

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 520 N. NORTHWEST HIGHWAY PARK RIDGE IL 60068

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2010 through 10 13 2010

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

Type or Print Name of Treasurer THOMAS CONWAY

Signature of Treasurer Electronically Filed by THOMAS CONWAY Date 04 08 2011

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

Table with 8 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		1495220.03
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	1292687.26									
(c) Total Receipts (from Line 19) .....	40418.00	1143706.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1333105.26	2638926.94								
7. Total Disbursements (from Line 31) .....	53600.00	1359421.68								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1279505.26	1279505.26								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	33835.00	960776.00
(ii) Unitemized .....	6583.00	182767.51
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	40418.00	1143543.51
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	40418.00	1143543.51
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	163.40
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	40418.00	1143706.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	40418.00	1143706.91

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	5623.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	5623.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	52500.00	934010.00
24. Independent Expenditure (use Schedule E) .....	0.00	211980.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1100.00	207807.74
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	53600.00	1359421.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53600.00	1359421.68

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BASEM ABDELMALAK		Date of Receipt
	Mailing Address 9500 EUCLID AVE DEPT OF ANES E-31		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	CLEVELAND	OH	44195
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.92628
Name of Employer CLEVELAND CLINIC FOUNDATION		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="41.00"/>
		<input type="text" value="410.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) AMR ABOULEISH		Date of Receipt
	Mailing Address 4303 EVERGREEN ELM CT		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	HOUSTON	TX	77059
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.92497
Name of Employer UNIVERSITY OF TEXAS MEDICAL BRANCH		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="41.00"/>
		<input type="text" value="418.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) AMR ABOULEISH		Date of Receipt
	Mailing Address 4303 EVERGREEN ELM CT		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	HOUSTON	TX	77059
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.92637
Name of Employer UNIVERSITY OF TEXAS MEDICAL BRANCH		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="41.00"/>
		<input type="text" value="459.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="123.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MOSES ALBERT	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 10800 MIDLOTHIAN TURNPIKE SUITE 265	<b>Transaction ID:</b> SA11AI.92582
	City State Zip Code RICHMOND VA 23235	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) THOMAS ANDREWS	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 1821 ALAQUA DR.	<b>Transaction ID:</b> SA11AI.92651
	City State Zip Code LONGWOOD FL 32779	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer JLR MEDICAL GROUP, MAITLAND, FLORIDA Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MAGDALENA ANITESCU	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address DEPARTMENT ANESTHESIA AND CRITICAL 5841 S. MARYLAND AVE., MC 4028	<b>Transaction ID:</b> SA11AI.92775
	City State Zip Code CHICAGO IL 60637	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNIVERSITY OF CHICAGO MEDICAL CENTER Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	332.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JEFFREY APFELBAUM	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 2560 GREENVIEW RD	<b>Transaction ID:</b> SA11AI.92737
	City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation UNIVERSITY OF CHICAGO PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) LEE ARTHUR	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 504 MEDICAL CENTER BLVD	<b>Transaction ID:</b> SA11AI.92603
	City State Zip Code CONROE TX 77304	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation NORTH HOUSTON ANESTHESIOLOGISTS PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JENNIFER AUNSPAUGH	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address CHILDRENS WAY, SLOT 203 DEPT OF ANES	<b>Transaction ID:</b> SA11AI.92569
	City State Zip Code LITTLE ROCK AR 72202	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation ARKANSAS CHILDRENS HOSPITAL ASSISTANT PROFESSOR PEDIATRIC ANESTHES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ARNA BANERJEE	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address DEPARTMENT OF ANESTHESIA CRITICAL 1211 21ST AVENUE SOUTH SUITE 52	<b>Transaction ID:</b> SA11AI.92605
	City State Zip Code NASHVILLE TN 37212	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation VANDERBILT UNIVERSITY MEDICAL CENTER ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) SHAWN BANKS	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 601 NE 36TH ST APT 3407	<b>Transaction ID:</b> SA11AI.92575
	City State Zip Code MIAMI FL 33137	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation UNIVERSITY OF MIAMI PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) CAROLYN BANNISTER	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 5102 CHASTLETON DRIVE	<b>Transaction ID:</b> SA11AI.92612
	City State Zip Code STONE MOUNTAIN GA 30087	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation EMORY UNIVERSITY SCHOOL OF MEDICINE MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>249.00</b>
<b>TOTAL</b> This Period (last page this line 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 10 / 70  
(check only one)

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

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

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

Mailing Address 82 WOOD GROVE ROAD

City State Zip Code  
MEMPHIS TN 38117

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

Name of Employer METROPOLITAN ANESTHESIA ALLIANCE  
Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 07 / 2010

Transaction ID: SA11AI.92771

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
ANDREW BAUDO

Mailing Address 627 W BUCKINGHAM PLACE UNIT 1

City State Zip Code  
CHICAGO IL 60657

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

Name of Employer NMFF  
Occupation ATTENDING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2010

Transaction ID: SA11AI.92615

Amount of Each Receipt this Period  
41.00

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

Mailing Address 110 IRVING ST. NW #G-226

City State Zip Code  
WASHINGTON DC 20010

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

Name of Employer WASHINGTON HOSPITAL CENTER  
Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
369.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2010

Transaction ID: SA11AI.92571

Amount of Each Receipt this Period  
41.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **332.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 70

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) EILEEN BEGIN		Date of Receipt MM / DD / YYYY 10 / 04 / 2010		
	Mailing Address 110 IRVING ST. NW #G-226		Transaction ID: SA11AI.92708		
	City WASHINGTON	State DC	Zip Code 20010	Amount of Each Receipt this Period 8.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer WASHINGTON HOSPITAL CENTER	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 377.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) FRANK BEMIS		Date of Receipt MM / DD / YYYY 10 / 01 / 2010		
	Mailing Address 700 REYNOLDS PLACE		Transaction ID: SA11AI.92665		
	City VESTAVIA HILLS	State AL	Zip Code 35242	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL BERRIGAN		Date of Receipt MM / DD / YYYY 10 / 04 / 2010		
	Mailing Address 900 23RD ST NW, SUITE G-2092		Transaction ID: SA11AI.92697		
	City WASHINGTON	State DC	Zip Code 20037	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GEORGE WASHINGTON UNIVERSITY MEDICAL C	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

**SUBTOTAL** of Receipts This Page (optional) .....

758.00

**TOTAL** This Period (last page this line 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 12 / 70  
(check only one)

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

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

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

**A.**

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

Mailing Address 2216 MADISON AVE

City State Zip Code  
CINCINNATI OH 45212

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

Name of Employer ANESTHESIA ASSOC. OF CINCINNATI Occupation ANESTHESIOLOGIST ASSISTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 502.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.92544

Amount of Each Receipt this Period  
83.00

**B.**

Full Name (Last, First, Middle Initial)  
WENDY BINSTOCK

Mailing Address 1122 W MONTANA ST

City State Zip Code  
CHICAGO IL 60614

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

Name of Employer UNIVERSITY OF CHICAGO Occupation PHYSICAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.92646

