 45212	Transaction ID: SA11AI.92544 Amount of Each Receipt this Period 83.00
Name of Employer ANESTHESIA ASSOC. OF CINC- INNATI Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation ANESTHES Aggregate Yea	IOLOGIST ASSISTANT ar-to-Date ▼	
Full Name (Last, First, Middle Initial) WENDY BINSTOCK Mailing Address 1122 W MONTANA	ST		Date of Receipt 1 0 0 1 2 0 1 0
City CHICAGO FEC ID number of contributing	State IL	Zip Code 60614	Transaction ID: SA11AI.92646 Amount of Each Receipt this Period
federal political committee. Name of Employer UNIVERSITY OF CHICAGO Receipt For:	Occupation PHYSICAN Aggregate Yea	ar-to-Date ▼	83.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		585.00	
WENDY BINSTOCK Mailing Address 1122 W MONTANA	ST		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City CHICAGO FEC ID number of contributing federal political committee.	State IL	Zip Code 60614	Transaction ID: SA11AI.92711 Amount of Each Receipt this Period 4.00
Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSICAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 589.00	
SUBTOTAL of Receipts This Page (optional)		170.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 70 (check only one) X
NAME OF COMMITTEE (In Full)		erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	ESIOLOGISTS POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) TIMOTHY BITTENBINDER Mailing Address 5014 ASCOT PARKY	A/AV	Date of Receipt
City	State Zip Code	1 0 0 1 2 0 1 0 Transaction ID: SA11AI.92617
TEMPLE	TX 76502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer SCOTT WHITE MEMORIAL HOS- PITAL ANES. D	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 830.00	
Full Name (Last, First, Middle Initial) JUAN BOTERO		Date of Receipt
Mailing Address 2950 CLEVELAND C DEPT. OF ANES.	10 01 2010	
City	State Zip Code FL 33331	Transaction ID: SA11AI.92518
WESTON FEC ID number of contributing federal political committee.	FL 33331	Amount of Each Receipt this Period 83.00
Name of Employer CLEVELAND CLINIC, FLORIDA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	
Full Name (Last, First, Middle Initial) GREGORY BOUSKA		Date of Receipt
Mailing Address 3000 BOGEY CIR S	E	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City OWENS CROSS ROADS	State Zip Code AL 35763	Transaction ID: SA11AI.92527 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer COMPREHENSIVE ANESTHESIA SERVICES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1917.00	
SUBTOTAL of Receipts This Page (optional)	-	249.00

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, either than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) City State Zip Code Transaction ID: SA11AI.92609 Amount of Each Receipt Initial Period FECI D number of contributing federal political committee. Name of Employer AMERICAN ASSOCIALISTS IN Primary General Office (Primary) General Office (Primary		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 70 (check only one) X 11a 11b 11c 12
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE A. MARK BRADY Maing Address 94,03 W. 146TH PL. City City City State City State City State City Anne of Employer General City State City State Aggregate Year-to-Date Maing Address Salo Date of Receipt Anount of Each Receipt this Period Radiologist Anesthesia Anount of Each Receipt this Period Ball CALUDE BRUNSON Mailing Address Salo Date of Receipt Aggregate Year-to-Date Manual of Employer FEC ID number of contributing federal political committee. City State City State City State City State Aggregate Year-to-Date Maing Address Aggregate Year-to-Date Maing Address Aggregate Year-to-Date City State Stat		Any information copied from such Reports and Sor for commercial purposes, other than using the	statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
AL MARK BRADY Mailing Address 9403 W. 146TH PL. City State Zip Code OVERLAND PARK KS 6821 FEC ID number of contributing federal political committee. C Cocupation ANESTHESIA ASSOCI- ATES Receipt For: Primary General Other (specify) ▼ State Zip Code JACKSON Mailing Address 2500 N STATE ST CTR Name of Employer UNIV OF MISSISSIPPI MED CTR CTR Primary General Other (specify) ▼ State Zip Code JACKSON MS 39216 FEC ID number of contributing federal political committee. C Deate of Receipt Name of Employer UNIV OF MISSISSIPPI MED CTR ANESTHESIOLOGIST ARESTHESIOLOGIST Amount of Each Receipt this Period C Description of Contributing federal political committee. C Description of Contributing federal political committee. C Description of Contributing federal political committee. ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ State Zip Code ATLANTA GA 30327 FEC ID number of contributing federal political committee. C Description of Contributing federal political committee. C Description of Receipt Missing Address 105 N DEVEREUX CT NW City State Zip Code ATLANTA GA 30327 FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESION PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN ANESTHESION PHYSICIAN PHYSI		` '	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
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Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) CLAUDE BRUNSON Mailing Address 2500 N STATE ST City State Zip Code JACKSON MS 39216 FEC ID number of contributing federal political committee. Name of Employer UNIV OF MISSISSIPPI MED CITR Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JOHN BYRNE Mailing Address 105 N DEVEREUX CT NW City State Zip Code ATLANTA GA 30327 FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: SA11AI.92647 Amount of Each Receipt this Period Transaction ID: SA11AI.92560 Date of Receipt N M M D D D D D D D D D D D D D D D D D					
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Name of Employer UNIV OF MISSISSIPPI MED CITR Receipt For:		JACKSON	MS	39216	Amount of Each Receipt this Period
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Date of Receipt Mailing Address 105 N DEVEREUX CT NW City State Zip Code ATLANTA GA 30327 FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11AI.92560 Amount of Each Receipt this Period 250.00		Primary General	Aggregate		
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ATLANTA GA 30327 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Mailing Address 105 N DEVEREUX CT	NW		M M / D D / Y Y Y Y
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Federal political committee. Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			GA	30327	Amount of Each Receipt this Period
ANESTHESIA Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			C		250.00
Primary General Other (specify) ▼ 250.00		ANESTHESIA			
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
	Γ	SUBTOTAL of Receipts This Page (optional)			416.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) JAMES CARLSEN Mailing Address 1958 COMMON WAY I City ORLANDO FEC ID number of contributing federal political committee. Name of Employer JLR MEDICAL GROUP	State FL C		Date of Receipt M M M / D D / Y Y Y Y Y 1 0 1 2 0 1 0 Transaction ID: SA11AI.92586 Amount of Each Receipt this Period 41.00
_	Receipt For: Primary General Other (specify)		ESIOLOGIST • Year-to-Date ▼ 336.00	
В.	Full Name (Last, First, Middle Initial) JOHN CARNEY Mailing Address 1333 RIDDLE AVE			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City MORGANTOWN FEC ID number of contributing federal political committee.	State WV C	Zip Code 26505	Transaction ID: SA11AI.92546 Amount of Each Receipt this Period 41.00
	Name of Employer WEST VIRGINIA UNIVERSITY DEPT OF ANEST Receipt For: Primary General Other (specify)	RESIDE]
С.	Full Name (Last, First, Middle Initial) ANTONIO CASSARA Mailing Address 1236 MURRAY HILL A	VE.		Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City PITTSBURGH FEC ID number of contributing federal political committee.	State PA	Zip Code 15217	Transaction ID: SA11AI.92590 Amount of Each Receipt this Period 83.00
	Name of Employer UPMC CHILDRENS Receipt For: Primary General Other (specify) ▼	Occupation RESIDEN Aggregate		
	SUBTOTAL of Receipts This Page (optional)			165.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	solicit contributions from such committee.
\angle	Full Name (Last, First, Middle Initial)	SIOLOGISTS	5 POLITICAL ACTION COM	
	MARTYN CAVALLO Mailing Address 110-29TH AVE. NORT	TH, #201		Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
	City NASHVILLE	State TN	Zip Code 37203	Transaction ID: SA11AI.92611 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer ANESTHESIA MEDICAL GROUP		ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 410.00	
	Full Name (Last, First, Middle Initial) DEAN CHASSAY			Date of Receipt
	Mailing Address 571 LARUE CIRCLE	10 04 2010		
	City	State	Zip Code	Transaction ID: SA11AI.92692
	GUNTERSVILLE	AL	35976	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MARSHALL COUNTY ANESTHESI- OLOGY AND PAI Receipt For:		ESIOLOGIST	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
	Full Name (Last, First, Middle Initial) JOHN CHATELAIN			Date of Receipt
	Mailing Address 1319 S.9TH ST.			10 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.92634
	FARGO	ND	58103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer MERITCARE MEDICAL GROUP	. '	ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 410.00	
	UBTOTAL of Receipts This Page (optional)			582.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SAMUEL CHERRY Mailing Address 149 LUCERNE BLVD City BIRMINGHAM FEC ID number of contributing federal political committee.	State Zip Code AL 35209	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 1 2 0 1 0 Transaction ID: SA11AI.92652 Amount of Each Receipt this Period 125.00
Name of Employer BIRMINGHAM VA MEDICAL CEN- TER Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 875.00	
Full Name (Last, First, Middle Initial) WILLIAM CLAY Mailing Address DEPT. ANESTHESIA 468 CADIEUX RD. City GROSSE POINTE	State Zip Code MI 48230	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer BON SECOURS HOSPITAL Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) GERARD COSTELLO Mailing Address 7404 N. LANDINGS	ΓRAIL	Date of Receipt
City MUNCIE FEC ID number of contributing federal political committee.	State Zip Code IN 47303	Transaction ID: SA11AI.92794 Amount of Each Receipt this Period 250.00
Name of Employer DCA Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)		625.00

