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**SPEARS, MOORE, REBMAN & WILLIAMS**  
PROFESSIONAL CORPORATION  
801 BROAD STREET  
SIXTH FLOOR  
P. O. BOX 1749  
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(1931-2006)

December 22, 2010

RETIRED:  
SILAS WILLIAMS, JR.  
E. BLAKE MOORE  
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Federal Election Commission  
999 E Street, N.W.  
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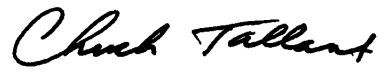
Re: Anesthesiologists Associated, P.C. Political Action Committee  
FEC FORM 1 (Statement of Organization)

Gentlemen:

Enclosed for filing is the FEC FORM 1 (Statement of Organization) for the above-referenced PAC.

Sincerely yours,

SPEARS, MOORE, REBMAN & WILLIAMS, P.C.



Ralph E. Tallant, Jr.

RETjr:jcb  
Enclosure

cc: Mr. Steven E. McGraw

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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Anesthesiologists Associated, P.C. Political Action Committee

ADDRESS (number and street) 2341 McCallie Ave., Suite 402

(Check if address is changed)

P. O. Box 3549

Chattanooga TN 37404

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 12 15 2010

3. FEC IDENTIFICATION NUMBER C.

4. IS THIS STATEMENT x NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Steven E. McGraw

Signature of Treasurer

Date

12/20/2010

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9520  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
--------------------------------	-------------------	-------	--------	-----------	-------------------

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<input checked="" type="checkbox"/> Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organization	Trade Association	Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating In Joint Fundraiser

1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Anesthesiologists Associated, P.C.

Mailing Address 2341 McCallie Ave., Suite 402  
 P. O. Box 3549  
 Chattanooga TN 37404  
 CITY STATE ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Steven E. McGraw  
 Mailing Address 2341 McCallie Ave., Suite 402  
 P. O. Box 3549  
 Chattanooga TN 37404  
 Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 423-622-8994

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Steven E. McGraw  
 Mailing Address 2341 McCallie Ave., Suite 402  
 P. O. Box 3549  
 Chattanooga TN 37404  
 Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 423-622-8994

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Full Name of Designated Agent

[Empty field for Full Name of Designated Agent]

Mailing Address

[Empty field for Mailing Address]

[Empty field for Mailing Address]

[Empty field for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty field for Title or Position]

Telephone number

[Empty field for Telephone number]

8. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SunTrust Bank

Mailing Address

736 Market Street

[Empty field for Mailing Address]

Chattanooga

TN

37402

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty field for Name of Bank, Depository, etc.]

Mailing Address

[Empty field for Mailing Address]

[Empty field for Mailing Address]

[Empty field for Mailing Address]

CITY

STATE

ZIP CODE

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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Other (Specify): Date of Receipt or Postmarked

 12/27/10  
 PREPARER DATE PREPARED

10030524072