Amount of Each Receipt this Period  
83.00

**C.**

Full Name (Last, First, Middle Initial)  
WENDY BINSTOCK

Mailing Address 1122 W MONTANA ST

City State Zip Code  
CHICAGO IL 60614

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

Name of Employer UNIVERSITY OF CHICAGO Occupation PHYSICAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 589.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.92711

Amount of Each Receipt this Period  
4.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **170.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) TIMOTHY BITTENBINDER	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 5014 ASCOT PARKWAY	<b>Transaction ID:</b> SA11AI.92617
	City State Zip Code TEMPLE TX 76502	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation SCOTT WHITE MEMORIAL HOSPITAL ANES. D ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JUAN BOTERO	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 2950 CLEVELAND CLINIC BLVD DEPT. OF ANES.	<b>Transaction ID:</b> SA11AI.92518
	City State Zip Code WESTON FL 33331	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation CLEVELAND CLINIC, FLORIDA ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) GREGORY BOUSKA	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 3000 BOGEY CIR SE	<b>Transaction ID:</b> SA11AI.92527
	City State Zip Code OWENS CROSS ROADS AL 35763	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation COMPREHENSIVE ANESTHESIA SERVICES ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1917.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	249.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MARK BRADY	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 9403 W. 146TH PL.	<b>Transaction ID:</b> SA11AI.92609
	City OVERLAND PARK State KS Zip Code 66221	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: MIDWEST ANESTHESIA ASSOCIATES Occupation: ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 830.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) CLAUDE BRUNSON	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 2500 N STATE ST	<b>Transaction ID:</b> SA11AI.92647
	City JACKSON State MS Zip Code 39216	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: UNIV OF MISSISSIPPI MED CTR Occupation: ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 585.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN BYRNE	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 105 N DEVEREUX CT NW	<b>Transaction ID:</b> SA11AI.92560
	City ATLANTA State GA Zip Code 30327	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: PHYSICIAN SPECIALISTS IN ANESTHESIA Occupation: PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>416.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES CARLSEN		Date of Receipt
	Mailing Address 1958 COMMON WAY RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	City	State	Zip Code
	ORLANDO	FL	32814
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.92586
Name of Employer JLR MEDICAL GROUP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 336.00	<input type="text"/> 41.00

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN CARNEY		Date of Receipt
	Mailing Address 1333 RIDDLE AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	City	State	Zip Code
	MORGANTOWN	WV	26505
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.92546
Name of Employer WEST VIRGINIA UNIVERSITY DEPT OF ANEST		Occupation RESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 254.00	<input type="text"/> 41.00

<b>C.</b>	Full Name (Last, First, Middle Initial) ANTONIO CASSARA		Date of Receipt
	Mailing Address 1236 MURRAY HILL AVE.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	City	State	Zip Code
	PITTSBURGH	PA	15217
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.92590
Name of Employer UPMC CHILDRENS		Occupation RESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 830.00	<input type="text"/> 83.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 165.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 16 / 70  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MARTYN CAVALLO

Mailing Address 110-29TH AVE. NORTH, #201

City State Zip Code  
NASHVILLE TN 37203

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

Name of Employer ANESTHESIA MEDICAL GROUP      Occupation ANESTHESIOLOGIST

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt: M M / D D / Y Y Y Y Y  
10 / 01 / 2010

Transaction ID: SA11AI.92611

Amount of Each Receipt this Period 41.00

**B.** Full Name (Last, First, Middle Initial)  
DEAN CHASSAY

Mailing Address 571 LARUE CIRCLE

City State Zip Code  
GUNTERSVILLE AL 35976

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

Name of Employer MARSHALL COUNTY ANESTHESIOLOGY AND PAI      Occupation ANESTHESIOLOGIST

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M / D D / Y Y Y Y Y  
10 / 04 / 2010

Transaction ID: SA11AI.92692

Amount of Each Receipt this Period 500.00

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

Mailing Address 1319 S.9TH ST.

City State Zip Code  
FARGO ND 58103

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

Name of Employer MERITCARE MEDICAL GROUP      Occupation ANESTHESIOLOGIST

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt: M M / D D / Y Y Y Y Y  
10 / 01 / 2010

Transaction ID: SA11AI.92634

Amount of Each Receipt this Period 41.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 582.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) SAMUEL CHERRY		Date of Receipt	
	Mailing Address 149 LUCERNE BLVD		M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.92652
	BIRMINGHAM	AL	35209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		125.00	
Name of Employer BIRMINGHAM VA MEDICAL CENTER		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 875.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) WILLIAM CLAY		Date of Receipt	
	Mailing Address DEPT. ANESTHESIA 468 CADIEUX RD.		M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.92793
	GROSSE POINTE	MI	48230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer BON SECOURS HOSPITAL		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) GERARD COSTELLO		Date of Receipt	
	Mailing Address 7404 N. LANDINGS TRAIL		M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.92794
	MUNCIE	IN	47303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer DCA		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	625.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 70  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) THOMAS CUTTER		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
Mailing Address 5841 S MARYLAND AVE # MC4028 ANESTHESIA AND CRITICAL CARE		Transaction ID: SA11AI.92690
City CHICAGO	State IL	Zip Code 60637
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer UNIV OF CHICAGO PRITZKER SCH OF MED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) VINCENT DEGENHART		Date of Receipt MM / DD / YYYY 10 / 01 / 2010
Mailing Address 415 HARDEN ST.		Transaction ID: SA11AI.92633
City COLUMBIA	State SC	Zip Code 29205
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.00
Name of Employer CRITICAL HEALTH SYSTEMS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

**C.**

Full Name (Last, First, Middle Initial) MARK DENTZ		Date of Receipt MM / DD / YYYY 10 / 06 / 2010
Mailing Address 1422 WILLOWBROOKE CIR.		Transaction ID: SA11AI.92762
City FRANKLIN	State TN	Zip Code 37069
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA MEDICAL GROUP, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1541.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 70  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) CHRISTIAN DIEZ		Date of Receipt MM / DD / YYYY 10 / 01 / 2010
Mailing Address 7915 SW 55 AVENUE		<b>Transaction ID:</b> SA11AI.92561
City MIAMI	State FL	Zip Code 33143
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.00
Name of Employer UNIVERSITY OF MIAMI MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