SCHEDULE A (F	FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 70 (check only one)
ITEMIZED RECE	EIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from for commercial purpose	om such Reports and Statements ma es, other than using the name and ac	ly not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
NAME OF COMMITT AMERICAN SOCI	EE (In Full) ETY OF ANESTHESIOLOGIST	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, THOMAS CUTTER	, Middle Initial)		Date of Receipt
Mailing Address 58	41 S MARYLAND AVE # MC40 ESTHESIA AND CRITICAL CA		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92690
CHICAGO	<u>IL</u>	60637	Amount of Each Receipt this Period
FEC ID number of cor federal political commi			1000.00
Name of Employer UNIV OF CHICAGO SCH OF MED	PRITZKER Occupation PHYSIC		
Receipt For:		e Year-to-Date ▼	
Other (specify)	General	1000.00	
Full Name (Last, First, VINCENT DEGENHAR	,		Date of Receipt
Mailing Address 41	5 HARDEN ST.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92633
COLUMBIA	SC	29205	Amount of Each Receipt this Period
FEC ID number of cor federal political commi			41.00
Name of Employer CRITICAL HEALTH S	SYSTEMS Occupation ANESTH	n HESIOLOGIST	
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 410.00	
Full Name (Last, First, MARK DENTZ	, Middle Initial)		Date of Receipt
Mailing Address 14	22 WILLOWBROOKE CIR.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92762
FRANKLIN	TN	37069	Amount of Each Receipt this Period
FEC ID number of cor federal political commi			500.00
Name of Employer ANESTHESIA MEDIO P.C.	CAL GROUP, Occupation ANESTH	on HESIOLOGIST	
Receipt For:		e Year-to-Date ▼	
Other (specify)	General	500.00	
SUBTOTAL of Receipts	This Page (optional)		1541.00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 70 (check only one) X
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Full Name (Last, First, Middle Initial)	SIOLOGISTS POLITICAL ACTION CO	
CHRISTIAN DIEZ Mailing Address 7915 SW 55 AVENUE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City <u>MIAMI</u>	State Zip Code FL 33143	Transaction ID: SA11AI.92561 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer UNIVERSITY OF MIAMI MEDIC- AL GROUP Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 830.00	
Full Name (Last, First, Middle Initial) JANE EASDOWN Mailing Address 5106 CORNWALL DF	1	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.92707
BRENTWOOD	TN 37027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer VANDERBILT UNIVERSITY	Occupation MD ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CHARLES ELLIOTT		Date of Receipt
Mailing Address PO BOX 1584		10 04 2010
City DECATUR	State Zip Code AL 35602	Transaction ID: SA11AI.92720
FEC ID number of contributing federal political committee.	C 33002	Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIA SERVICES OF DE- CATUR, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		583.00

