

# 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  
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 2341 MCCALLIE AVE SUITE 402  
PO BOX 3549  
 Check if different than previously reported. (ACC)  
CHATTANOOGA TN 37404

2. **FEC IDENTIFICATION NUMBER** C00491969  
**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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2011 through 06 30 2011

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 Electronically Filed by Mr. Steven McGraw Date 08 22 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.

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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="2011"/>		0.00
(b) Cash on Hand at Beginning of Reporting Period .....	0.00	
(c) Total Receipts (from Line 19) .....	25000.00	25000.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	25000.00	25000.00
7. Total Disbursements (from Line 31) .....	3100.00	3100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	21900.00	21900.00
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

ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	25000.00	25000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	25000.00	25000.00
(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) .....	25000.00	25000.00
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 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)) .....	25000.00	25000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	25000.00	25000.00

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.....	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.....	3000.00	3000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
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.....	0.00	0.00
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))..	3100.00	3100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	3000.00

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) .....	25000.00	25000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25000.00	25000.00
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: PAGE 6 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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.** Full Name (Last, First, Middle Initial)  
Dr. Jeff Balsler

Mailing Address 1532 Westover Lane

City State Zip Code  
Chattanooga TN 37405

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

Name of Employer Anesthesiologists Associa-  
ted 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  
0 1 / 0 1 / 2 0 1 1

**Transaction ID:** SA11AI.4106

Amount of Each Receipt this Period  
1000.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Venkata Bareddy

Mailing Address 5206 Brigadoon Lane

City State Zip Code  
Hixson TN 37343

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

Name of Employer Anesthesiologists Associa-  
ted 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  
0 1 / 0 1 / 2 0 1 1

**Transaction ID:** SA11AI.4109

Amount of Each Receipt this Period  
1000.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Doug Barron

Mailing Address 4520 Chestnut Avenue

City State Zip Code  
Signal Mountain TN 37377

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

Name of Employer Anesthesiologists Associa-  
ted 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  
0 1 / 0 1 / 2 0 1 1

**Transaction ID:** SA11AI.4111

Amount of Each Receipt this Period  
1000.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

**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 7 / 16
(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)  
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. David Bartlett		Date of Receipt
	Mailing Address 6510 Waconda Point		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 01 / 01 / 2011
	City	State	Zip Code
	Harrison	TN	37341
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4113
Name of Employer Anesthesiologists Associa- ted		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"/> 1000.00
			contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Phil Davis		Date of Receipt
	Mailing Address 99 Walnut Street Unit 60		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 01 / 01 / 2011
	City	State	Zip Code
	Chattanooga	TN	37403
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4117
Name of Employer Anesthesiologists Associa- ted		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"/> 1000.00
			contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Miller Epps		Date of Receipt
	Mailing Address 930 Scenic Highway		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 01 / 01 / 2011
	City	State	Zip Code
	Lookout Mountain	TN	37350
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4119
Name of Employer Anesthesiologists Associa- ted		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"/> 1000.00
			contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3000.00
<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 8 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Bill Falinski

Mailing Address 2 Minnehahda Place

City State Zip Code  
Chattanooga TN 37405

FEC ID number of contributing federal political committee. C

Name of Employer: Anesthesiologists Associa-  
ted      Occupation: anesthesiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2011  
**Transaction ID:** SA11AI.4121

Amount of Each Receipt this Period  
1000.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Mark Gruwell

Mailing Address 3107 Spring Avenue

City State Zip Code  
Signal Mountain TN 37377

FEC ID number of contributing federal political committee. C

Name of Employer: Anesthesiologists Associa-  
ted      Occupation: anesthesiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2011  
**Transaction ID:** SA11AI.4123

Amount of Each Receipt this Period  
1000.00  
contribution

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

Mailing Address 6682 Hunter's Walk

City State Zip Code  
Hixson TN 37343

FEC ID number of contributing federal political committee. C

Name of Employer: Anesthesiologists Associa-  
ted      Occupation: anesthesiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2011  
**Transaction ID:** SA11AI.4125

Amount of Each Receipt this Period  
1000.00  
contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 3000.00

**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 / 16
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Scott Hill	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 1102 Centennial Drive	Transaction ID: SA11AI.4127
	City State Zip Code Chattanooga TN 37405	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer: Anesthesiologists Associa- ted Occupation: anesthesiologist 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) Dr. Serena Lau	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 3038 Enclave Bay Drive	Transaction ID: SA11AI.4129
	City State Zip Code Chattanooga TN 37415	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer: Anesthesiologists Associa- ted Occupation: anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Robert Mingus	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 737 Black Creek Cove	Transaction ID: SA11AI.4131
	City State Zip Code Chattanooga TN 37419	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer: Anesthesiologists Associa- ted 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) .....	3000.00
<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 10 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 5633 Mountain Breeze Drive

City State Zip Code  
Chattanooga TN 37421

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

Name of Employer: Anesthesiologists Associa-  
ted      Occupation: anesthesiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 01 / 2011  
Transaction ID: SA11AI.4133  
Amount of Each Receipt this Period: 1000.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robin Oscar