**B.**

Full Name (Last, First, Middle Initial) JANE EASDOWN		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
Mailing Address 5106 CORNWALL DR		<b>Transaction ID:</b> SA11AI.92707
City BRENTWOOD	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer VANDERBILT UNIVERSITY	Occupation MD ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) CHARLES ELLIOTT		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
Mailing Address PO BOX 1584		<b>Transaction ID:</b> SA11AI.92720
City DECATUR	State AL	Zip Code 35602
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIA SERVICES OF DECATUR, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>583.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) KENNETH ELMASSIAN	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 2399 PINE HOLLOW DR.	<b>Transaction ID:</b> SA11AI.92632
	City State Zip Code EAST LANSING MI 48823	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer INGHAM REGIONAL MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) GREGORY ENDERS	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 206 WINDLAKE DR.	<b>Transaction ID:</b> SA11AI.92649
	City State Zip Code SENECA SC 29672	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ANESTHESIOLOGY CONSULTANTS OF THE UPST	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHELLE ENGLISH	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 12 STRAWBERRY LANE	<b>Transaction ID:</b> SA11AI.92774
	City State Zip Code SAVANNAH GA 31411	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SELF	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>374.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JESSE EPPS	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 2341 MCCALLIE AVE., #402	<b>Transaction ID:</b> SA11AI.92650
	City State Zip Code CHATTANOOGA TN 37404	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation ANESTHESIOLOGISTS ASSOCIATED ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN ERICKSON	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 1008 FAIR OAKS AVE	<b>Transaction ID:</b> SA11AI.92736
	City State Zip Code OAK PARK IL 60302	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation UNIV OF CHICAGO TEACHER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) RITCHIE FEVRIER	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 9837 GLADIOLUS BULB LOOP	<b>Transaction ID:</b> SA11AI.92616
	City State Zip Code FORT MYERS FL 33908	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDICAL ANESTHESIA AND PAIN MANAGEMENT ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>374.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) RICHARD FLOWERDEW		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0		
	Mailing Address 38 HEDGEROW DR		<b>Transaction ID:</b> SA11AI.92594		
	City FALMOUTH	State ME	Zip Code 04105	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SPECTRUM MEDICAL GROUP	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 830.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) WILLIAM FRAME		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0		
	Mailing Address 2300 N EDWARD ST DEPT. OF ANESTHESIA		<b>Transaction ID:</b> SA11AI.92599		
	City DECATUR	State IL	Zip Code 62526	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ASSOCIATED ANESTHESIOLOGISTS OF DECATU	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 830.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) PRASAD GADIRAJU		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 1 0		
	Mailing Address 8 SWAN ISLE BLVD		<b>Transaction ID:</b> SA11AI.92760		
	City MISSOURI CITY	State TX	Zip Code 77459	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GREATER HOUSTON ANESTHESIOLOGY	Occupation ANESTHESIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	416.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN GALDUN	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 5332 BENT RIVER BLVD.	<b>Transaction ID:</b> SA11AI.92742
	City State Zip Code KNOXVILLE TN 37919	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ANESTHESIA MEDICAL ALLIANCE OF E. TN	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) RAVI GANGAVALLI	Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 212 SIMONSON CT	<b>Transaction ID:</b> SA11AI.92722
	City State Zip Code FLORHAM PARK NJ 07932	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ACNJ	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DHANESH GUPTA	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 303 E CHICAGO AVE WARD BUILDING, ROOM 13-179	<b>Transaction ID:</b> SA11AI.92744
	City State Zip Code CHICAGO IL 60611	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer NORTHWESTERN UNIVERSITY FEINBERG SCHOOL	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 70  
(check only one)

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

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

**A.**

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

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

City TUCSON State AZ Zip Code 85719

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

Name of Employer SOUTHERN ARIZONA ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 834.00

Date of Receipt 10 / 01 / 2010

Transaction ID: SA11AI.92535

Amount of Each Receipt this Period 83.00

**B.**

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

Mailing Address 8 PROSPECT STREET

City NASHUA State NH Zip Code 03060

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

Name of Employer NASHUA ANESTHESIA PARTNERS Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 747.00

Date of Receipt 10 / 01 / 2010

Transaction ID: SA11AI.92623

Amount of Each Receipt this Period 83.00

**C.**

Full Name (Last, First, Middle Initial)  
PETER HAYNAL

Mailing Address 1711 RIVER RIDGE DR

City SPRING VALLEY State OH Zip Code 45370

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

Name of Employer KETTERING ANESTHESIA ASSO- CIATES Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt 10 / 01 / 2010

Transaction ID: SA11AI.92629

Amount of Each Receipt this Period 41.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 207.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL HECHT	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 10675 N. SUMMER MOON PL.	<b>Transaction ID:</b> SA11AI.92752
	City State Zip Code TUCSON AZ 85737	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation SOUTHERN ARIZONA ANESTHES-IA ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) PETER HENDRICKS	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 1590 PANORAMA DR	<b>Transaction ID:</b> SA11AI.92630
	City State Zip Code BIRMINGHAM AL 35216	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation SELF ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ANDREW HERLICH	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 116 HAVERFORD CIRCLE	<b>Transaction ID:</b> SA11AI.92642
	City State Zip Code PITTSBURGH PA 15228	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation UPMC MERCY ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>416.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 70  
(check only one)

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

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

**A.**

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

Mailing Address 5201 N. FORT YUMA TRL

City State Zip Code  
TUCSON AZ 85750

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

Name of Employer Occupation  
OLD PUEBLO ANES. P.C. ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.92573

Amount of Each Receipt this Period  
25.00

**B.**

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

Mailing Address PO BOX 1025

City State Zip Code  
FAIRHOPE AL 36533

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

Name of Employer Occupation  
EASTERN SHORE ANESTHESIA ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 377.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.92551

Amount of Each Receipt this Period  
41.00

**C.**

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

Mailing Address DEPARTMENT OF ANESTHESIOLOGY  
231 ALBERT SABIN WAY

City State Zip Code  
CINCINNATI OH 45267

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

Name of Employer Occupation  
UNIVERSITY OF CINCINNATI MEDICAL CENTE ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.92595

Amount of Each Receipt this Period  
41.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 107.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 70  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) JEFFREY JACOBS		Date of Receipt MM / DD / YYYY 10 / 01 / 2010
Mailing Address 11041 PINE LODGE TRAIL		<b>Transaction ID:</b> SA11AI.92486
City DAVIE	State FL	Zip Code 33328
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.00
Name of Employer CLEVELAND CLINIC FLORIDA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	

**B.**

Full Name (Last, First, Middle Initial) JEFFREY JACOBS		Date of Receipt MM / DD / YYYY 10 / 01 / 2010
Mailing Address 11041 PINE LODGE TRAIL		<b>Transaction ID:</b> SA11AI.92625
City DAVIE	State FL	Zip Code 33328
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.00
Name of Employer CLEVELAND CLINIC FLORIDA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 459.00	

**C.**

Full Name (Last, First, Middle Initial) ALIRAZA JAFFER		Date of Receipt MM / DD / YYYY 10 / 01 / 2010
Mailing Address 5070 BROOKDALE ROAD		<b>Transaction ID:</b> SA11AI.92606
City BLOOMFIELD HILLS	State MI	Zip Code 48304
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.00
Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	165.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DANIEL JANIK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0		
	Mailing Address 15605 E PRENTICE DR		Transaction ID: SA11AI.92641		
	City CENTENNIAL	State CO	Zip Code 80015	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY OF COLORADO	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 747.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) BASIA JENKINS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0		
	Mailing Address 3933 TOPSIDE RD.		Transaction ID: SA11AI.92557		
	City KNOXVILLE	State TN	Zip Code 37920	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA MEDICAL ALLIAN- CE OF E. TN	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) DENISE JOFFE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0		
	Mailing Address 2222 78TH AVE. SE		Transaction ID: SA11AI.92766		
	City MERCER ISLAND	State WA	Zip Code 98040	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SEATTLE CHILDRENS HOSPITAL	Occupation MD			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1083.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) TRIPTI KATARIA		Date of Receipt
	Mailing Address 130 S CANAL ST APT 419		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	City	State	Zip Code
	CHICAGO	IL	60606
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer UNIVERSITY OF CHICAGO		Occupation PHYSICIAN	Transaction ID: SA11AI.92614
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 830.00	<input type="text"/> 83.00