Mailing Address 2399 PINE HOLLOW DR. City State Zip Code HAST LANSING MI 48823 FEC ID number of contributing federal political committee. Normal All Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt Corumber of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For:					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) ALENNETH ELMASSIAN Mailing Address 2399 PINE HOLLOW DR. City State Zip Code Bast LANSING FEC ID number of contributing and the person of the purpose of soliciting contributions and the person of the purpose of soliciting contributions and the person of the		'		for each category of the	(check only one)
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AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) EVENTETH ELMASSINN Mailing Address 2399 PINE HOLLOW DR. City EAST LANSING FEG ID number of contributing feedral political committee. Normal of Employer Other (specify) ▼ Full Name (Last, First, Middle Initial) Other (specify) ▼ Full Name (Last, First, Middle Initial) Other (specify) ▼ Full Name (Last, First, Middle Initial) Other (specify) ▼ Full Name (Last, First, Middle Initial) Other (specify) ▼ Full Name (Last, First, Middle Initial) Other (specify) ▼ Full Name (Last, First, Middle Initial) Other (specify) ▼ Full Name (Last, First, Middle Initial) Other (specify) ▼ Full Name (Last, First, Middle Initial) Other (specify) ▼ Full Name (Last, First, Middle Initial) Middle Initial) Other (specify) ▼ Full Name (Last, First, Middle Initial) Middle Initial) Middle Initial Date of Receipt Transaction ID: SA11Al.92649 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.92649 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.92649 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.92649 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.9274 Amount of Each Receipt this Period Transaction ID: SA11Al.9274 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.9274 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.9274 Amount of Each Receipt this Period Transaction ID: SA11Al.9274 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.9274 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.9274 Amount of Each Receipt this Period Transaction ID: SA11Al.9274 Transaction ID: SA11Al.9274 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.9274 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.9274 Amount of Each Receipt this Period	4	Any information copied from such Reports and Stor for commercial purposes, other than using the r	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KENNETH ELMASSINN Mailing Address 2399 PINE HOLLOW DR. City State Zip Code MI 49823 FEC ID number of contributing federal political committee. Norm of Employer (Short Normal) Fill Name (Last, First, Middle Initial) General Other (specify) ▼ State Zip Code B. Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) General Other (specify) ▼ State Zip Code Sc 29672 Fel IN name (Last, First, Middle Initial) General Other (specify) ▼ State Zip Code Sc 29672 FEC ID number of contributing federal political committee. Name of Employer Anses The ESIOLOGY CONSULTANTS OF THE UPST Period Of The UPST Of The UPST Period Of The UPST Of The UPST Of The UPST Period Of The UPST Of T		` ′			
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EAST LANSING MI 48823 FEC ID number of contributing federal political committee. Name of Employer INGHAM REGIONAL MEDICAL CENTER Receipt For: Primary General Other (specify) ▼ State Zip Code SENECA SC 29672 FUI Name (Last, First, Middle Initial) GREGORY ENDERS Mailing Address 206 WINDLAKE DR. City State Zip Code SENECA SC 29672 FEC ID number of contributing federal political committee. Name of Employer Seneral Occupation ANESTHESIOLOGIST Receipt For: Primary General Occupation ANESTHESIOLOGIST Receipt For: GRAVANNAH GA 31411 FEC ID number of contributing federal political committee. City State Zip Code GA 31411 Date of Receipt Transaction ID: SA11AI.92774 Amount of Each Receipt ins Period Transaction ID: SA11AI.92774 Amount of Each Receipt ins Period Transaction ID: SA11AI.92774 Amount of Each Receipt ins Period Transaction ID: SA11AI.92774 Amount of Each Receipt ins Period Transaction ID: SA11AI.92774 Amount of Each Receipt ins Period Transaction ID: SA11AI.92774 Amount of Each Receipt ins Period Transaction ID: SA11AI.92774 Amount of Each Receipt ins Period Transaction ID: SA11AI.92774 Amount of Each Receipt ins Period Transaction ID: SA11AI.92774 Amount of Each Receipt ins Period Transaction ID: SA11AI.92774 Amount of Each Receipt ins Period Transaction ID: SA11AI.92774 Amount of Each Receipt ins Period Transaction ID: SA11AI.92774 Amount of Each Receipt ins Period Transaction ID: SA11AI.92774 Amount of Each Receipt ins Period Transaction ID: SA11AI.92774 Amount of Each Receipt ins Period Transaction ID: SA11AI.92774 Amount of Each Receipt ins Period		Mailing Address 2399 PINE HOLLOW D	R.		
FEC ID number of contributing C Rederal political committee. Rederal political committee. C Rederal political committee. Rederal political committee. Rederal political political political political political p		City	State	Zip Code	Transaction ID: SA11AI.92632
Name of Employer Name of Em		EAST LANSING	MI	48823	Amount of Each Receipt this Period
INGHAM REGIONAL MEDICAL CENTER Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) GREGORY ENDERS Mailing Address 206 WINDLAKE DR. Fill Name (Last, First, Middle Initial) GREGORY ENDERS Mailing Address 206 WINDLAKE DR. City State Zip Code SC 29672 FEC ID number of contributing federal political committee. C			C		83.00
Primary General Other (specify) ▼ 830.00 Pull Name (Last, First, Middle Initial) GREGORY ENDERS Mailing Address 206 WINDLAKE DR.		INGHAM RÉGÍONAL MEDICAL			
B. Full Name (Last, First, Middle Initial) GREGORY ENDERS Mailing Address 206 WINDLAKE DR. City State Zip Code SENECA SC 29672 FEG ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGY CONSULTANTS Of THE UPST Receipt For: Primary General Other (specify) ▼ Page of Employer SAVANNAH FEG ID number of contributing federal political committee. Date of Receipt Transaction ID: SA11AI.92649 Amount of Each Receipt this Period ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Page of Employer SAVANNAH FEG ID number of contributing federal political committee. C. Full Name (Last, First, Middle Initial) City State Zip Code GA 31411 FEG ID number of contributing federal political committee. C C Coccupation ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼			Aggregate	e Year-to-Date ▼	
B. GREGORY ENDERS Mailing Address 206 WINDLAKE DR. City State Zip Code SC 29672 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGY CONSULTANTS Other (specify) ▼				830.00	
City State Zip Code SC 29672 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGY CONSULTANTS OF THE UPST Receipt For: Primary General Other (specify) ▼ CITY SAVANNAH FEC ID number of contributing General Other (specify) ▼ CITY SAVANNAH FEC ID number of contributing federal political committee. CITY SAVANNAH FEC ID number of contributing federal political committee. CITY SAVANNAH FEC ID number of contributing federal political committee. Name of Employer SELF Receipt For: Primary General Occupation ANESTHESIOLOGIST ANESTHESIOLOGIS	– В.	,			Date of Receipt
SENECA SC 29672 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGIST OF THE LPST Receipt For: Primary General Other (specify) ▼ Part SAVANNAH FEC ID number of contributing federal political committee. PEC ID number of contributing federal political committee. Name of Employer State Zip Code SAVANNAH FEC ID number of contributing federal political committee. Name of Employer SLF Receipt For: Aggregate Year-to-Date ▼ Transaction ID: SA11AI.92774 Amount of Each Receipt this Period Anount of Each Receipt this Period Transaction ID: SA11AI.92774 Amount of Each Receipt this Period Transaction ID: SA11AI.92774 Amount of Each Receipt this Period Transaction ID: SA11AI.92774 Amount of Each Receipt this Period 250.00		Mailing Address 206 WINDLAKE DR.			
FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGY CONSULTANTS OF THE UPST Receipt For: Primary General Other (specify) ▼		•		Zip Code	Transaction ID: SA11AI.92649
Name of Employer ANESTHESIOLOGIST OF THE UPST Receipt For:		SENECA	SC	29672	Amount of Each Receipt this Period
OF THE UPST Receipt For: Primary			C		41.00
Primary General Other (specify) ▼ Date of Receipt Mailing Address 12 STRAWBERRY LANE City State Zip Code SAVANNAH GA 31411 FEC ID number of contributing federal political committee. Name of Employer SELF Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		OF THE UPST			
C. Full Name (Last, First, Middle Initial) MICHELLE ENGLISH Mailing Address 12 STRAWBERRY LANE City State Zip Code SAVANNAH GA 31411 FEC ID number of contributing federal political committee. Name of Employer SELF Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ AT4.00			Aggregate	e Year-to-Date ▼	
Milling Address 12 STRAWBERRY LANE City State Zip Code SAVANNAH GA 31411 FEC ID number of contributing federal political committee. Name of Employer SELF Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ STATE STRAWBERRY LANE Date of Receipt M M M / D D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		H ' -		254.00	
City State Zip Code SAVANNAH GA 31411 FEC ID number of contributing federal political committee. Name of Employer SELF Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date 250.00 1 0 0 8 2 0 1 0 Transaction ID: SA11AI.92774 Amount of Each Receipt this Period 250.00 250.00	С. С.				Date of Receipt
SAVANNAH GA 31411 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer SELF Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Mailing Address 12 STRAWBERRY LAN	ΙE		
FEC ID number of contributing federal political committee. Name of Employer SELF Receipt For: Primary Other (specify) Aggregate Year-to-Date 250.00 ANESTHESIOLOGIST Aggregate Year-to-Date 250.00		City	State	Zip Code	Transaction ID: SA11AI.92774
federal political committee. Name of Employer SELF Occupation ANESTHESIOLOGIST Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		SAVANNAH	GA	31411	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00			C		250.00
Primary General Other (specify) 250.00		Name of Employer SELF			
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
ODD OTAL OFFICEORIES THIS FAGE (OPTIONIC)		SUBTOTAL of Receipts This Page (optional)			374.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate sched for each category of Detailed Summary P	the age X 11a 11b 11c 12 13 14 15 16 17 any person for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	, , , , , , , , , , , , , , , , , , ,	nmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JESSE EPPS Mailing Address 2341 MCCALLIE AVE	. #402	Date of Receipt
City CHATTANOOGA	State Zip Code TN 37404	Transaction ID: SA11AI.92650 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 37404	83.00
Name of Employer ANESTHESIOLOGISTS ASSOCIA- TED Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 588	5.00
Full Name (Last, First, Middle Initial) JOHN ERICKSON Mailing Address 1008 FAIR OAKS AVE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City OAK PARK FEC ID number of contributing	State Zip Code IL 60302	Transaction ID: SA11AI.92736 Amount of Each Receipt this Period 250.00
rederal political committee. Name of Employer UNIV OF CHICAGO	Occupation TEACHER	230.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) C. RITCHIE FEVRIER		Date of Receipt
Mailing Address 9837 GLADIOLUS BU	LB LOOP	10 01 7 2010
City <u>FORT MYERS</u>	State Zip Code FL 33908	Transaction ID: SA11AI.92616 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.00
Name of Employer MEDICAL ANESTHESIA AND PA- IN MANAGEMENT	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410	0.00
SUBTOTAL of Receipts This Page (optional)	1	374.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Sta	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 70 (check only one) X
or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	name and address of any political committee to OLOGISTS POLITICAL ACTION COMM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RICHARD FLOWERDEW Mailing Address 38 HEDGEROW DR City FALMOUTH FEC ID number of contributing federal political committee.	State Zip Code ME 04105	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer SPECTRUM MEDICAL GROUP Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 830.00	
Full Name (Last, First, Middle Initial) WILLIAM FRAME Mailing Address 2300 N EDWARD ST DEPT. OF ANESTHESI City DECATUR FEC ID number of contributing federal political committee. Name of Employer ASSOCIATED ANESTHESIOLOGI-STS OF DECATU Receipt For: Primary General	State Zip Code IL 62526 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 1 2 0 1 0 Transaction ID: SA11AI.92599 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) PRASAD GADIRAJU Mailing Address 8 SWAN ISLE BLVD City MISSOURI CITY FEC ID number of contributing federal political committee. Name of Employer GREATER HOUSTON ANESTHESI-OLOGY Receipt For: Primary General Other (specify) ▼	State Zip Code TX 77459 C Occupation ANESTHESIOLOGY Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	416.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 70 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN GALDUN Mailing Address 5332 BENT RIVER E City KNOXVILLE FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA MEDICAL ALLIAN-CE OF E. TN Receipt For: Primary General	State TN C Occupation ANESTH	Zip Code 37919 n ESIOLOGIST • Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.92742 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) RAVI GANGAVALLI Mailing Address 212 SIMONSON CT City FLORHAM PARK FEC ID number of contributing federal political committee.	State NJ	Zip Code 07932	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 4 2 0 1 0 Transaction ID: SA11AI.92722 Amount of Each Receipt this Period 500.00
Name of Employer ACNJ Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) DHANESH GUPTA Mailing Address COO F CHICA CO AN	Aggregate	ESIOLOGIST Year-to-Date 500.00	Date of Receipt
Mailing Address 303 E CHICAGO AV WARD BUILDING, F City CHICAGO FEC ID number of contributing federal political committee. Name of Employer NORTHWESTERN UNIVERSITY FEINBERG SCHOO Receipt For: Primary General Other (specify) ▼	State IL C Occupation ANESTH	Zip Code 60611 n ESIOLOGIST e Year-to-Date	Transaction ID: SA11AI.92744 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional))		1750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 70 (check only one) X 11a	
,	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE	
Α.	Full Name (Last, First, Middle Initial) ARON HAMMOND Mailing Address 2000 N. CAMPRELL	AVE OTE 4	10	Date of Receipt	
	Mailing Address 3390 N. CAMPBELL	AVE., STE. I	10	10 01 2010	
	City	State	Zip Code	Transaction ID: SA11AI.92535	
	TUCSON	AZ	85719	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		83.00	
	Name of Employer SOUTHERN ARIZONA ANESTHES- IA	Occupation ANESTH	n HESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	834.00		
— В.	Full Name (Last, First, Middle Initial) STEVEN HATTAMER	Date of Receipt			
	Mailing Address 8 PROSPECT STREE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: SA11AI.92623	
	NASHUA	NH	03060	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		83.00	
	Name of Employer NASHUA ANESTHESIA PARTNERS	Occupation PHYSIC			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		747.00		
с. С.	Full Name (Last, First, Middle Initial) PETER HAYNAL	,			
	Mailing Address 1711 RIVER RIDGE [OR		10 01 2010	
	City SPRING VALLEY	State OH	Zip Code	Transaction ID: SA11AI.92629	
	FEC ID number of contributing federal political committee.	C	45370	Amount of Each Receipt this Period 41.00	
	Name of Employer KETTERING ANESTHESIA ASSO- CIATES	Occupation PHYSIC	IAN		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-	
	Other (specify)		410.00		
	SUBTOTAL of Receipts This Page (optional) .			207.00	
H	TOTAL This Period (last page this line numbe				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) MICHAEL HECHT	100N BI		Date of Receipt
	Mailing Address 10675 N. SUMMER N	IOON PL.		10 06 7 2010
	City TUCSON	State AZ	Zip Code	Transaction ID: SA11AI.92752
	FEC ID number of contributing federal political committee.	C	85737	Amount of Each Receipt this Period 250.00
	Name of Employer SOUTHERN ARIZONA ANESTHES- IA	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Б.	Full Name (Last, First, Middle Initial) PETER HENDRICKS	Date of Receipt		
	Mailing Address 1590 PANORAMA DF	₹		10 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.92630
	BIRMINGHAM FEC ID number of contributing	AL	35216	Amount of Each Receipt this Period 83.00
	federal political committee.	C		83.00
	Name of Employer SELF	Occupation ANESTH	on HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		830.00	
с. С.	Full Name (Last, First, Middle Initial) ANDREW HERLICH			Date of Receipt
	Mailing Address 116 HAVERFORD CI	RCLE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.92642
	PITTSBURGH FEC ID number of contributing federal political committee.	C	15228	Amount of Each Receipt this Period 83.00
	Name of Employer UPMC MERCY	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 830.00	
	SUBTOTAL of Receipts This Page (optional) .			416.00
	TOTAL This Period (last page this line numbe		<u> </u>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and s r for commercial purposes, other than using th NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and address of any political commit	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIDEOGISTS FOLITICAL ACTION C	OUNIVITTEE
 	Full Name (Last, First, Middle Initial) ROBERT HORVATH Mailing Address 5201 N. FORT YUMA	TRI	Date of Receipt
		1112	10 01 2010
	City	State Zip Code	Transaction ID: SA11AI.92573
	TUCSON	AZ 85750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer OLD PUEBLO ANES. P.C.	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) TIMOTHY HOUSEMAN		Date of Receipt
	Mailing Address PO BOX 1025		1 0 0 1 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.92551
	FAIRHOPE	AL 36533	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.00
	Name of Employer EASTERN SHORE ANESTHESIA	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 377.00	
_	Full Name (Last, First, Middle Initial) WILLIAM HURFORD		Date of Receipt
	Mailing Address DEPARTMENT OF Al 231 ALBERT SABIN N	10 01 7 2010	
	CINCININATI	State Zip Code	Transaction ID: SA11AI.92595
	CINCINNATI FEC ID number of contributing federal political committee.	OH 45267	Amount of Each Receipt this Period 41.00
	Name of Employer UNIVERSITY OF CINCINNATI MEDICAL CENTE	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	410.00	
			107.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS Any information copied from such Reports	for each category of the Detailed Summary Page s and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 27 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	sing the name and address of any political committee to	
Full Name (Last, First, Middle Initial) JEFFREY JACOBS Mailing Address 11041 PINE LOI	DGE TRAIL	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DAVIE	State Zip Code FL 33328	Transaction ID: SA11AI.92486 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.00
Name of Employer CLEVELAND CLINIC FLORIDA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	
Full Name (Last, First, Middle Initial) JEFFREY JACOBS Mailing Address 11041 PINE LOI	OGE TRAII	Date of Receipt
City DAVIE	State Zip Code FL 33328	Transaction ID: SA11AI.92625 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.00
Name of Employer CLEVELAND CLINIC FLORIDA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 459.00	
Full Name (Last, First, Middle Initial) ALIRAZA JAFFER	-	Date of Receipt
Mailing Address 5070 BROOKDA		10 01 7 2010
City BLOOMFIELD HILLS	State Zip Code MI 48304	Transaction ID: SA11AI.92606 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	
SUBTOTAL of Receipts This Page (opti	ional)	165.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	SIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DANIEL JANIK Mailing Address 15605 E PRENTICE I	DR	Date of Receipt
City CENTENNIAL	State Zip Code CO 80015	Transaction ID: SA11AI.92641 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer UNIVERSITY OF COLORADO	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 747.00	
Full Name (Last, First, Middle Initial) BASIA JENKINS	1	Date of Receipt
Mailing Address 3933 TOPSIDE RD.		10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.92557
KNOXVILLE	TN 37920	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTHESIA MEDICAL ALLIAN- CE OF E. TN Receiot For:	Occupation ANESTHESIOLOGIST	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DENISE JOFFE		Date of Receipt
Mailing Address 2222 78TH AVE. SE		10 07 2010
City	State Zip Code	Transaction ID: SA11AI.92766
MERCER ISLAND	WA 98040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SEATTLE CHILDRENS HOSPITAL	Occupation MD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1083.00
TOTAL This Period (last page this line numbe	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 70 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TRIPTI KATARIA Mailing Address 130 S CANAL ST	APT 419		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City CHICAGO FEC ID number of contributing federal political committee.	State IL	Zip Code 60606	Transaction ID: SA11AI.92614 Amount of Each Receipt this Period 83.00
Name of Employer UNIVERSITY OF CHICAGO Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate]
Full Name (Last, First, Middle Initial) SCOTT KERCHEVILLE Mailing Address MAIL CODE 7838 7703 FLOYD CURL City	State	Zip Code	Date of Receipt 10 01 2010 Transaction ID: SA11AI.92644
SAN ANTONIO FEC ID number of contributing federal political committee. Name of Employer UTHSCSA Receipt For: Primary General Other (specify)	Occupation PHYSICI Aggregate		Amount of Each Receipt this Period 125.00
Full Name (Last, First, Middle Initial) LAURA KIHLSTROM Mailing Address 915 LARCHMONT City	CRES.	Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NORFOLK FEC ID number of contributing federal political committee.	VA	23508	Amount of Each Receipt this Period 25.00
Name of Employer ATLANTIC ANESTHESIA, INC. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation PHYSICI Aggregate]
SUBTOTAL of Receipts This Page (optional	al)		233.00

