

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 195  
(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)  
ROBIN ELWOOD

Mailing Address PO BOX 53188

City State Zip Code  
OKLAHOMA CITY OK 73152

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

Name of Employer Occupation  
UNIVERSITY OF OKLAHOMA ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 17 / 2009  
Transaction ID: SA11AI.80198  
Amount of Each Receipt this Period: 500.00

**B.**

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

Mailing Address P.O. BOX 5178

City State Zip Code  
FRAMINGHAM MA 01701

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

Name of Employer Occupation  
PROVIDENCE ANESTH PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 16 / 2009  
Transaction ID: SA11AI.79826  
Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
JERRY EPPS

Mailing Address 1422 KENSINGTON DR

City State Zip Code  
KNOXVILLE TN 37922

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

Name of Employer Occupation  
UNIVERSITY OF TENNESSEE MEDICAL CENTER ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 20 / 2009  
Transaction ID: SA11AI.80764  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2000.00

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