<b>B.</b>	Full Name (Last, First, Middle Initial) SCOTT KERCHEVILLE		Date of Receipt
	Mailing Address MAIL CODE 7838 7703 FLOYD CURL DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	City	State	Zip Code
	SAN ANTONIO	TX	78229
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer UTHSCSA		Occupation PHYSICIAN	Transaction ID: SA11AI.92644
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1250.00	<input type="text"/> 125.00

<b>C.</b>	Full Name (Last, First, Middle Initial) LAURA KIHLMSTROM		Date of Receipt
	Mailing Address 915 LARCHMONT CRES.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	City	State	Zip Code
	NORFOLK	VA	23508
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer ATLANTIC ANESTHESIA, INC.		Occupation PHYSICIAN	Transaction ID: SA11AI.92576
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 250.00	<input type="text"/> 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 233.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) KEVIN KINKEAD		Date of Receipt
	Mailing Address 1776 MCCONNELL DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	City	State	Zip Code
	WILLIAMSPORT	PA	17701
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.92553
Name of Employer ANESTHESIA ASSOCIATES OF WILLIAMSPORT		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 672.00	<input type="text"/> 166.00

<b>B.</b>	Full Name (Last, First, Middle Initial) RUSSELL KLEIN		Date of Receipt
	Mailing Address 15133 W 32ND DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	GOLDEN	CO	80401
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.92822
Name of Employer PROFESSIONAL ANESTHESIA SERVICES, P.C.		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) ALLAN KLOCK		Date of Receipt
	Mailing Address 613 PARK AVE.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 6 / 2 0 1 0
	City	State	Zip Code
	RIVER FOREST	IL	60305
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.92740
Name of Employer UNIVERSITY OF CHICAGO		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 916.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 31 / 70  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
RAINER KOHRS

Mailing Address 6819 E 116TH ST

City State Zip Code  
BIXBY OK 74008

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

Name of Employer: ASSOCIATED ANESTHESIOLOGISTS INC  
Occupation: ANESTHESIOLOGIST

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 10 / 01 / 2010  
Transaction ID: SA11AI.92483  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
DAVID KRHOVSKY

Mailing Address 2248 SHAWNEE S.E.

City State Zip Code  
GRAND RAPIDS MI 49506

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

Name of Employer: ANESTHESIA MEDICAL CONSULTANTS PC  
Occupation: ANESTHESIOLOGIST

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
830.00

Date of Receipt: 10 / 01 / 2010  
Transaction ID: SA11AI.92568  
Amount of Each Receipt this Period: 83.00

**C.** Full Name (Last, First, Middle Initial)  
SCOTT KUHNERT

Mailing Address 4640 HAWK HOLLOW DR. E.

City State Zip Code  
BATH MI 48808

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

Name of Employer: LANSING ANESTHESIOLOGISTS, P.C.  
Occupation: ANESTHESIOLOGIST

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

Date of Receipt: 10 / 01 / 2010  
Transaction ID: SA11AI.92524  
Amount of Each Receipt this Period: 83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **666.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 70  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) RICHARD LAYMAN		Date of Receipt MM / DD / YYYY 10 / 01 / 2010
Mailing Address 6431 FANNIN ST STE 5.196 DEPT OF ANESTHESIOLOGY		Transaction ID: SA11AI.92578
City HOUSTON	State TX	Zip Code 77030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.00
Name of Employer UNIVERSITY OF TEXAS MED SCHOOL	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

**B.**

Full Name (Last, First, Middle Initial) SCOTT LEIGHTY		Date of Receipt MM / DD / YYYY 10 / 01 / 2010
Mailing Address 3900 WALNUT CLAY DR.		Transaction ID: SA11AI.92626
City AUSTIN	State TX	Zip Code 78731
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.00
Name of Employer AUSTIN ANESTHESIOLOGY GRO-UP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

**C.**

Full Name (Last, First, Middle Initial) NORMAN LEVIN		Date of Receipt MM / DD / YYYY 10 / 08 / 2010
Mailing Address 10190 BAYWOOD CT.		Transaction ID: SA11AI.92776
City LOS ANGELES	State CA	Zip Code 90077
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>332.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL LEWIS	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	Mailing Address DEPARTMENT OF ANESTHESIOLOGY 1611 NW 12TH AVE	<b>Transaction ID:</b> SA11AI.92610
	City MIAMI State FL Zip Code 33136	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer JACKSON MEMORIAL HOSPITAL Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 747.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) TAK LIU	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 1 0
	Mailing Address 101 COUNTRY CENTER LN.	<b>Transaction ID:</b> SA11AI.92705
	City HOCKESSIN State DE Zip Code 19707	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer ASPA Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ASA LOCKHART	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	Mailing Address 2106 KENNEBUNK LN.	<b>Transaction ID:</b> SA11AI.92564
	City TYLER State TX Zip Code 75703	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer EAST TEXAS ANESTHESIOLOGY ASSOICATES Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 830.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	666.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) NANCY LOEFFLER		Date of Receipt	
	Mailing Address 3726 LAKEVIEW DR.		M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.92699
	TALLAHASSEE	FL	32310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1050.00	
Name of Employer ANESTHESIOLOGY ASSOC. OF TALLAHASSEE		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) JOSHUA LUMBLEY		Date of Receipt	
	Mailing Address 410 W 10TH AVE N411 DOAN HALL		M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.92583
	COLUMBUS	OH	43210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.00	
Name of Employer THE OHIO STATE UNIVERSITY MEDICAL CENT		Occupation ATTENDING ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 377.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT LYON		Date of Receipt	
	Mailing Address 4144 N CENTRAL EXPY STE 360		M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.92746
	DALLAS	TX	75204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer DALLAS ANESTHESIOLOGY ASSOCIATES		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2091.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) TARIQ MALIK	Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 1776 ROGERS AVE	<b>Transaction ID:</b> SA11AI.92702
	City State Zip Code GLENVIEW IL 60025	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF CHICAGO MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MARK MANDABACH	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address DEPT. OF ANESTHESIOLOGY 619 S. 19TH ST., JT845	<b>Transaction ID:</b> SA11AI.92521
	City State Zip Code BIRMINGHAM AL 35249	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIV. OF ALABAMA - BIRMIN- GHAM PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1334.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KURT MARKGRAF	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 3663 MCKINLEY AVE	<b>Transaction ID:</b> SA11AI.92601
	City State Zip Code FORT MYERS FL 33901	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDICAL ANESTHESIA PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	416.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	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 1 0 / 0 4 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.92725
	BIRMINGHAM	AL	35213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer SOUTHERN PERIOPERATIVE SERVICES		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>B.</b>	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 1 0 / 0 5 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.92739
	GOLDEN	CO	80403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer PAS		Occupation MD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	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 0 / 0 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.92580
	MIAMI	FL	33196	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.00	
Name of Employer UNIVERSITY OF MIAMI DEPT OF ANESTHESIO		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 751.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	833.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 70  
(check only one)

