

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 2341 MCCALLIE AVE SUITE 402

Check if different than previously reported. (ACC) PO BOX 3549

CHATTANOOGA TN 37404

2. **FEC IDENTIFICATION NUMBER ▼** C C00491969 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2012 through M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2012

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 Mr. Steven McGraw

Signature of Treasurer Mr. Steven McGraw *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 04 / 20 / 2012

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="14400.00"/>	<input type="text" value="14400.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="14400.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="52500.00"/>	<input type="text" value="52500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="66900.00"/>	<input type="text" value="66900.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11300.00"/>	<input type="text" value="11300.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="55600.00"/>	<input type="text" value="55600.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

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).....	52500.00	52500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	52500.00	52500.00
(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)	52500.00	52500.00
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	0.00
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 Transfers (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))..... ▶	52500.00	52500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	52500.00	52500.00

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	100.00	100.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	100.00	100.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	500.00
24. Independent Expenditures (use Schedule E)	10700.00	10700.00
25. Coordinated Party Expenditures (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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	11300.00	11300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11200.00	11200.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	52500.00	52500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52500.00	52500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
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	0.00

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 OF 17
<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)
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Dr. Jeff Balsler		Date of Receipt MM / DD / YYYY 01 / 01 / 2012 Transaction ID : SA11AI.4099
Mailing Address 1532 Westover Lane		Amount of Each Receipt this Period 2000.00
City Chattanooga	State TN	Zip Code 37405
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesiologists Associated	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Dr. Venkata Baredy		Date of Receipt MM / DD / YYYY 01 / 01 / 2012 Transaction ID : SA11AI.4102
Mailing Address 5206 Brigadoon Lane		Amount of Each Receipt this Period 2000.00
City Hixson	State TN	Zip Code 37343
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesiologists Associated	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Dr. Doug Barron		Date of Receipt MM / DD / YYYY 01 / 01 / 2012 Transaction ID : SA11AI.4105
Mailing Address 4520 Chestnut Avenue		Amount of Each Receipt this Period 2000.00
City Signal Mountain	State TN	Zip Code 37377
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesiologists Associated	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 7 OF 17
<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)
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Dr. David Bartlett		Date of Receipt
Mailing Address 6510 Waconda Point		<input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Harrison	TN	37341
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4107
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>
Name of Employer	Occupation	
Anesthesiologists Associated	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Corey Carpenter		Date of Receipt
Mailing Address 845 Secret Garden Drive		<input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chattanooga	TN	37421
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4109
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>
Name of Employer	Occupation	
Anesthesiologists Associated	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Phil Davis		Date of Receipt
Mailing Address 99 Walnut Street Unit 600		<input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chattanooga	TN	37403
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4111
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>
Name of Employer	Occupation	
Anesthesiologists Associated	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

A. Dr. Miller Epps
 Full Name (Last, First, Middle Initial)
 Mailing Address 930 Scenic Highway
 City Lookout Mountain State TN Zip Code 37350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiologists Associated Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **01 / 01 / 2012**
Transaction ID : SA11AI.4115
 Amount of Each Receipt this Period **2000.00**

B. Dr. Bill Falinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Minnehahda Place
 City Chattanooga State TN Zip Code 37405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiologists Associated Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **01 / 01 / 2012**
Transaction ID : SA11AI.4117
 Amount of Each Receipt this Period **2000.00**

C. Dr. Mark Gruwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3107 Spring Avenue
 City Signal Mountain State TN Zip Code 37377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiologists Associated Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **01 / 01 / 2012**
Transaction ID : SA11AI.4119
 Amount of Each Receipt this Period **2000.00**