SCHEDULI	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 70 (check only one) X 11a
or for commercia	I purposes, other than using the DMMITTEE (In Full)	e name and add	y not be sold or used by any persondress of any political committee to B POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
KEVIN KINKE	ust, First, Middle Initial) AD ss 1776 MCCONNELL D	PR.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>WILLIAMSI</u>		State PA	Zip Code 17701	Transaction ID: SA11AI.92553 Amount of Each Receipt this Period
federal politica		C		166.00
WILLIAMSPO Receipt For: Primary		Occupation PHYSICI Aggregate		
Full Name (La RUSSELL KLE Mailing Addre		<u> </u>		Date of Receipt 10 13 2010
City		State	Zip Code	Transaction ID: SA11AI.92822
GOLDEN FEC ID numb federal politica	er of contributing al committee.	C	80401	Amount of Each Receipt this Period 250.00
SERVICES,F Receipt For: Primary		Occupatio PHYSICI Aggregate		
Full Name (La ALLAN KLOCH Mailing Addre				Date of Receipt 1 0 0 6 2 0 1 0
City		State	Zip Code	Transaction ID: SA11AI.92740
RIVER FOR FEC ID numb federal political	er of contributing	C	60305	Amount of Each Receipt this Period 500.00
Name of Emp UNIVERSITY	loyer OF CHICAGO	Occupatio ANESTH	n ESIOLOGIST	
Receipt For: Primary Other (s	General ⊕	Aggregate	e Year-to-Date ▼ 500.00]
SURTOTAL of	Receipts This Page (optional) .	1		916.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 31 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
\ 	or for commercial purposes, other than using the notation NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESI Full Name (Last, First, Middle Initial)			
A.	Mailing Address 6819 E 116TH ST			Date of Receipt M M
	City BIXBY FEC ID number of contributing federal political committee.	State OK	Zip Code 74008	Amount of Each Receipt this Period 500.00
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS INC Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) DAVID KRHOVSKY Mailing Address 2248 SHAWNEE S.E. City GRAND RAPIDS FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA MEDICAL CONSULTANTS PC Receipt For: Primary General Other (specify)		Zip Code 49506 In HESIOLOGIST Payear-to-Date 830.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Full Name (Last, First, Middle Initial) SCOTT KUHNERT Mailing Address 4640 HAWK HOLLOW City BATH FEC ID number of contributing federal political committee.	DR. E. State MI C	Zip Code 48808	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Γ	Name of Employer LANSING ANESTHESIOLOGISTS, P.C. Receipt For: Primary General Other (specify) ▼	ANESTH	HESIOLOGIST e Year-to-Date ▼ 336.00	CCC OC
	SUBTOTAL of Receipts This Page (optional)		······	666.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 70 (check only one)
Any inform	mation copied from such Reports and nmercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME	OF COMMITTEE (In Full) RICAN SOCIETY OF ANESTHE		•	
	ame (Last, First, Middle Initial)			Date of Receipt
Mailin	g Address 6431 FANNIN ST ST DEPT OF ANESTHE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.92578
<u>HOU</u>	STON	TX	77030	Amount of Each Receipt this Period
	D number of contributing Il political committee.	C		41.00
Name UNIVI SCHO	of Employer ERSITY OF TEXAS MED DOL	Occupatio ANESTH	n IESIOLOGIST	
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 377.00	
	ame (Last, First, Middle Initial) T LEIGHTY			Date of Receipt
Mailin	g Address 3900 WALNUT CLA	/ DR.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.92626
<u>AUS</u>	TIN	TX	78731	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		41.00
Name AUST UP	of Employer IN ANESTHESIOLOGY GRO-	Occupatio PHYSICI		
Recei		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		410.00	
	ame (Last, First, Middle Initial) IAN LEVIN			Date of Receipt
Mailin	g Address 10190 BAYWOOD C	Т.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.92776
	ANGELES	CA	90077	Amount of Each Receipt this Period
	D number of contributing Il political committee.	C		250.00
	of Employer	Occupatio PHYSICI		
Recei		Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
	FAL of Receipts This Page (optional)			332.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 70 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH			
Full Name (Last, First, Middle Initial) MICHAEL LEWIS			Date of Receipt
Mailing Address DEPARTMENT OF A		LOGY	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MIAMI	State FL	Zip Code 33136	Transaction ID: SA11AI.92610
FEC ID number of contributing federal political committee.	C	33130	Amount of Each Receipt this Period 83.00
Name of Employer JACKSON MEMORIAL HOSPITAL	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 747.00	
Full Name (Last, First, Middle Initial) TAK LIU			Date of Receipt
Mailing Address 101 COUNTRY CEN	NTER LN.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State DE	Zip Code	Transaction ID: SA11AI.92705
HOCKESSIN FEC ID number of contributing federal political committee.	C	19707	Amount of Each Receipt this Period 500.00
Name of Employer ASPA	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ASA LOCKHART			Date of Receipt
Mailing Address 2106 KENNEBUNK	LN.		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City TYLER	State TX	Zip Code 75703	Transaction ID: SA11AI.92564
FEC ID number of contributing federal political committee.	C	73703	Amount of Each Receipt this Period 83.00
Name of Employer EAST TEXAS ANESTHESIOLOGY ASSOICATES	Occupation PHYSICI	AN	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 830.00	
			666.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 70 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements made name and add	not be sold or used by any persoldress of any political committee to	on for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) NANCY LOEFFLER			Date of Receipt
Mailing Address 3726 LAKEVIEW DR.	•		10 04 2010
City	State	Zip Code	Transaction ID: SA11AI.92699
TALLAHASSEE	FL	32310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1050.00
Name of Employer ANESTHESIOLOGY ASSOC. OF TALLAHASSEE	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1050.00	
Full Name (Last, First, Middle Initial) JOSHUA LUMBLEY	1		Date of Receipt
Mailing Address 410 W 10TH AVE N411 DOAN HALL			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92583
COLUMBUS	OH	43210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer THE OHIO STATE UNIVERSITY MEDICAL CENT	Occupatio ATTEND	n DING ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 377.00]
Full Name (Last, First, Middle Initial) ROBERT LYON			Date of Receipt
Mailing Address 4144 N CENTRAL EX	(PY STE 360		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92746
DALLAS	TX	75204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer DALLAS ANESTHESIOLOGY ASS- OCIATES	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (optional)			2091.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 70 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may the name and addr	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) TARIQ MALIK Mailing Address 1776 ROGERS AVE	<u> </u>		Date of Receipt
City GLENVIEW	State IL	Zip Code 60025	1 0 0 4 2 0 1 0 Transaction ID: SA11AI.92702
FEC ID number of contributing federal political committee.	C	00025	Amount of Each Receipt this Period 250.00
Name of Employer UNIVERSITY OF CHICAGO	Occupation MD		
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MARK MANDABACH			Date of Receipt
Mailing Address DEPT. OF ANESTH 619 S. 19TH ST., JT			10 01 2010
City	State	Zip Code	Transaction ID: SA11AI.92521
BIRMINGHAM FEC ID number of contributing federal political committee.	C	35249	Amount of Each Receipt this Period 83.00
Name of Employer UNIV. OF ALABAMA - BIRMIN- GHAM	Occupation PHYSICIA		
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1334.00	
Full Name (Last, First, Middle Initial) KURT MARKGRAF			Date of Receipt
Mailing Address 3663 MCKINLEY AV	/E		10 01 2010
City	State	Zip Code	Transaction ID: SA11AI.92601
FORT MYERS FEC ID number of contributing federal political committee.	C	33901	Amount of Each Receipt this Period 83.00
Name of Employer MEDICAL ANESTHESIA	Occupation PHYSICIA		
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 830.00	
SUBTOTAL of Receipts This Page (optional))		416.00

SCHEDULE A (FEC Form 3X)		Llan congrata schodula(s)	FOR LINE NUMBER: PAGE 36 / 70
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
II LIVIIZED NECEIF I 3		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) THOMAS MARTIN			Date of Receipt
Mailing Address 6 MONTEVALLO TER			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92725
BIRMINGHAM	AL	35213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer SOUTHERN PERIOPERATIVE SE- RVICES	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		500.00	1
Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) SAM MAYEDA			Date of Receipt
Mailing Address 15804 W. 63RD AVE.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92739
GOLDEN	CO	80403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer PAS	Occupatio MD	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) RICHARD MCNEER			Date of Receipt
Mailing Address 18340 SW 122 ST.			M M / D D / Y Y Y Y Y 1 Y 1 1 0 0 1 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.92580
MIAMI	FL	33196	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.00
Name of Employer UNIVERSITY OF MIAMI DEPT OF ANESTHESIO	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 751.00	
SUBTOTAL of Receipts This Page (optional)			833.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 70 (check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JAMES MESROBIAN Mailing Address 827 E BIRCH AVE City MILWAUKEE FEC ID number of contributing federal political committee. Name of Employer AURORA MEDICAL GROUP	State Zip Code WI 53217 C Occupation ANESTHESIOLOGIST	Date of Receipt M M D D 2 0 1 0 Transaction ID: SA11AI.92816 Amount of Each Receipt this Period 1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) ROBERT MICHAELS Mailing Address 291 SOUTHHALL L City	State Zip Code	Date of Receipt 10 10 10 10 10 10 10 10 10 1
MAITLAND FEC ID number of contributing federal political committee. Name of Employer JLR MEDICAL GROUP	FL 32751 C Occupation	Amount of Each Receipt this Period 41.00
Receipt For: Primary General Other (specify)	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 410.00	
Full Name (Last, First, Middle Initial) MICHAEL MILLER Mailing Address 15936 OAK PARK (T CT	Date of Receipt 1 0 0 1 2 0 1 0
City WESTFIELD	State Zip Code IN 46074	Transaction ID: SA11AI.92584 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.00
Name of Employer ACI,LLC	Occupation ANESTHESIOLOGIST	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	
)	1082.00