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

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

**A.**

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

Mailing Address 827 E BIRCH AVE

City State Zip Code  
MILWAUKEE WI 53217

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

Name of Employer Occupation  
AURORA MEDICAL GROUP ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.92816

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address 291 SOUTHHALL LN

City State Zip Code  
MAITLAND FL 32751

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

Name of Employer Occupation  
JLR MEDICAL GROUP ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.92604

Amount of Each Receipt this Period  
41.00

**C.**

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

Mailing Address 15936 OAK PARK CT

City State Zip Code  
WESTFIELD IN 46074

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

Name of Employer Occupation  
ACI,LLC ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.92584

Amount of Each Receipt this Period  
41.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1082.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 70  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER MILLSON

Mailing Address 2400 WIMBLEDON DR

City State Zip Code  
LAS VEGAS NV 89107

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

Name of Employer Occupation  
DESERT ANESTHESIOLOGISTS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 830.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.92591

Amount of Each Receipt this Period  
83.00

**B.** Full Name (Last, First, Middle Initial)  
MOHAMMED MINHAJ

Mailing Address 5841 S MARYLAND AVE # MC-4028

City State Zip Code  
CHICAGO IL 60637

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

Name of Employer Occupation  
UNIVERSITY OF CHICAGO PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.92588

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1748 VESTWOOD HILLS DR.

City State Zip Code  
VESTAVIA HILLS AL 35216

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

Name of Employer Occupation  
UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.92624

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **708.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JOEL MUMFORD		Date of Receipt
	Mailing Address 221 ELM HILL RD.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SPRINGFIELD	VT	05156
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.92631
Name of Employer V A MEDICAL CENTER		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 83.00
			<input type="text"/> 830.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MARK MURRAY		Date of Receipt
	Mailing Address 1924 ALCOA HIGHWAY, BOX U-109 DEPARTMENT OF ANESTHESIA		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	KNOXVILLE	TN	37920
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.92545
Name of Employer UNIVERSITY ANESTHESIOLOGI- STS		Occupation DOCTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 83.00
			<input type="text"/> 502.00

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT MURRAY III		Date of Receipt
	Mailing Address 19 ELM PARK BLVD.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	PLEASANT RIDGE	MI	48069
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.92618
Name of Employer SOUTH OAKLAND ANESTHESIA ASSOC		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 83.00
			<input type="text"/> 830.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 249.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 40 / 70

(check only one)

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ROSS MUSUMECI		Date of Receipt	
	Mailing Address 9 LINCOLN ST.		M M / D D / Y Y Y Y 10 / 01 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.92570
	WESTON	MA	02493	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	41.00	
Name of Employer ANES. ASSOC. OF MASSACHUSETTS		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 410.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL NEED		Date of Receipt	
	Mailing Address 7632 TIMBER SPRINGS DR.		M M / D D / Y Y Y Y 10 / 01 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.92581
	FISHERS	IN	46038	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	83.00	
Name of Employer SOUTHEAST ANESTHESIOLOGISTS		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 751.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) THANH NGUYEN		Date of Receipt	
	Mailing Address 2200 CHILDRENS WAY STE 3115 DEPT OF ANES		M M / D D / Y Y Y Y 10 / 03 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.92685
	NASHVILLE	TN	37232	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	250.00	
Name of Employer MONROE CARELL CHILDRENS HOSPITAL		Occupation RESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

**SUBTOTAL** of Receipts This Page (optional) .....

374.00

**TOTAL** This Period (last page this line number only) .....



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 70  
(check only one)

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

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

**A.**

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

Mailing Address 1090 DEVINE CIRCLE

City ATLANTA State GA Zip Code 30319

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

Name of Employer NOVA SOUTHEASTERN UNIVERSITY ANESTHESIOLOGIST ASSISTANT  
Occupation ANESTHESIOLOGIST ASSISTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 830.00

Date of Receipt 10 / 01 / 2010  
Transaction ID: SA11AI.92602  
Amount of Each Receipt this Period 83.00

**B.**

Full Name (Last, First, Middle Initial)  
TERESA NOLEN

Mailing Address 2325 HIGHLAND CRES S

City BIRMINGHAM State AL Zip Code 35205

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

Name of Employer BIRMINGHAM VAMC  
Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 01 / 2010  
Transaction ID: SA11AI.92659  
Amount of Each Receipt this Period 250.00

**C.**

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

Mailing Address 616 W FULTON ST APT 503

City CHICAGO State IL Zip Code 60661

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

Name of Employer UNIVERSITY OF CHICAGO  
Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 01 / 2010  
Transaction ID: SA11AI.92555  
Amount of Each Receipt this Period 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) KATHLEEN OLEARY	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 666 ELM AND CARLTON ST	<b>Transaction ID:</b> SA11AI.92619
	City State Zip Code BUFFALO NY 14263	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ROSWELL PARK CANCER INSTITUTE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) RONALD OSBORN	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 14621 WHITE OAK DR.	<b>Transaction ID:</b> SA11AI.92663
	City State Zip Code BURNSVILLE MN 55337	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer RAPA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ANDREW OSBORNE	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 8 HAMPTON WAY	<b>Transaction ID:</b> SA11AI.92538
	City State Zip Code DOTHAN AL 36305	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SELF	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1025.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 70  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
ROBERT OVERACRE

Mailing Address 23 MENDEN LANE

City State Zip Code  
LITTLE ROCK AR 72223

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

Name of Employer Occupation  
AHG ANESTHESIA PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

**Transaction ID:** SA11AI.92718

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
AUDREY OWARE

Mailing Address 1642 E. 56TH ST  
APT 918

City State Zip Code  
CHICAGO IL 60637

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

Name of Employer Occupation  
UNIVERSITY OF CHICAGO MEDICAL CENTER A PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

**Transaction ID:** SA11AI.92749

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
GLEN PARIS

Mailing Address 23 ROLLING HILL DR.