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
	<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)
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Dr. David Hall		Date of Receipt
Mailing Address 6682 Hunter's Walk		<input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Hixson	TN	37343
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4121
Name of Employer	Occupation	Amount of Each Receipt this Period
Anesthesiologists Associated	Anesthesiologist	<input type="text" value="2000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Scott Hill		Date of Receipt
Mailing Address 1102 Centennial Drive		<input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chattanooga	TN	37405
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4123
Name of Employer	Occupation	Amount of Each Receipt this Period
Anesthesiologists Associated	Anesthesiologist	<input type="text" value="2000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Serena Lau		Date of Receipt
Mailing Address 3038 Enclave Bay Drive		<input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chattanooga	TN	37415
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4125
Name of Employer	Occupation	Amount of Each Receipt this Period
Anesthesiologists Associated	Anesthesiologist	<input type="text" value="2000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 17
<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)
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

A. Mr. Steven McGraw
Full Name (Last, First, Middle Initial)

Mailing Address 704 Old Stone Trail

City Chattanooga	State TN	Zip Code 37421
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FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2012

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period
500.00

B. Dr. Robert Mingus
Full Name (Last, First, Middle Initial)

Mailing Address 750 Wild Rose Lane

City Chattanooga	State TN	Zip Code 37419
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FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2012

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period
2000.00

C. Dr. David Musgrave
Full Name (Last, First, Middle Initial)

Mailing Address 5633 Mountain Breeze Drive

City Chattanooga	State TN	Zip Code 37421
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FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2012

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....	4500.00
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 11 OF 17
<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)
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Dr. Robin Oscar		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 01 / 2012
Mailing Address 3467 East Brow Road		Transaction ID : SA11AI.4133
City Signal Mountain	State TN	Zip Code 37377
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Anesthesiologists Associated	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Dr. Steve Petarra		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 01 / 2012
Mailing Address 3 Stonehaven Drive		Transaction ID : SA11AI.4135
City Signal Mountain	State TN	Zip Code 37377
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Anesthesiologists Associated	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Dr. Prabhu Potluri		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 01 / 2012
Mailing Address 9228 Mountain Shade Drive		Transaction ID : SA11AI.4137
City Chattanooga	State TN	Zip Code 37421
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Anesthesiologists Associated	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 17
<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)
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

A. Dr. Bobby Ray
Full Name (Last, First, Middle Initial)

Mailing Address 6127 Bayswater Drive

City Hixson	State TN	Zip Code 37343
----------------	-------------	-------------------

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

Name of Employer Anesthesiologists Associated	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	01	/	2012

Transaction ID : SA11AI.4139

Amount of Each Receipt this Period
2000.00

B. Dr. Kyle Roach
Full Name (Last, First, Middle Initial)

Mailing Address 1105 West Mississippi Avenue

City Chattanooga	State TN	Zip Code 37405
---------------------	-------------	-------------------

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

Name of Employer Anesthesiologists Associated	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	01	/	2012

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period
2000.00

C. Dr. Nathan Schatzman
Full Name (Last, First, Middle Initial)

Mailing Address 315 Apollo Road

City Lookout Mountain	State GA	Zip Code 30750
--------------------------	-------------	-------------------

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

Name of Employer Anesthesiologists Associated	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	01	/	2012

Transaction ID : SA11AI.4143

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 OF 17
<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)
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

A. Dr. Frank Sisko
Full Name (Last, First, Middle Initial)

Mailing Address 4 Carriage Hill

City Signal Mountain State TN Zip Code 37377

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

Name of Employer Anesthesiologists Associated Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
01 / 01 / 2012
Transaction ID : SA11AI.4145

Amount of Each Receipt this Period
2000.00

B. Dr. Gary Smith
Full Name (Last, First, Middle Initial)

Mailing Address 3040 Laurel Cove Lane

City Signal Mountain State TN Zip Code 37377

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

Name of Employer Anesthesiologists Associated Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
01 / 01 / 2012
Transaction ID : SA11AI.4147

Amount of Each Receipt this Period
2000.00

C. Dr. Arthur Temlock
Full Name (Last, First, Middle Initial)

Mailing Address 1209 Laurel Springs Way

City Signal Mountain State TN Zip Code 37377

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

Name of Employer Anesthesiologists Associated Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
01 / 01 / 2012
Transaction ID : SA11AI.4149