Any informati	JLE A (FEC Form 3X) D RECEIPTS ion copied from such Reports and Sta	tements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 38 / 70 (check only one) X
or for comme	ercial purposes, other than using the notes of the notes	ame and ad	dress of any political committee to	solicit contributions from such committee.
A. CHRISTO	e (Last, First, Middle Initial) PHER MILLSON ddress 2400 WIMBLEDON DR			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	040	State	Zip Code	Transaction ID: SA11AI.92591
	umber of contributing litical committee.	C	89107	Amount of Each Receipt this Period 83.00
	Employer ANESTHESIOLOGISTS	Occupation PHYSIC	IAN	
	or: nary General er (specify) ▼	Aggregate	e Year-to-Date ▼ 830.00	
B. MOHAMM	e (Last, First, Middle Initial) IED MINHAJ ddress 5841 S MARYLAND AVI	E # MC-40	028	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City CHICAG	GO	State IL	Zip Code 60637	Transaction ID: SA11AI.92588 Amount of Each Receipt this Period
	umber of contributing litical committee.	C		500.00
Name of E UNIVERS	Employer SITY OF CHICAGO	Occupation PHYSIC		
	or: nary General er (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name	e (Last, First, Middle Initial) MOORE			Date of Receipt
Mailing Ad	ddress 1748 VESTWOOD HILL	S DR.		10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>VESTA\</u>	/IA HILLS	State AL	Zip Code 35216	Transaction ID: SA11AI.92624 Amount of Each Receipt this Period
	umber of contributing litical committee.	C		125.00
<u> </u>			IESIOLOGIST	
	or. nary General er (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
SUBTOTAL	of Receipts This Page (optional)		·····	708.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 70 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOEL MUMFORD Mailing Address 221 ELM HILL RD.			Date of Receipt 1 0 0 1 2 0 1 0
City SPRINGFIELD FEC ID number of contributing federal political committee.	State VT	Zip Code 05156	Transaction ID: SA11AI.92631 Amount of Each Receipt this Period 83.00
Name of Employer V A MEDICAL CENTER Receipt For: Primary General Other (specify)	Occupation PHYSICI		1
Full Name (Last, First, Middle Initial) MARK MURRAY Mailing Address 1924 ALCOA HIGHV DEPARTMENT OF A		109	Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City KNOXVILLE FEC ID number of contributing federal political committee.	State TN	Zip Code 37920	Transaction ID: SA11AI.92545 Amount of Each Receipt this Period 83.00
Name of Employer UNIVERSITY ANESTHESIOLOGI- STS Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation DOCTOF Aggregate		
Full Name (Last, First, Middle Initial) ROBERT MURRAY III Mailing Address 19 ELM PARK BLVI). D.		Date of Receipt
City PLEASANT RIDGE FEC ID number of contributing federal political committee.	State MI	Zip Code 48069	Transaction ID: SA11AI.92618 Amount of Each Receipt this Period 83.00
Name of Employer SOUTH OAKLAND ANESTHESIA ASSOC Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate		
SUBTOTAL of Receipts This Page (optional))		249.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 70 (check only one) X
A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
۸.	Full Name (Last, First, Middle Initial) ROSS MUSUMECI			Date of Receipt
	Mailing Address 9 LINCOLN ST.	State	Zip Code	10 0 1 2010
	City WESTON	State MA	21p Code 02493	Transaction ID: SA11AI.92570 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.00
	Name of Employer ANES. ASSOC. OF MASSACHUS- ETTS	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 410.00	
	Full Name (Last, First, Middle Initial) MICHAEL NEED			Date of Receipt
	Mailing Address 7632 TIMBER SPRIN	10		
	City	State	Zip Code	Transaction ID: SA11AI.92581
	FISHERS FEC ID number of contributing federal political committee.	C	46038	Amount of Each Receipt this Period 83.00
	Name of Employer SOUTHEAST ANESTHESIOLOGIS- TS	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 751.00	
 :_	Full Name (Last, First, Middle Initial) THANH NGUYEN			Date of Receipt
	Mailing Address 2200 CHILDRENS W DEPT OF ANES	AY STE 311		10 / 03 / Y Y Y Y Y Y Y
	City NASHVILLE	State TN	Zip Code 37232	Transaction ID: SA11AI.92685 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MONROE CARELL CHILDRENS HOSPITAL	Occupatio RESIDEI	NT	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
\[SUBTOTAL of Receipts This Page (optional)			374.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
∠ A .	Full Name (Last, First, Middle Initial) MICHAEL NICHOLS			Date of Receipt
	Mailing Address 1090 DEVINE CIRCLI	<u> </u>		10 01 7 2010
	City ATLANTA	State GA	Zip Code 30319	Transaction ID: SA11AI.92602 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.00
	Name of Employer NOVA SOUTHEASTERN UNIVERS- ITY ANESTHESI	Occupation ANESTH	on HESIOLOGIST ASSISTANT	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 830.00	
- В.	Full Name (Last, First, Middle Initial) TERESA NOLEN			Date of Receipt
	Mailing Address 2325 HIGHLAND CRE	M M / D D / Y Y Y Y Y 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0		
	City BIRMINGHAM	State AL	Zip Code	Transaction ID: SA11AI.92659
	FEC ID number of contributing federal political committee.	C	35205	Amount of Each Receipt this Period 250.00
	Name of Employer BIRMINGHAM VAMC	Occupation	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- С.	Full Name (Last, First, Middle Initial) MARK NUNNALLY	l		Date of Receipt
-				
	City CHICAGO	State IL	Zip Code 60661	Transaction ID: SA11AI.92555
	FEC ID number of contributing federal political committee.	C	0001	Amount of Each Receipt this Period 250.00
	Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			583.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule for each category of th Detailed Summary Page	e (check only one)
	nd Statements may not be sold or used by ar the name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS POLITICAL ACTION	COMMITTEE
Full Name (Last, First, Middle Initial) KATHLEEN OLEARY		Date of Receipt
Mailing Address 666 ELM AND CAF	RLTON ST State Zip Code	10 01 2010
City BUFFALO	NY 14263	Transaction ID: SA11AI.92619 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer ROSWELL PARK CANCER INSTI- TUTE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	00
Full Name (Last, First, Middle Initial) RONALD OSBORN		Date of Receipt
Mailing Address 14621 WHITE OAK	CDR.	10
City	State Zip Code	Transaction ID: SA11AI.92663
BURNSVILLE	MN 55337	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer RAPA	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.0	00
Full Name (Last, First, Middle Initial) ANDREW OSBORNE	'	Date of Receipt
Mailing Address 8 HAMPTON WAY		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State Zip Code	Transaction ID: SA11AI.92538
DOTHAN FEC ID number of contributing federal political committee.	AL 36305	Amount of Each Receipt this Period 500.00
Name of Employer SELF	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	00
SUBTOTAL of Receipts This Page (optional	1	1025.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 70 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	W EE
Full Name (Last, First, Middle Initial) ROBERT OVERACRE			Date of Receipt
Mailing Address 23 MENDEN LANE			10 04 2010
City	State	Zip Code	Transaction ID: SA11AI.92718
LITTLE ROCK	AR	72223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer AHG ANESTHESIA	Occupation PHYSICI		
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
Other (specify) ▼	0 0	1100.00	
Full Name (Last, First, Middle Initial) AUDREY OWARE			Date of Receipt
Mailing Address 1642 E. 56TH ST APT 918			M M / D D / Y Y Y Y Y 1 1 0 0 6 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.92749
CHICAGO	<u> </u>	60637	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UNIVERSITY OF CHICAGO MED- ICAL CENTER A	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 23 ROLLING HILL DR	R.		10 05 2010
City	State	Zip Code	Transaction ID: SA11AI.92733
CHATHAM	NJ	07928	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SUMMIT ANESTHESIA ASSOC., P.A.	Occupation MD	ı	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	