City State Zip Code  
CHATHAM NJ 07928

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

Name of Employer Occupation  
SUMMIT ANESTHESIA ASSOC., P.A. MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

**Transaction ID:** SA11AI.92733

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 70  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) C. LEE PARMLEY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 1 0
Mailing Address 1211 21ST AVE S MEDICAL ARTS BUILDING SUITE 526		Transaction ID: SA11AI.92620
City NASHVILLE	State TN	Zip Code 37212
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer VANDERBILT UNIVERSITY MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

**B.**

Full Name (Last, First, Middle Initial) WILLIAM PEKARSKE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 1 0
Mailing Address 1281 E. CALLE DE LA CABRA		Transaction ID: SA11AI.92621
City TUCSON	State AZ	Zip Code 85718
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.00
Name of Employer SOUTHERN ARIZONA ANESTHESIA SERVICES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

**C.**

Full Name (Last, First, Middle Initial) MARGARET PITTS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 1 0
Mailing Address 25 BIRCHDALE RD		Transaction ID: SA11AI.92543
City BOW	State NH	Zip Code 03304
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.00
Name of Employer ANESTHESIA ASSOCIATES PA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	291.00
<b>TOTAL</b> This Period (last page this line 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 45 / 70  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
DEAN POLCE

Mailing Address 2259 ARAGON CANYON ST

City State Zip Code  
LAS VEGAS NV 89135

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

Name of Employer ANESTHESIOLOGY CONSULTANT-S, INC  
Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.92529

Amount of Each Receipt this Period  
83.00

**B.**

Full Name (Last, First, Middle Initial)  
TREVOR POLLARD

Mailing Address 4242 MEDICAL DR., SUITE #3100

City State Zip Code  
SAN ANTONIO TX 78229

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

Name of Employer TEJAS ANESTHESIA, P.A.  
Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.92682

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
SRIPAD RAO

Mailing Address 1504 BAY RD APT 3307

City State Zip Code  
MIAMI BEACH FL 33139

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

Name of Employer RYDER TRAUMA CENTER ANESTHESIOLOGY  
Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.92525

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **666.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) STEVEN READ		Date of Receipt
	Mailing Address 102 WATERSTONE CV		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 01 / 2010
	City	State	Zip Code
	GEORGETOWN	TX	78628
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.92589
Name of Employer NORTHSTAR ANESTHESIA DEPT. OF ANESTHES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 336.00	<input type="text"/> 41.00

<b>B.</b>	Full Name (Last, First, Middle Initial) RICHARD RICHTER		Date of Receipt
	Mailing Address 1621 HUNTMOOR DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 04 / 2010
	City	State	Zip Code
	ROCK HILL	SC	29732
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.92694
Name of Employer ANESTHESIA ASSOCIATES OF ROCK HILL, P.		Occupation PHYSICIAN AND ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) KEVIN ROBERTS		Date of Receipt
	Mailing Address 240 WALNUT LN.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 01 / 2010
	City	State	Zip Code
	SLINGERLANDS	NY	12159
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.92574
Name of Employer ALBANY MEDICAL CENTER HOSPITAL		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 830.00	<input type="text"/> 83.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 624.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) STEVEN ROBICSEK	Date of Receipt
	Mailing Address DEPARTMENT OF ANESTHESIOLOGY P.O. BOX 100254	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	City State Zip Code GAINESVILLE FL 32610	<b>Transaction ID:</b> SA11AI.92572
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 25.00
	Name of Employer Occupation UNIVERSITY OF FLORIDA ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) LEOPOLDO RODRIGUEZ	Date of Receipt
	Mailing Address 21050 POINT PLACE #305 ATLANTIC 3 AT THE POINT	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	City State Zip Code AVENTURA FL 33180	<b>Transaction ID:</b> SA11AI.92562
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 83.00
	Name of Employer Occupation SHERIDAN HEALTHCARE INC MEDICAL DIRECTOR OF THE SURGERY CENTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 830.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) FRANK ROSEMEIER	Date of Receipt
	Mailing Address 10004 CRYSTALLINE COURT	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	City State Zip Code ORLANDO FL 32836	<b>Transaction ID:</b> SA11AI.92585
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 41.00
	Name of Employer Occupation JLR MEDICAL GROUP STAFF ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 295.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 149.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 48 / 70  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
FRANK ROSINIA

Mailing Address 23 IDLEWOOD PL

City State Zip Code  
RIVER RIDGE LA 70123

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

Name of Employer  
TULANE UNIVERSITY SCHOOL OF MEDICINE

Occupation  
CHAIRMAN, DEPARTMENT OF ANESTHESIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.92563

Amount of Each Receipt this Period  
41.00

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

Mailing Address 2420 FREEMAN MANOR DR

City State Zip Code  
JONES OK 73049

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

Name of Employer  
OKLAHOMA ANESTHESIA CONSULTANTS

Occupation  
MEDICAL DOCTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
830.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.92597

Amount of Each Receipt this Period  
83.00

**C.** Full Name (Last, First, Middle Initial)  
YASSER SAKAWI

Mailing Address JEFFERSON TOWER 845  
619 19TH STREET SOUTH

City State Zip Code  
BIRMINGHAM AL 35249

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

Name of Employer  
UNIVERSITY OF ALABAMA AT BIRMINGHAM

Occupation  
ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.92558

Amount of Each Receipt this Period  
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: (check only one)	PAGE 49 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) KENNETH SANDERS	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 2637 KEMPT COURT	<b>Transaction ID:</b> SA11AI.92566
	City State Zip Code BIRMINGHAM AL 35226	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer BIRMINGHAM VA MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ALAN JAY SCHWARTZ	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 1000 SHARPLESS ROAD	<b>Transaction ID:</b> SA11AI.92638
	City State Zip Code MELROSE PARK PA 19027	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CHILDRENS HOSPITAL OF PHILADELPHIA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ALVARO SEGURA-VASI	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 216 SOUTH MARENGO STREET, SUITE F	<b>Transaction ID:</b> SA11AI.92548
	City State Zip Code FLORENCE AL 35630	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer BEER, SIMON, WILLIAMS, MOODY AND ASSO	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1041.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 70  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) STEVEN SHAFER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
Mailing Address 300 ANDERSON AVENUE		Transaction ID: SA11AI.92809
City CLOSTER	State NJ	Zip Code 07624
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer COLUMBIA UNIVERSITY MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) ROLAND SHORT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0
Mailing Address 619 S 19TH ST		Transaction ID: SA11AI.92526
City BIRMINGHAM	State AL	Zip Code 35249
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.00
Name of Employer UNIV OF AL HLTH SYSTEM ANES DEPT	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.00	

**C.**

Full Name (Last, First, Middle Initial) KAREN SIBERT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0
Mailing Address 4146 SUNNYSLOPE AVE.		Transaction ID: SA11AI.92596
City SHERMAN OAKS	State CA	Zip Code 91423
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.00
Name of Employer CEDARS-SINAI MEDICAL CENTER ANES. DEPT	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1124.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL SIMON	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 35 GELLATLY DR.	<b>Transaction ID:</b> SA11AI.92607
	City State Zip Code WAPPINGERS FALLS NY 12590	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NAPA PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ALEXEY SLUCKY	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 333 W. HAMPDEN AVE., SUITE 600	<b>Transaction ID:</b> SA11AI.92608
	City State Zip Code ENGLEWOOD CO 80110	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SOUTH DENVER ANESTHESIOLOGISTS, PC PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) STEPHEN SMALL	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 5806 S. BLACKSTONE AVE.	<b>Transaction ID:</b> SA11AI.92779
	City State Zip Code CHICAGO IL 60637	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF CHICAGO PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>416.00</b>
<b>TOTAL</b> This Period (last page this line 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 52 / 70  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
BLAIR SMITH

Mailing Address 1046 LAKE COLONY LN.