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 14 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Dr. Steven Truelove		Date of Receipt MM / DD / YYYY 01 / 01 / 2012
Mailing Address 6322 Old Dayton Pike		Transaction ID : SA11AI.4151
City Hixson	State TN	Zip Code 37343
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer Anesthesiologists Associated	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Dr. Christopher Yetter		Date of Receipt MM / DD / YYYY 01 / 01 / 2012
Mailing Address 215 Cherry Street		Transaction ID : SA11AI.4153
City Chattanooga	State TN	Zip Code 37403
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer Anesthesiologists Associated	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Dr. Larry Young		Date of Receipt MM / DD / YYYY 01 / 01 / 2012
Mailing Address 1717 Valley Forge Drive		Transaction ID : SA11AI.4155
City Hixson	State TN	Zip Code 37343
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer Anesthesiologists Associated	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	52500.00

**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

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)

ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BOB CORKER FOR SENATE 2012

Mailing Address 1910 21ST AVENUE SOUTH

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement
Contribution

Candidate Name

BOB CORKER FOR SENATE 2012

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2012

Transaction ID : SB23.4161

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

500.00

500.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00491969 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Dickerson for State Senate	Date <div style="border: 1px solid black; padding: 2px;"> 01 / 19 / 2012 </div>			
Mailing Address P.O. Box 120931	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2500.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Nashville</td> <td style="width:33%;">State TN</td> <td style="width:33%;">Zip Code 37212</td> </tr> </table>		City Nashville	State TN	Zip Code 37212
City Nashville	State TN	Zip Code 37212		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">Purpose of Expenditure Contribution</td> <td style="width:15%;">Category/Type</td> <td style="width:40%;">Office Sought: <input type="checkbox"/> House State: TN <input checked="" type="checkbox"/> Senate District: 20 <input type="checkbox"/> President</td> </tr> </table>	Purpose of Expenditure Contribution	Category/Type	Office Sought: <input type="checkbox"/> House State: TN <input checked="" type="checkbox"/> Senate District: 20 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure Contribution	Category/Type	Office Sought: <input type="checkbox"/> House State: TN <input checked="" type="checkbox"/> Senate District: 20 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: Steve Dickerson	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 2500.00 </div>			

Transaction ID : SE.4163

Full Name (Last, First, Middle Initial) of Payee Dickerson for State Senate	Date <div style="border: 1px solid black; padding: 2px;"> 02 / 17 / 2012 </div>			
Mailing Address P.O. Box 120931	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 8200.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Nashville</td> <td style="width:33%;">State TN</td> <td style="width:33%;">Zip Code 37212</td> </tr> </table>		City Nashville	State TN	Zip Code 37212
City Nashville	State TN	Zip Code 37212		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">Purpose of Expenditure Contribution</td> <td style="width:15%;">Category/Type</td> <td style="width:40%;">Office Sought: <input type="checkbox"/> House State: TN <input checked="" type="checkbox"/> Senate District: 20 <input type="checkbox"/> President</td> </tr> </table>	Purpose of Expenditure Contribution	Category/Type	Office Sought: <input type="checkbox"/> House State: TN <input checked="" type="checkbox"/> Senate District: 20 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure Contribution	Category/Type	Office Sought: <input type="checkbox"/> House State: TN <input checked="" type="checkbox"/> Senate District: 20 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: Steve Dickerson	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 10700.00 </div>			

Transaction ID : SE.4165

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 10700.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 10700.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Steven McGraw
 Signature

[Electronically Filed] Date 04 /
 20 /
 2012

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) **Transaction ID : H4.4159**
 State of Tennessee, Bureau of Ethics and Campaign Finance, Registry of Election Finance

Mailing Address 404 James Robertson Parkway
Suite 104

City Nashville State TN Zip Code 37243

Purpose of Disbursement: 2012 Annual Registration

Activity or Event Identifier: Administrative

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 100.00

Date: 01 / 01 / 2012

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		100.00		100.00

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date:

Date: / /

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date:

Date: / /

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		100.00		100.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
0.00		100.00		100.00