City State Zip Code NASHVILLE TN 37212 FEC ID number of contributing federal political committee. Name of Employer SOUTHERN ARIZONA ANESTHES-IASERVICES Receipt For: Name of Employer SOUTHERN ARIZONA ANESTHES-IASERVICES Receipt For: Primary General Gene	<u> </u>		Use separate schedule(s) for each category of the Detailed Summary Page	orm 3X)	SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS		
A. Full Name (Last, First, Middle Initial) C. LEE PARMLEY Mailing Address 1211 21ST AVE S	16 17 ntributions ommittee.	for the purpose of soliciting contributions olicit contributions from such committee.		1)	NAME OF COMMITTEE (In Full)	Ar	
City State Zip Code TN 37212 Amount of Each Receipt th FEC ID number of contributing federal political committee. Name of Employer VANDERBIT UNIVERSITY MED- LOAL CENTER Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MILLIAM PEKARSKE Mailing Address 1281 E. CALLE DE LA CABRA City State Zip Code AZ 85718 FEC ID number of contributing federal political committee. Name of Employer SOUTHERN ARIZONA ANESTHES-IA SERVICES Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Coccupation PHYSICIAN Aggregate Year-to-Date ▼ Transaction ID: SA11AI. Amount of Each Receipt th Transaction ID: SA11AI. Date of Receipt Transaction ID: SA11AI. Amount of Each Receipt th Transaction ID: SA11AI. Date of Receipt Transaction ID: SA11AI. Amount of Each Receipt th	YYY	Date of Receipt		AVE S	Full Name (Last, First, Middle Initial) C. LEE PARMLEY Mailing Address 1211 21ST AVE S	<u>/</u> A .	
Name of Employer VANDERBILT ONIVERSITY MED- ICAL CENTER Receipt For: Primary		Transaction ID: SA11AI.92620 Amount of Each Receipt this Period	Zip Code	State TN	City NASHVILLE		
Mailing Address 1281 E. CALLE DE LA CABRA City State Zip Code TUCSON AZ 85718 FEC ID number of contributing federal political committee. Name of Employer SOUTHERN ARIZONA ANESTHES-IA SERVICES Receipt For: Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) City State Zip Code NARGARET PITTS Mailing Address 25 BIRCHDALE RD City State Zip Code BOW NH 03304 FEC ID number of contributing federal political committee. Name of Employer Amount of Each Receipt the Transaction ID: SA11AI. Date of Receipt M M M / D D D / Y 1 0 0 1 Transaction ID: SA11AI. Amount of Each Receipt the D Date of Receipt M M M / D D D / Y 1 0 0 1 Transaction ID: SA11AI. Amount of Each Receipt the D Date of Receipt M M M / D D D / Y 1 0 0 1 Transaction ID: SA11AI. Amount of Each Receipt the D Date of Receipt the D Date of Receipt the Date o	120.00	-	AN Year-to-Date ▼	ED- Occupatio	Name of Employer VANDERBILT UNIVERSITY MED- ICAL CENTER Receipt For: Primary General		
City State Zip Code AZ 85718 FEC ID number of contributing federal political committee. Name of Employer SOUTHERN ARIZONA ANESTHES-IA SERVICES Receipt For: Primary General Other (specify) ▼ City State Zip Code Mailing Address 25 BIRCHDALE RD City State Zip Code NH 03304 FEC ID number of contributing federal political committee. City State Zip Code NH 03304 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOCIATES PA Receipt For: Primary General Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	^Y 2010	M M / D D / Y Y Y	WILLIAM PEKARSKE				
FEC ID number of contributing federal political committee. Name of Employer SOUTHERN ARIZONA ANESTHES-IA SERVICES Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: SA11AI. Amount of Each Receipt the Second of Employer ANESTHESIA ASSOCIATES PA Receipt For: Name of Employer Anesthesia Associates Pa Receipt For: Primary General Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 100 Date of Receipt Transaction ID: SA11AI. Amount of Each Receipt the Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General		Transaction ID: SA11AI.92621	Zip Code		City State		
Transaction ID: SA11AI. Name of Employer SOUTHERN ARIZONA ANESTHES- IA SERVICES Receipt For: Primary General Other (specify) ▼ C. Pull Name (Last, First, Middle Initial) MARGARET PITTS Mailing Address 25 BIRCHDALE RD City State Zip Code NH 03304 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOCIATES PA Receipt For: Primary General Coccupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Coccupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	nis Period	Amount of Each Receipt this Period	85718	AZ			
Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARGARET PITTS Mailing Address 25 BIRCHDALE RD City State Zip Code BOW NH 03304 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOCIATES PA Receipt For: Primary General Aggregate Year-to-Date ▼ Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	83.00	83.00					
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARGARET PITTS Mailing Address 25 BIRCHDALE RD City State Zip Code BOW NH 03304 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOCIATES PA Receipt For: Primary General Aggregate Year-to-Date ▼ Primary General			AN	PHYSICI	IA SERVICES		
MARGARET PITTS Mailing Address 25 BIRCHDALE RD City State Zip Code BOW NH 03304 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOCIATES PA Receipt For: Primary General Date of Receipt Transaction ID: SA11AI. Amount of Each Receipt th				Aggregate	Primary General		
City State Zip Code Transaction ID: SA11AI. BOW NH 03304 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOCIATES PA Receipt For: Primary General Aggregate Year-to-Date 1 0 0 1 Transaction ID: SA11AI. Amount of Each Receipt the		Date of Receipt		itial)		 C.	
BOW NH 03304 Amount of Each Receipt the FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOCIATES PA Receipt For: Primary General Amount of Each Receipt the	2010			ALE RD	Mailing Address 25 BIRCHDALE F		
FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOCIATES PA Receipt For: Primary General C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date		Transaction ID: SA11AI.92543	·		-		
Receipt For: Primary General ANEST HESIOLOGIST Aggregate Year-to-Date ▼	83.00				FEC ID number of contributing		
Primary General				Occupatio ANESTH	Name of Employer ANESTHESIA ASSOCIATES PA		
Carlot (Openit) V				Aggregate			
SUBTOTAL of Receipts This Page (optional)	291.00	291.00	·····	e (optional)	SUBTOTAL of Receipts This Page (optio	s	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 70 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DEAN POLCE			Date of Receipt
Mailing Address 2259 ARAGON CAN City LAS VEGAS	State NV	Zip Code 89135	Transaction ID: SA11AI.92529
FEC ID number of contributing federal political committee.	C	09133	Amount of Each Receipt this Period 83.00
Name of Employer ANESTHESIOLOGY CONSULTANT- S, INC Receipt For: Primary General Other (specify) ▼		n IESIOLOGIST e Year-to-Date ▼ 253.00	
Full Name (Last, First, Middle Initial) TREVOR POLLARD Mailing Address 4242 MEDICAL DR.	, SUITE #3100)	Date of Receipt 10 03 2010
City	State	Zip Code	Transaction ID: SA11AI.92682
SAN ANTONIO	TX	78229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer TEJAS ANESTHESIA, P.A.	Occupation PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) SRIPAD RAO	.		Date of Receipt
Mailing Address 1504 BAY RD APT 3	3307		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92525
MIAMI BEACH FEC ID number of contributing federal political committee.	C	33139	Amount of Each Receipt this Period 83.00
Name of Employer RYDER TRAUMA CENTER ANEST- HESIOLOGY	- ' '	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 336.00	
	<u> </u>		666.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	γ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) STEVEN READ			Date of Receipt
Mailing Address 102 WATERSTONE CV	V		10 01 YYYY 2010
City	State	Zip Code	Transaction ID: SA11AI.92589
GEORGETOWN	TX	78628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer NORTHSTAR ANESTHESIA DEPT. OF ANESTHES	Occupation	n ESIOLOGIST	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	336.00	
Full Name (Last, First, Middle Initial) RICHARD RICHTER			Date of Receipt
Mailing Address 1621 HUNTMOOR DRI	IVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92694
ROCK HILL	SC	29732	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIA ASSOCIATES OF ROCK HILL. P.	Occupation	n AN AND ANESTHESIOLOG	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) KEVIN ROBERTS			Date of Receipt
Mailing Address 240 WALNUT LN.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92574
SLINGERLANDS	NY	12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer ALBANY MEDICAL CENTER HOS- PITAL	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		830.00	
SUBTOTAL of Receipts This Page (optional)			624.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 17
(Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ì	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) STEVEN ROBICSEK Mailing Address DEPARTMENT OF AN	IECTUECIO	N OOV	Date of Receipt
	Mailing Address DEPARTMENT OF AN P.O. BOX 100254	IES I HESIO	LOGY	10 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.92572
	GAINESVILLE	FL	32610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer UNIVERSITY OF FLORIDA	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
– В.	Full Name (Last, First, Middle Initial) LEOPOLDO RODRIGUEZ			Date of Receipt
	Mailing Address 21050 POINT PLACE ATLANTIC 3 AT THE I	10 01 2010		
	City State		Zip Code	Transaction ID: SA11AI.92562
	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		L DIRECTOR OF THE SUR	GERY CENTER
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 830.00	
_ С.	Full Name (Last, First, Middle Initial) FRANK ROSEMEIER			Date of Receipt
	Mailing Address 10004 CRYSTALLINE	COURT		10 01 2010
	City ORLANDO	State FL	Zip Code	Transaction ID: SA11AI.92585
	FEC ID number of contributing federal political committee.	C	32836	Amount of Each Receipt this Period 41.00
	Name of Employer JLR MEDICAL GROUP	Occupation STAFF A	on ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 295.00	
	SUBTOTAL of Receipts This Page (optional)			149.00
ı	TOTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 70 (check only one) X 11a 11b 11c 12
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	e name and add	dress of any political committee to	solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) FRANK ROSINIA Mailing Address 23 IDLEWOOD PL			Date of Receipt
	City RIVER RIDGE	State LA	Zip Code 70123	Transaction ID: SA11AI.92563 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer TULANE UNIVERSITY SCHOOL	Occupatio CHAIRM	n AN, DEPARTMENT OF ANE	41.00
	OF MEDICINE Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 410.00	
3.	Full Name (Last, First, Middle Initial) LAWRENCE ROY Mailing Address 2420 FREEMAN MAN	OR DR		Date of Receipt 1 0 0 1 2 0 1 0
	City	Transaction ID: SA11AI.92597		
	JONES FEC ID number of contributing federal political committee.	OK C	73049	Amount of Each Receipt this Period 83.00
	Name of Employer OKLAHOMA ANESTHESIA CONSU- LTANTS Receipt For:		n L DOCTOR e Year-to-Date ▼	
	Primary General Other (specify) ▼	riggrogate	830.00	
- >.	Full Name (Last, First, Middle Initial) YASSER SAKAWI Mailing Address JEFFERSON TOWER	845		Date of Receipt
	619 19TH STREET SO		Zip Code	1 0 0 1 2 0 1 0 Transaction ID: SA11AI.92558
	<u>BIRMINGHAM</u>	AL	35249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer UNIVERSITY OF ALABAMA AT BIRMINGHAM Receipt For:	, '	n ESIOLOGIST e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	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 49 / 70 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and addres	s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KENNETH SANDERS Mailing Address 2637 KEMPT COUF City BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer BIRMINGHAM VA MEDICAL CENTER Receipt For:	State AL C Occupation PHYSICIAN Aggregate Ye		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) ALAN JAY SCHWARTZ Mailing Address 1000 SHARPLESS	ROAD	500.00	Date of Receipt
City MELROSE PARK FEC ID number of contributing federal political committee. Name of Employer CHILDRENS HOSPITAL OF PHI-	State PA C	Zip Code 19027	Transaction ID: SA11AI.92638 Amount of Each Receipt this Period 41.00
CHILDRENS HOSPITAL OF PRI- LADELPHIA Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	PHYSICIAN Aggregate Ye]
ALVARO SEGURA-VASI Mailing Address 216 SOUTH MAREN	NGO STREET, SU	JITE F	Date of Receipt 1 0 0 1 2 0 1 0
City FLORENCE FEC ID number of contributing	State AL	Zip Code 35630	Transaction ID: SA11AI.92548 Amount of Each Receipt this Period
federal political committee. Name of Employer BEER,SIMON, WILLIAMS,MOODY AND ASSO Receipt For: Primary General Other (specify) ▼	Occupation ANESTHES Aggregate Ye		500.00
SUBTOTAL of Receipts This Page (optional	<u> </u>		1041.00