City State Zip Code  
BIRMINGHAM AL 35242

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

Name of Employer Occupation  
UNIVERSITY OF ALABAMA HSF ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 830.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.92613

Amount of Each Receipt this Period  
83.00

**B.**

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

Mailing Address 2367 DEER VALLEY RD.

City State Zip Code  
MIDLAND MI 48642

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

Name of Employer Occupation  
MMAG,PC ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.92781

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 6208 DEVILS HOLLOW RD.

City State Zip Code  
FORT WAYNE IN 46814

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

Name of Employer Occupation  
ASSOCIATED ANESTHESIOLOGI- ANESTHESIOLOGIST  
STS OF FORT W

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 377.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.92577

Amount of Each Receipt this Period  
41.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **624.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) SHANNON SORAH	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 11743 COUCH MILL ROAD	<b>Transaction ID:</b> SA11AI.92579
	City State Zip Code KNOXVILLE TN 37932	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer METHODIST MED. CTR. ANES. GR.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) GLYNNE STANLEY	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 270 MIDDLETON ROAD	<b>Transaction ID:</b> SA11AI.92627
	City State Zip Code BOXFORD MA 01921	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ANESTHESIA ASSOCIATES OF MASSACHUSETTS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MARION STARKS	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 1204 N. WINDOMERE AVE.	<b>Transaction ID:</b> SA11AI.92653
	City State Zip Code DALLAS TX 75208	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ANESTHESIA RESOURCES FOR CHILDREN	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	207.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) STANLEY STEAD		Date of Receipt
	Mailing Address 4819 ANDASOL AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 0 / 2 0 1 0
	City	State	Zip Code
	ENCINO	CA	91316
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.92789
Name of Employer STEAD HEALTH GROUP, INC.		Occupation PHYSICIAN AND CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) ROHAN SUNDARALINGAM		Date of Receipt
	Mailing Address 884 N. PAULINA ST., #3		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 3 / 2 0 1 0
	City	State	Zip Code
	CHICAGO	IL	60622
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.92675
Name of Employer LUTHERAN GENERAL HOSPITAL		Occupation PARK RIDGE ANESTHESIOLOGY ASSOCIATES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MAYA SURESH		Date of Receipt
	Mailing Address 1709 DRYDEN RD STE 1700		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	City	State	Zip Code
	HOUSTON	TX	77030
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.92636
Name of Employer BAYLOR COLLEGE OF MEDICINE		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 830.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1583.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 55 / 70  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
**BOBBIEJEAN SWEITZER**  
 Mailing Address **5806 S. BLACKSTONE AVE.**  
 City **CHICAGO** State **IL** Zip Code **60637**  
 Date of Receipt: **10 / 11 / 2010**  
**Transaction ID: SA11AI.92799**  
 Amount of Each Receipt this Period: **500.00**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **UNIV. OF CHICAGO ANES. DE-PT.** Occupation: **ANESTHESIOLOGIST**  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: **500.00**

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS SWYGERT**  
 Mailing Address **7014 PRESTONSHIRE LN.**  
 City **DALLAS** State **TX** Zip Code **75225**  
 Date of Receipt: **10 / 01 / 2010**  
**Transaction ID: SA11AI.92592**  
 Amount of Each Receipt this Period: **41.00**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **PINNACLE ANESTHESIA CONSU-LTANTS** Occupation: **ANESTHESIOLOGIST**  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: **410.00**

**C.** Full Name (Last, First, Middle Initial)  
**JOSEPH TALARICO**  
 Mailing Address **DEPARTMENT OF ANESTHESIOLOGY  
 200 LOTHROP ST # 463**  
 City **PITTSBURGH** State **PA** Zip Code **15213**  
 Date of Receipt: **10 / 01 / 2010**  
**Transaction ID: SA11AI.92600**  
 Amount of Each Receipt this Period: **41.00**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **UNIVERSITY OF PITTSBURGH MEDICAL CENTE** Occupation: **ASSISTANT PROFESSOR**  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: **410.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **582.00**  
**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 56 / 70  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 6012 WALTON RD

City State Zip Code  
BETHESDA MD 20817

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

Name of Employer Occupation  
FCAA ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2010

**Transaction ID:** SA11AI.92550

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER TROIANOS

Mailing Address 427 HEIGHTS DR

City State Zip Code  
GIBSONIA PA 15044

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

Name of Employer Occupation  
WESTERN PENNSYLVANIA HOSPITAL ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 830.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2010

**Transaction ID:** SA11AI.92598

Amount of Each Receipt this Period  
83.00

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

Mailing Address 2132 HAKANU ST.

City State Zip Code  
HONOLULU HI 96821

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

Name of Employer Occupation  
HAWAII PERMANENTE MEDICAL GROUP PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2010

**Transaction ID:** SA11AI.92683

Amount of Each Receipt this Period  
250.00

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BENJAMIN UNGER	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 474 W 238TH ST., APT. 3A	<b>Transaction ID:</b> SA11AI.92645
	City State Zip Code RIVERDALE NY 10463	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer COLUMBIA UNIVERSITY MEDICAL CENTER Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 410.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID VARLOTTA	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 1303 BAYSHORE BLVD.	<b>Transaction ID:</b> SA11AI.92639
	City State Zip Code TAMPA FL 33606	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer UNICOM ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 830.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) J. MICHAEL VOLLERS	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 1 CHILDRENS WAY SLOT 203, S-319	<b>Transaction ID:</b> SA11AI.92643
	City State Zip Code LITTLE ROCK AR 72202	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI Occupation PROFESSOR OF ANESTHESIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 830.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>207.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) THEO WAGES		Date of Receipt	
	Mailing Address 1622 BRADFORD LN		M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.92669
	AUBURN	AL	36830	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer ANESTHESIA ASSOC OF EAST ALABAMA		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER WASSINK		Date of Receipt	
	Mailing Address 3300 EGYPT VALLEY NE		M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.92622
	ADA	MI	49301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.00	
Name of Employer ANESTHESIA MEDICAL CONSULTANTS PC		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 410.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) ANNE WILHITE		Date of Receipt	
	Mailing Address 10136 CHEROKEE ROAD		M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.92640
	RICHMOND	VA	23235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.00	
Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 410.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>582.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL WOO	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 1 0
	Mailing Address 2800 N LAKE SHORE DR 3606	<b>Transaction ID:</b> SA11AI.92758
	City State Zip Code CHICAGO IL 60657	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer UNIVERSITY OF CHICAGO HOSPITALS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) GRANVILLE WORK	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	Mailing Address 3749 LYNNFIELD DR.	<b>Transaction ID:</b> SA11AI.92593
	City State Zip Code VIRGINIA BEACH VA 23452	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ATLANTIC ANESTHESIA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 747.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) AMIR YAZDANI	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	Mailing Address 3355 THORNHILL DRIVE	<b>Transaction ID:</b> SA11AI.92671
	City State Zip Code RENO NV 89509	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ASSOC. ANESTHESIOLOGISTS OF RENO	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>583.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 60 / 70  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
LAWRENCE YOUNG

Mailing Address 1717 VALLEY FORGE DR.