Mailing Address 3467 East Brow Road

City State Zip Code  
Signal Mountain TN 37377

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

Name of Employer: Anesthesiologists Associa-  
ted      Occupation: anesthesiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 01 / 2011  
Transaction ID: SA11AI.4135  
Amount of Each Receipt this Period: 1000.00  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Steve Petarra

Mailing Address 3 Stonehaven Drive

City State Zip Code  
Signal Mountain TN 37377

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

Name of Employer: Anesthesiologists Associa-  
ted      Occupation: anesthesiologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 01 / 2011  
Transaction ID: SA11AI.4137  
Amount of Each Receipt this Period: 1000.00  
contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**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 / 16

(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)  
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Prabhu Potluri Mailing Address 9228 Mountain Shade Drive City State Zip Code Chattanooga TN 37421 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt MM / DD / YYYY 01 / 01 / 2011 <b>Transaction ID:</b> SA11AI.4139 Amount of Each Receipt this Period 1000.00 contribution
	Name of Employer Anesthesiologists Associa- ted Occupation anesthesiologist 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) Dr. Bobby Ray Mailing Address 6127 Bayswater Lane City State Zip Code Hixson TN 37343 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt MM / DD / YYYY 01 / 01 / 2011 <b>Transaction ID:</b> SA11AI.4141 Amount of Each Receipt this Period 1000.00 contribution
	Name of Employer Anesthesiologists Associa- ted Occupation anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	
<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Kyle Roach Mailing Address 1105 West Mississippi Avenue City State Zip Code Chattanooga TN 37405 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt MM / DD / YYYY 01 / 01 / 2011 <b>Transaction ID:</b> SA11AI.4143 Amount of Each Receipt this Period 1000.00 contribution
	Name of Employer Anesthesiologists Associa- ted 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) .....	3000.00
<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 12 / 16  
(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)  
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

**A.**

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

Mailing Address 315 Apollo Road

City State Zip Code  
Lookout Mountain GA 30750

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

Name of Employer Anesthesiologists Associa-  
ted 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  
0 1 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.4145

Amount of Each Receipt this Period  
1000.00

contribution

**B.**

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

Mailing Address 4 Carriage Hill

City State Zip Code  
Signal Mountain TN 37377

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

Name of Employer Anesthesiologists Associa-  
ted 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  
0 1 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.4147

Amount of Each Receipt this Period  
1000.00

contribution

**C.**

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

Mailing Address 3040 Laurel Cove Lane

City State Zip Code  
Signal Mountain TN 37377

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

Name of Employer Anesthesiologists Associa-  
ted 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  
0 1 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.4149

Amount of Each Receipt this Period  
1000.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**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 13 / 16  
(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)  
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial) Dr. Art Temlock		Date of Receipt MM / DD / YYYY 01 / 01 / 2011
Mailing Address 1209 Laurel Springs Way		<b>Transaction ID:</b> SA11AI.4151
City Signal Mountain	State TN	Zip Code 37377
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Anesthesiologists Associa- ted	Occupation anesthesiologist	contribution
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) Dr. Steve Truelove		Date of Receipt MM / DD / YYYY 01 / 01 / 2011
Mailing Address 6322 Old Dayton Pike		<b>Transaction ID:</b> SA11AI.4153
City Hixson	State TN	Zip Code 37343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Anesthesiologists Associa- ted	Occupation anesthesiologist	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Chris Yetter		Date of Receipt MM / DD / YYYY 01 / 01 / 2011
Mailing Address 215 Cherry Street		<b>Transaction ID:</b> SA11AI.4155
City Chattanooga	State TN	Zip Code 37403
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Anesthesiologists Associa- ted	Occupation anesthesiologist	contribution
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) .....	▶	3000.00
<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 14 / 16	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Larry Young		Date of Receipt																					
	Mailing Address 1717 Valley Forge Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	1		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		0	1		2	0	1	1														
	City State Zip Code Hixson TN 37343		<b>Transaction ID:</b> SA11AI.4157																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00																					
Name of Employer Anesthesiologists Associa- ted		Occupation anesthesiologist																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00																						

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	25000.00

**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)

PAGE 15 / 16

<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)  
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS <hr/> Mailing Address PO BOX 426 <hr/> City STEVENSVILLE State MD Zip Code 21666 <hr/> Purpose of Disbursement contribution Candidate Name	Transaction ID: SB23.4175 Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2011 <hr/> Amount of Each Disbursement this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Bob Corker for Senate <hr/> Mailing Address 2012 21st Avenue South <hr/> City Nashville State TN Zip Code 37212 <hr/> Purpose of Disbursement contribution Candidate Name	Transaction ID: SB23.4189 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2011 <hr/> Amount of Each Disbursement this Period 2000.00

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

3000.00

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

3000.00

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

**A.** Full Name (Last, First, Middle Initial)  
State of Tennessee Registry of Election Finance

Mailing Address  
404 James Robertson Park Suite 104

City	State	Zip Code	
Nashville	TN	37244	001

Purpose of Disbursement:  
PAC fees

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 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 

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

  
**Transaction ID:** H4.4170

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		100.00		100.00

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**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