SCHEDULE A (ITEMIZED REC	•	for ea	separate schedule(s) ach category of the led Summary Page	FOR LINE NUMBER: PAGE 50 / 70 (check only one) X 11a
or for commercial purpos NAME OF COMMIT	ses, other than using the nam	e and address of a	any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/		UGISTS POLIT	TICAL ACTION COM	V EE
Full Name (Last, Firs STEVEN SHAFER	,			Date of Receipt
Mailing Address 3(00 ANDERSON AVENUE			10 12 7 2010
City CLOSTER		State Zip 076	Code 324	Transaction ID: SA11AI.92809 Amount of Each Receipt this Period
FEC ID number of co		C		1000.00
Name of Employer COLUMBIA UNIVER AL CENTER	RSITY MEDIC-	Occupation PHYSICIAN		
Receipt For: Primary Other (specify)	General	Aggregate Year-to-	Date ▼ 1000.00	
Full Name (Last, Firs	t, Middle Initial)			Date of Receipt
Mailing Address 6	9 S 19TH ST			10 01 2010
City			Code	Transaction ID: SA11AI.92526
BIRMINGHAM		AL 352	249	Amount of Each Receipt this Period
FEC ID number of co	intributing nittee.	С		83.00
Name of Employer UNIV OF AL HLTH S ES DEPT	OVOTEM AND	occupation NESTHESIOL	OGIST	
Receipt For:		Aggregate Year-to-	Date ▼	
Other (specify)	General ▼		253.00	
Full Name (Last, Firs KAREN SIBERT	t, Middle Initial)			Date of Receipt
Mailing Address 4	46 SUNNYSLOPE AVE.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City			Code	Transaction ID: SA11AI.92596
SHERMAN OAKS FEC ID number of co federal political comm	ntributing	CA 914	123	Amount of Each Receipt this Period 41.00
Name of Employer CEDARS-SINAI ME ER ANES. DEPT	DICAL CENT-	occupation NESTHESIOLO	OGIST	
Receipt For: Primary Other (specify)	General	Aggregate Year-to-	Date ▼ 410.00	
				1124.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 70 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL SIMON Mailing Address 35 GELLATLY DR. City	State	Zip Code	Date of Receipt M
WAPPINGERS FALLS FEC ID number of contributing federal political committee.	NY C	12590	Amount of Each Receipt this Period 83.00
Name of Employer NAPA Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate		
Full Name (Last, First, Middle Initial) ALEXEY SLUCKY Mailing Address 333 W. HAMPDEN City	AVE., SUITE 6	Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ENGLEWOOD FEC ID number of contributing federal political committee. Name of Employer SOUTH DENVER ANESTHESIOLOGISTS, PC	CO C Occupation PHYSICI	80110 n AN	Amount of Each Receipt this Period 83.00
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Aggregate	Year-to-Date ▼ 830.00	
STEPHEN SMALL Mailing Address 5806 S. BLACKSTO	ONE AVE.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City CHICAGO FEC ID number of contributing federal political committee.	State IL	Zip Code 60637	Transaction ID: SA11AI.92779 Amount of Each Receipt this Period 250.00
Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)		416.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 70 (check only one) X
or for commercial purposes, other than usin	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BLAIR SMITH		Date of Receipt
Mailing Address 1046 LAKE COLC		10 01 2010
BIRMINGHAM	State Zip Code AL 35242	Transaction ID: SA11AI.92613 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer UNIVERSITY OF ALABAMA HSF	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	
Full Name (Last, First, Middle Initial) ROBERT SNYDER		Date of Receipt
Mailing Address 2367 DEER VALL	EY RD.	10 08 2010
City	State Zip Code	Transaction ID: SA11AI.92781
MIDLAND	MI 48642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MMAG,PC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) GREGORY SOMERVILLE		Date of Receipt
Mailing Address 6208 DEVILS HO	LLOW RD.	10 01 YYYY 10 01 2010
City	State Zip Code	Transaction ID: SA11AI.92577
FORT WAYNE	IN 46814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS OF FORT W	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	
	'	624.00

SCHEDULE A (FEC Form 3X)

	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 70 (check only one) X 11a
or f	r information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)			
•	SHANNON SORAH Mailing Address 11743 COUCH MILL	ROAD		Date of Receipt M M
	City KNOXVILLE	State TN	Zip Code 37932	Transaction ID: SA11AI.92579
	FEC ID number of contributing federal political committee.	C	37932	Amount of Each Receipt this Period 41.00
	Name of Employer METHODIST MED. CTR. ANES. GR. Receipt For:		ESIOLOGIST	
'	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 377.00	
•	Full Name (Last, First, Middle Initial) GLYNNE STANLEY Mailing Address 270 MIDDLETON ROA	7D		Date of Receipt
	City	State	Zip Code	10 01 2010
	BOXFORD	MA	21p Code 01921	Transaction ID: SA11AI.92627 Amount of Each Receipt this Period
Ī	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	41.00
	Name of Employer ANESTHESIA ASSOCIATES OF MASSACHUSETTS	Occupation PHYSICI	AN	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 410.00	
	Full Name (Last, First, Middle Initial) MARION STARKS			Date of Receipt
Ī	Mailing Address 1204 N. WINDOMERE	AVE.		1 0 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.92653
	DALLAS	TX	75208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer ANESTHESIA RESOURCES FOR CHILDREN	Occupation PHYSICI	AN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 875.00	
su	IBTOTAL of Receipts This Page (optional)	1		207.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) STANLEY STEAD			Date of Receipt
Mailing Address 4819 ANDASOL AV	'ENUE		10 10 2010
City ENCINO	State CA	Zip Code 91316	Transaction ID: SA11AI.92789 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	91010	1000.00
Name of Employer STEAD HEALTH GROUP, INC.	Occupation PHYSICI	n AN AND CEO	
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) ROHAN SUNDARALINGAM			Date of Receipt
Mailing Address 884 N. PAULINA ST	Г., #3		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92675
CHICAGO FEC ID number of contributing federal political committee.	C	60622	Amount of Each Receipt this Period 500.00
Name of Employer LUTHERAN GENERAL HOSPITAL	Occupation	n DGE ANESTHESIOLOGY A	ASSOCIATES
Receipt For: Primary General Other (specify) ▼	- 	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MAYA SURESH			Date of Receipt
Mailing Address 1709 DRYDEN RD	STE 1700		M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City HOUSTON	State TX	Zip Code 77030	Transaction ID: SA11AI.92636
FEC ID number of contributing federal political committee.	C	77030	Amount of Each Receipt this Period 83.00
Name of Employer BAYLOR COLLEGE OF MEDICINE	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 830.00	
			1583.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 70 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BOBBIEJEAN SWEITZER Mailing Address 5806 S. BLACKST	ONE AVE.		Date of Receipt
City CHICAGO	State IL	Zip Code 60637	Transaction ID: SA11AI.92799 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer UNIV. OF CHICAGO ANES. DE- PT. Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) THOMAS SWYGERT Mailing Address 7014 PRESTONS	HIRE LN.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92592
DALLAS	TX	75225	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.00
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS		ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 410.00]
Full Name (Last, First, Middle Initial) JOSEPH TALARICO	1		Date of Receipt
Mailing Address DEPARTMENT OF 200 LOTHROP ST	# 463		10 01 2010
City <u>PITTSBURG</u> H	State PA	Zip Code 15213	Transaction ID: SA11AI.92600 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CENTE		NT PROFESSOR	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 410.00	
SUBTOTAL of Receipts This Page (option	nal)		582.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 70 (check only one) X 11a
,	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) CHRISTIAN TISCHER			Date of Receipt
	Mailing Address 6012 WALTON RD		7: 0 1	10 01 2010
	City BETHESDA	State MD	Zip Code 20817	Transaction ID: SA11AI.92550 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer FCAA	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) CHRISTOPHER TROIANOS Mailing Address 427 HEIGHTS DR			Date of Receipt
	City	State	Zip Code	1 0 0 1 2 0 1 0 Transaction ID: SA11AI.92598
	GIBSONIA	PA	15044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.00
	Name of Employer WESTERN PENNSYLVANIA HOSP- ITAL	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 830.00	
_).	Full Name (Last, First, Middle Initial) DAVID UEUNTEN			Date of Receipt
	Mailing Address 2132 HAKANU ST.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City HONOLULU	State HI	Zip Code 96821	Transaction ID: SA11AI.92683 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer HAWAII PERMANENTE MEDICAL GROUP	Occupatio PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			583.00
T.	TOTAL This Period (last page this line numbe	r only)		

City State Zip Code NY 10463 FEC ID number of contributing federal political committee. Name of Employer COLUMBIA UNIVERSITY MEDIC-AL CENTER Receipt For: Primary General Other (specify) ▼	12
NAME OF COMMITTEE (in Full) AMERICAN SOCIETY OF ANSSTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) BENJAMIN UNGER Mailing Address 474 W 238TH ST., APT. 3A City State Zip Code NY 10463 FEC ID number of contributing federal political committee. Name of Employer COLUMBIA UNIVERSITY MEDIC- AL CENTER Receipt For: Primary General Other (specify) ▼ 410.00 Full Name (Last, First, Middle Initial) DAYD VARLOTTA Mailing Address 1303 BAYSHORE BLVD. City State Zip Code FFL 33606 FEC ID number of contributing federal political committee. C Name of Employer UNICOM ANESTHESIA ASSOCIA- TES Receipt For: Primary General Other (specify) ▼ 830.00 FULL Name (Last, First, Middle Initial) J. MICHAEL VOLLERS Mailing Address 1 Chill Chens WAY SLOT 203, S-319 City State Zip Code Thinary General Other (specify) ▼ 830.00 Date of Receipt Transaction ID: SA11AL: Amount of Each Receipt to 10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tributions
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Name of Employer COLUMBIA UNIVERSITY MEDIC- ANESTHESIOLOGIST ANESTHESIOLOGIST Aggregate Year-to-Date ▼	s Period
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Other (specify) ▼ Full Name (Last, First, Middle Initial) DAVID VARLOTTA Mailing Address 1303 BAYSHORE BLVD. City State Zip Code TAMPA FL 33606 FEC ID number of contributing federal political committee. Name of Employer UNICOM ANESTHESIA ASSOCIA- TES Mailing Address 1303 BAYSHORE BLVD. C C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code AR 72202 Date of Receipt Transaction ID: SA11AI. Amount of Each Receipt th Date of Receipt Transaction ID: SA11AI. Amount of Each Receipt th Date of Receipt Transaction ID: SA11AI. Amount of Each Receipt th Date of Receipt Transaction ID: SA11AI. Amount of Each Receipt Transaction ID: SA11AI. Date of Receipt Aggregate Year-to-Date ▼ Occupation PROFESSOR OF ANESTHESIOLOGY Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Amount of Each Receipt th Aggregate Year-to-Date ▼	
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TAMPA FL 33606 Amount of Each Receipt th FEC ID number of contributing federal political committee. Name of Employer UNICOM ANESTHESIA ASSOCIATIES Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 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 Transaction ID: SA11AL: Amount of Each Receipt th Date of Receipt Transaction ID: SA11AL: Amount of Each Receipt th C Occupation PROFESSOR OF ANESTHESIOLOGY Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Amount of Each Receipt th	2010
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City State Zip Code AR 72202 FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI Receipt For: Primary General State Zip Code AR 72202 Amount of Each Receipt th Occupation PROFESSOR OF ANESTHESIOLOGY Aggregate Year-to-Date ▼	^Y
FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI Receipt For: Primary General C Occupation PROFESSOR OF ANESTHESIOLOGY Aggregate Year-to-Date	
Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI Receipt For: Primary General Occupation PROFESSOR OF ANESTHESIOLOGY Aggregate Year-to-Date Aggregate Year-to-Date	
MEDICAL SCI Receipt For: Aggregate Year-to-Date ▼ Primary General	83.00
Primary General	
Other (specify) ▼ 830.00	
SUBTOTAL of Receipts This Page (optional)	207.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 70 (check only one) X
or for c	ormation copied from such Reports and Sommercial purposes, other than using the ME OF COMMITTEE (In Full) ERICAN SOCIETY OF ANESTHE:	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full THE	Name (Last, First, Middle Initial) O WAGES			Date of Receipt
Mail — City	ing Address 1622 BRADFORD LN	State	Zip Code	1 0 0 1 2 0 1 0 Transaction ID: SA11AI.92669
-	BURN	AL	36830	Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	C		500.00
ALA	ne of Employer ESTHESIA ASSOC OF EAST BBAMA	, '	IESIOLOGIST	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
. CHF	Name (Last, First, Middle Initial)			Date of Receipt
Mail	ing Address 3300 EGYPT VALLEY	' NE		10 01 2010
City		State	Zip Code	Transaction ID: SA11AI.92622
AD.	A	MI	49301	Amount of Each Receipt this Period
	CID number of contributing ral political committee.	C		41.00
TAN	ne of Employer ESTHESIA MEDICAL CONSUL- NTS PC	- t	IESIOLOGIST	
Rec	eipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 410.00	
	Name (Last, First, Middle Initial) IE WILHITE			Date of Receipt
Mail	ing Address 10136 CHEROKEE R	OAD		10 01 YYYY 10 01 2010
City		State	Zip Code	Transaction ID: SA11AI.92640
RIC	CHMOND	VA	23235	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		41.00
<u>ASS</u>	ne of Employer MMONWEALTH ANESTHESIA SOCIATES	, '	IESIOLOGIST	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 410.00	
SUBT	OTAL of Receipts This Page (optional)			582.00