City State Zip Code  
HIXSON TN 37343

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

Name of Employer ANESTHESIOLOGISTS ASSOCIATED  
Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

**Transaction ID:** SA11AI.92565

Amount of Each Receipt this Period  
125.00

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

Mailing Address 1612 SAINT GREGORY DRIVE

City State Zip Code  
LAS VEGAS NV 89117

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

Name of Employer SELF  
Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
830.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

**Transaction ID:** SA11AI.92635

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **208.00**

**TOTAL** This Period (last page this line number only) ..... ► **33835.00**

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) CHAD CAUSEY FOR CONGRESS</p> <p>Mailing Address PO BOX 16966</p> <p>City JONESBORO State AR Zip Code 72403</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.92192</p> <p>Date of Disbursement 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CIRO RODRIGUEZ FOR CONGRESS</p> <p>Mailing Address P.O. BOX 14528</p> <p>City SAN ANTONIO State TX Zip Code 78214</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.92180</p> <p>Date of Disbursement 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FREEDOM PAC</p> <p>Mailing Address PO BOX 2458</p> <p>City SPRINGFIELD State VA Zip Code 22152</p> <p>Purpose of Disbursement 2010 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.92176</p> <p>Date of Disbursement 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 62 / 70

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) FRIENDS OF BENNIE THOMPSON</p> <p>Mailing Address P.O. BOX 100</p> <p>City BOLTON State MS Zip Code 39041</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MS District: 02</p>	<p><b>Transaction ID:</b> SB23.92161</p> <p>Date of Disbursement 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI</p> <p>Mailing Address PO BOX 74</p> <p>City SYRACUSE State NY Zip Code 13214</p> <p>Purpose of Disbursement CK VOIDED ORIG ISSUED 09/02/09</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 25</p>	<p><b>Transaction ID:</b> SB23.92210</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>Category/Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN</p> <p>Mailing Address 250 PRAIRIE CENTER DR</p> <p>City EDEN PRAIRIE State MN Zip Code 55344</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 03</p>	<p><b>Transaction ID:</b> SB23.92162</p> <p>Date of Disbursement 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Category/Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOHN SARBANES</p> <p>Mailing Address PO Box 6854</p> <p>City Towson State MD Zip Code 21285</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.92173</p> <p>Date of Disbursement 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER</p> <p>Mailing Address 509 MADISON AVE #1902</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.92187</p> <p>Date of Disbursement 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) GARY MILLER FOR CONGRESS</p> <p>Mailing Address 721 S BREAS CANYON RD #7</p> <p>City DIAMOND BAR State CA Zip Code 91789</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.92164</p> <p>Date of Disbursement 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) HANSEN CLARKE FOR CONGRESS	Transaction ID: SB23.92200 Date of Disbursement
	Mailing Address 1448 WOODWARD AVE #305	<input type="text" value="10"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State Zip Code DETROIT MI 48226	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JIM MATHESON FOR CONGRESS	Transaction ID: SB23.92185 Date of Disbursement
	Mailing Address PO BOX 521048	<input type="text" value="10"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State Zip Code SALT LAKE CITY UT 84152	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHN D DINGELL FOR CONGRESS	Transaction ID: SB23.92181 Date of Disbursement
	Mailing Address 607 14TH STREET NW #800	<input type="text" value="10"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State Zip Code WASHINGTON DC 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 70

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) JOHN GRAVES FOR CONGRESS</p> <p>Mailing Address PO BOX 701</p> <p>City GAINESVILLE State GA Zip Code 30503</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.92174 <b>Date of Disbursement</b> 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) JOHN KLINE FOR CONGRESS</p> <p>Mailing Address 101 W BURNSVILLE PKWY #104</p> <p>City BURNSVILLE State MN Zip Code 55337</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.92183 <b>Date of Disbursement</b> 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS</p> <p>Mailing Address PO BOX 3314</p> <p>City OREGON CITY State OR Zip Code 97045</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.92159 <b>Date of Disbursement</b> 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS</p> <p>Mailing Address PO BOX 225</p> <p>City COLONIA State NJ Zip Code 07067</p> <p>Purpose of Disbursement CK VOIDED ORIG ISSUED 3/11/09</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.92209</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MIKE ARCURI FOR CONGRESS</p> <p>Mailing Address PO BOX 8508</p> <p>City UTICA State NY Zip Code 13505</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 24</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.92190</p> <p>Date of Disbursement 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PAT TIBERI FOR CONGRESS</p> <p>Mailing Address 2931 E DUBLIN GRANVILLE RD #190</p> <p>City COLUMBUS State OH Zip Code 43231</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.92165</p> <p>Date of Disbursement 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
RANDY ALTSCHULER FOR CONGRESS

Mailing Address PO BOX 657

City STONY BROOK State NY Zip Code 11790

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: NY District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.92196

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
REPUBLICAN PARTY OF LA VICTORY 2010 FUND

Mailing Address 530 LAKELAND DR

City NEW ORLEANS State LA Zip Code 70124

Purpose of Disbursement  
2010 CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.92178

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
REPUBLICAN PARTY STATE CENTRAL & EXEC COMM

Mailing Address 9856 ARCHER LN

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement  
2010 CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.92202

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

12000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) SEAN DUFFY FOR CONGRESS</p> <p>Mailing Address PO BOX 186</p> <p>City ASHLAND State WI Zip Code 54806</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.92194</p> <p>Date of Disbursement 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) SOUTHERLAND FOR CONGRESS</p> <p>Mailing Address PO BOX 1692</p> <p>City LYNN HAVEN State FL Zip Code 32444</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.92198</p> <p>Date of Disbursement 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS</p> <p>Mailing Address 4679 WINTERSET DR</p> <p>City COLUMBUS State OH Zip Code 43220</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.92167</p> <p>Date of Disbursement 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>6500.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
WALTER MINNICK FOR CONGRESS

Transaction ID: SB23.92188

Date of Disbursement

Mailing Address 8150 W EMERALD, STE 170

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

City State Zip Code  
BOISE ID 83704

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: ID District: 01

SUBTOTAL of Disbursements This Page (optional) ..... ►

2500.00
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TOTAL This Period (last page this line number only) ..... ►

52500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
FRIENDS OF HEATHER MIZEUR

Mailing Address PO BOX 11290

City State Zip Code  
TAKOMA PARK MD 11290

Purpose of Disbursement  
2010 NON-FEDERAL CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.92170

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)  
KATZ FOR SENATE

Mailing Address PO BOX 3844

City State Zip Code  
WILMINGTON DE 19807

Purpose of Disbursement  
2010 NON-FEDERAL CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.92205

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional) .....

1100.00

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

1100.00