

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 73

(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) LANCE WILKINS		Date of Receipt MM / DD / YYYY 01 / 19 / 2010		
	Mailing Address 15 BURTON DR.		<b>Transaction ID:</b> SA11AI.82918		
	City BALLSTON LAKE	State NY	Zip Code 12019	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANES GRP OF ALBANY	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) GORDON WILLIFORD		Date of Receipt MM / DD / YYYY 01 / 14 / 2010		
	Mailing Address 3300 WHEELER RD.		<b>Transaction ID:</b> SA11AI.82778		
	City AUGUSTA	State GA	Zip Code 30909	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) DERRICK WURL		Date of Receipt MM / DD / YYYY 01 / 19 / 2010		
	Mailing Address 3 VICTORIA LN.		<b>Transaction ID:</b> SA11AI.82920		
	City SARATOGA SPRINGS	State NY	Zip Code 12866	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANES GRP OF ALBANY	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	64025.00