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Full Name (Last, First, Middle Initial) MICHAEL WOO Mailing Address 2800 N LAKE SHORE D City CHICAGO FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF CHICAGO HOS-PITALS Receipt For: Primary General Other (specify) City VIRGINIA BEACH FEC ID number of contributing federal political committee. Name of Employer ATLANTIC ANESTHESIA Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) AMERYAZDANI Mailing Address 3355 THORNHILL DRIV City RENO FEC ID number of contributing federal political committee.	R 3606	
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PAGE 60 / 70 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 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 Full Name (Last, First, Middle Initial) LAWRENCE YOUNG Date of Receipt Mailing Address 1717 VALLEY FORGE DR. 0 1 2010 10 City State Zip Code Transaction ID: SA11AI.92565 **HIXSON** ΤN 37343 Amount of Each Receipt this Period FEC ID number of contributing 125.00 C federal political committee. Name of Employer ANESTHESIOLOGISTS ASSOCIA-Occupation **PHYSICIAN TED** Receipt For: Aggregate Year-to-Date General Primary 1250.00 Other (specify) Full Name (Last, First, Middle Initial) JONATHAN ZUCKER Date of Receipt Mailing Address 1612 SAINT GREGORY DRIVE 01 2010 City Transaction ID: SA11AI.92635 State Zip Code LAS VEGAS NV 89117 Amount of Each Receipt this Period FEC ID number of contributing C 83.00 federal political committee. Name of Employer SELF Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date Primary General

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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) HANSEN CLARKE FOR CONGRESS Mailing Address 1448 WOODWARD AVE #305	SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)	FOR LINE (check only	NUMBER: PAGE 64 / 70
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) HANSEN CLARKE FOR CONGRESS Mailing Address 1448 WOODWARD AVE #305 City State Zip Code MI 48226 Purpose of Disbursement Candidate Name Office Sought: X House President City UT 84152 Purpose of Disbursement Candidate Name Office Sought: X House President Candidate Name Category' Type Transaction ID: SB23.92185 Date of Disbursement this Perior Amount of Each Disbursement Category' Type Transaction ID: SB23.92185 Date of Disbursement Transaction ID: SB23.92181 Date of Disbursement Transaction ID: SB23.92185 Date of Disbursement Transaction ID: SB23.92185 Date of Disbursement Trans	TEMIZED DISBURSEMENTS			21b	22 X 23 24 25
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Office Sought: X House Senate President State: GA District: 09	ment For: Primary Other (spe	2010 X General												
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JOHN KLINE FOR CONGRESS Mailing Address 101 W BURNSVILLE PK	WY #104						Date of	of Di		en 1 3		Y 2	0 1 () ^Y
,	State MN	Zip Code 55337					Amoui	nt o	f Each	ı C)isburs	emer	t this I	Period
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KURT SCHRADER FOR CONGRESS							Date o	of D	isburs	en				V
Mailing Address PO BOX 3314							10	М	[/] D) (S ' L	` 2	010) [*]
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SUBTOTAL of Disbursements This Page (optional) .					. •	•						55	00.00	

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1 \	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	HESIOLO	GISTS F	POLITICAL AC	TIC)N(СОММ	ITTEE						
A	Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS							Date	of Di	sburse				
1	Mailing Address PO BOX 225							10	М	0	1 /	ž	0 1 0	Y
	City COLONIA		tate IJ	Zip Code 07067				Amou	ınt of	Each	Disburse			eriod
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_	MIKE ARCURI FOR CONGRESS								of Di	sburse	ement 3	Ϋ́Ϋ́	0 1 0	Υ
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	Full Name (Last, First, Middle Initial) PAT TIBERI FOR CONGRESS							Date	of Di	sburse				
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	ny Information copied from such Reports and Staten for commercial purposes, other than using the nam												•
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLIT	ICAL ACT	ΓΙΟΙ	N CC	MMI	TTEE						
۷.	Full Name (Last, First, Middle Initial) RANDY ALTSCHULER FOR CONGRESS						Date o	f Disb	ursem		92196	6	
	Mailing Address PO BOX 657						10	/	1 3	/ Y	Ž 0	10	Y
	City STONY BROOK	State Zip C NY 1179					Amour	nt of E	ach D	isburse			eriod
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	State: NY District: 01 Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF LA VICTORY 2	010 FUND					Transa Date o			SB23.	92178	3	
	Mailing Address 530 LAKELAND DR						10	/	^D 1 3) / Y	Ž 0	ť 0	Y
	City NEW ORLEANS	State Zip C					Amour	nt of E	ach D	isburse	ment t	his Pe	eriod
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·.	Full Name (Last, First, Middle Initial) REPUBLICAN PARTY STATE CENTRAL	& EXEC COMM					Date o	f Disb	ursem		92202	2	
	Mailing Address 9856 ARCHER LN						10	/	1 3		ž0	10	Y
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SCHEDULE B (FEC Form 3X)	rate schedule(s)											GE 68 / 70			
ITEMIZED DISBURSEMENTS	for each c	ategory of the	,	(check c	nly	one) 1 22		23	г	 П 24	_	7 25	_	1 26	
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AMERICAN SOCIETY OF ANESTHESIOLO	OGISTS P	OLITICAL AC	TIOI	и сом	MIT	TEE									
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Full Name (Last, First, Middle Initial) SEAN DUFFY FOR CONGRESS						Trans Date				SB23	3.92	194			
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Mailing Address PO BOX 186						1 0			1 3	5 [201	U		
	State WI	Zip Code 54806				Amou	ınt o	Each	n D	isburs	eme	nt this	Peri	od	
Purpose of Disbursement						L.					2!	500.0	Ō		
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Office Sought: X House Disburser	ment For:	2010	'	урс											
Senate	Primary	X General													
President State: WI District: 07	Other (spec	CITY)													
Full Name (Last, First, Middle Initial)						Trans	sacti	on ID):	SB23	3.92	198			
SOUTHERLAND FOR CONGRESS								sburs			V	v • v	V		
Mailing Address PO BOX 1692						1 ^M 0	М		1 3		<u> </u>	ž 0 Ť	0 1		
•	State FL	Zip Code 32444				Amo	ınt o	Each	ı D	isburs	eme	nt this	Peri	od	
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Candidate Name			Ca	tegory/											
Office County VI House		0010	1	Гуре											
Office Sought: X House Disburser Senate	Primary	2010 X General													
President	Other (spec														
State: FL District: 02 Full Name (Last, First, Middle Initial)						_				000					
STIVERS FOR CONGRESS						Trans Date				SB23 nent	3.92	16/			
Mailing Address 4679 WINTERSET DR						1 ^M 0	M	D (0 6	3 /	Υ	2 0 1	0 Y		
•	State OH	Zip Code 43220				Amo	ınt o	Each	n D	isburs	eme	nt this	Peri	od	
Purpose of Disbursement				•		L.					2	500.0	0		
Candidate Name			Ca	tegory/											
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Office Sought: X House Disburser Senate	ment For: Primary	2010 X General													
President	Other (spec														
State: OH District: 15		· 													
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 69 / 70
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b 22 X 23 27 28a 28	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		, , , , , , , , , , , , , , , , , , , ,	ŭ l
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL ACTIC	ON COMMITTEE	
Full Name (Last, First, Middle Initial) WALTER MINNICK FOR CONGRESS Mailing Address 8150 W EMERALD, STE	170	Transaction Date of Disbu	ID: SB23.92188 ursement
	State Zip Code D 83704	Amount of Ea	ach Disbursement this Period 2500.00
Candidate Name	C	ategory/ Type	
Office Sought: X House Disburse Senate President	nent For: 2010 Primary X General Other (specify)		
State: ID District: 01			

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	<u> </u>	52500.00

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District:

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		PAGE 70 / 70 23
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL ACTIO	ON COMMITTEE	
Full Name (Last, First, Middle Initial) FRIENDS OF HEATHER MIZEUR		Date of Dis	
Mailing Address PO BOX 11290		10	06 4 2010
City TAKOMA PARK	State Zip Code MD 11290	Amount of	Each Disbursement this Period
Purpose of Disbursement 2010 NON-FEDERAL CONTRIBUTION			500.00
Candidate Name	C	category/ Type	
Senate	ement For: 2010 Primary General Other (specify)		
Full Name (Last, First, Middle Initial)		Transactio	n ID: SB29.92205
KATZ FOR SENATE		Date of Dis	
Mailing Address PO BOX 3844		10 /	D 1 3 Y 2 0 1 0 Y
City WILMINGTON	State Zip Code DE 19807	Amount of	Each Disbursement this Period
Purpose of Disbursement 2010 NON-FEDERAL CONTRIBUTION	Γ		600.00
Candidate Name	-	category/ Type	
Senate	ement For: 2010 Primary General Other (specify)		

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TOTAL This Period (last page this line number only)	•	1100.00

State: