08/22/2011 12:16

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Otl	her Than An Autl	norized Com	mittee		Office Use Only	
NAME OF COMMITTEE (in full)		C MAILING LABEL E OR PRINT 🗑	Example:If ty over the lines				
ANESTHESIOLOGIS	STS ASSOCIATE	ED, PC POLITICAL A	CTION COMMIT	TEE	1 1 1 1		
				1 1 1 1	1 1 1 1 1		
ADDRESS (number and str	reet) PO B	MCCALLIE AVE SUI	ΓΕ 402				
reported. (ACC) 2. FEC IDENTIFICATION		TTANOOGA	Y A		LTN L	37404 	
C00491969		3. 15	S THIS X	NEW (N) OR		1ENDED	
4. TYPE OF REPOR (Choose One) (a) Quarterly Report April 15 Quarterly R July 15 Quarterly R October 15 Quarterly R January 31 Quarterly R X July 31 Mid Report(Nor Year Only) Terminatior (TER)	ts: deport(Q1) deport(Q2) deport(Q3) deport(YE) deport(YE) deport(YE) deport(YE)	Due On: Mar	on on General	tion (12C)	Sep	20 (M9) Per (No Year	v 20 (M11 on-Election ar Only) c 20 (M12 on-Election ar Only) n 31 (YE) noff (12R)
5. Covering Period	01	2011	throu	ugh 0 6	30	2011	
I certify that I have examin Type or Print Name of Tre Signature of Treasurer		Steven McGraw			and complete.	22 20	11
NOTE : Submission of fals	se, erroneous, or	incomplete information	n may subject the	person signing th	is Report to the	penalties of 2 U.S.C 4	437g.
Office Use						FEC FORM 3	

FE6AN026

SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

Write or Type Committee Name
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

D " D 0 1 0 1 2011 0.6 3 0 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011[°] 0.00 January 1 (b) Cash on Hand at 0.00 Begining of Reporting Period 25000.00 25000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 25000.00 25000.00 6(a) and 6(c) for Column B) 3100.00 3100.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 21900.00 21900.00 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

For further information contact:

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

м м 0 1 0 1 м°м 06 30 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 25000.00 25000.00 (i) Itemized (use Schedule A) 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 25000.00 25000.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 25000.00 25000.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 25000.00 25000.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 25000.00 25000.00 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Dursements Page 4

II DICDUDCEMENTO	COLUMN A	COLUMN B
II. DISBURSEMENTS	Total This Period	Calendar Year-to-Date
1. Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
	100.00	100.00
(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
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
3. Contributions to Federal Candidates/Committees	0000.00	0000.00
and Other Political Committees	3000.00	3000.00
Independent Expenditure (use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
		2.22
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
28. Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
man Fontical Committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
(aud Lines 20(a), (b), and (c))		
29. Other Disbursements	0.00	0.00
O. Federal Election Activity (2 U.S.C 431(20)) (a) Observed Federal Election Activity (b) Observed Federal Election Activity (c) Observed Federal Election (Control of the Control of		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(i) I sasiai silais		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))		0.00
31. Total Disbursements (add Lines 21(c), 22,	0100.00	0100 00
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3100.00	3100.00
22 Total Fodoral Diaburacements		
 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 		
from Line 31)	3000.00	3000.00
	200.00	3333.00

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)	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
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
87.	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

FE6AN026

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) Dr. Jeff State City State Zip Code TN 37495 FEC ID number of contributing federal political committee. City Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Verkata Bareddy Mailing Address 5206 Brigadoon Lane City State Zip Code TN 37343 Aggregate Year-to-Date Transaction ID: SA11A1.4109 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: SA11A1.4109 Amount of Each Receipt this Period City State Zip Code Transaction ID: SA11A1.4109 Amount of Each Receipt this Period City State Zip Code Transaction ID: SA11A1.4109 Amount of Each Receipt this Period City Transaction ID: SA11A1.41109 Amount of Each Receipt this Period City Aggregate Year-to-Date Vity Interpolate of Contribution anesthesiologist anesthesi	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) X
Full Name (Last, First, Middle Initial) Dr. Jeff Balser Mailing Address 1532 Westover Lane City State Zip Code Chattanooga TN 37405 FEC ID number of contributing federal political committee. Name of Employer Anesthesiologists Associated Other (specify) ■ 1000.00 City State Zip Code TN 37405 Full Name (Last, First, Middle Initial) Dr. Venkata Bareddy Mailing Address 5206 Brigadoon Lane City State Zip Code TN 37343 FEC ID number of contributing federal political committee. City State Zip Code TN 37343 FEC ID number of contributing federal political committee. City State Zip Code TN 37343 FEC ID number of contributing federal political committee. C cupation Ansethesiologists Associated C primary General Other (specify) ■ 1000.00 Contribution Date of Receipt Name of Employer Ansethesiologist Associated ansesthesiologist Aggregate Year-to-Date ▼ Primary General Other (specify) ■ 1000.00 Date of Receipt Name of Employer Associated Aggregate Year-to-Date ▼ Primary General Other (specify) ■ 1000.00 Date of Receipt Name of Employer Associated Contributing federal political committee. C 1000.00 Contribution Contribution Date of Receipt Name of Employer Associated Contributing federal political committee. C 1000.00 Contribution Contribution Contribution Contribution	or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	the name and addre	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City	/	ED, FC FOLITI	CAL ACTION COMMITTE	
City Chattanooga FEC ID number of contributing federal political committee. Name of Employer Anesthesiologists Associated. Pick in the primary General Prim		Э		M " M / D " D / Y " Y " Y " Y
Chattanooga TN 37405 FEC ID number of contributing federal political committee. C	City	State	Zin Code	
Tour part of contributing federal political committee. C	•		·	
Name of Employer Anesthesiologists Associated anesthesiologist anesthesio	FEC ID number of contributing		0.100	
Receipt For:	Anesthesiologists Associa-		alogist	contribution
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. Name of Employer Anesthesiologists Associated Other (specify) ▼ City State Zip Code TN 37343 Amount of Each Receipt this Period Cocupation anesthesiologist Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Doug Barron Mailing Address 4520 Chestnut Avenue City State Zip Code Milling Address 4520 Chestnut Avenue City State Zip Code TN 37377 FEC ID number of contributing federal political committee. Coccupation Amount of Each Receipt this Period Transaction ID: SA11AI.4111 Amount of Each Receipt this Period Coccupation anesthesiologists Aggregate Year-to-Date ▼ 1000.00 Contribution	Receipt For:		'ear-to-Date ▼	1
Dr. Venkata Bareddy Mailing Address 5206 Brigadoon Lane City State Zip Code TN 37343 FEC ID number of contributing federal political committee. Name of Employer Anesthesiologists Associated Receipt For: Qother (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Dr. Doug Barron Mailing Address 4520 Chestnut Avenue City State Zip Code Touch anesthesiologist Touch anesthesiologist Aggregate Year-to-Date ▼ 1000.00 Date of Receipt Transaction ID: SA11AI.4109 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID: SA11AI.4109 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID: SA11AI.4111 Amount of Each Receipt Tor: 1000.00 Date of Receipt Transaction ID: SA11AI.4111 Amount of Each Receipt this Period Contribution Contribution Contribution Date of Receipt Transaction ID: SA11AI.4111 Amount of Each Receipt this Period Contribution Contribution	Other (specify) ▼	0 0	1000.00	
City State Zip Code TN 37343 FEC ID number of contributing federal political committee. Name of Employer Anesthesiologists Associated Other (specify) ▼ City State Zip Code TN 37343 Amount of Each Receipt this Period Contribution Contribution Contribution Contribution Date of Receipt Date of Receipt Transaction ID: SA11AI.4109 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: SA11AI.4111 Date of Receipt Transaction ID: SA11AI.4111 Amount of Each Receipt this Period City State Zip Code Transaction ID: SA11AI.4111 Signal Mountain FEC ID number of contributing federal political committee. Name of Employer Anesthesiologists Associated Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	,	•		Date of Receipt
Hixson TN 37343 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Anesthesiologists Associated Receipt For: Primary General Other (specify) ▼ City State Zip Code Signal Mountain FEC ID number of contributing federal political committee. Name of Employer Anesthesiologist Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.4111 Amount of Each Receipt this Period Contribution Date of Receipt Mailing Address 4520 Chestnut Avenue City State Zip Code Transaction ID: SA11AI.4111 Signal Mountain TN 37377 FEC ID number of contributing federal political committee. Name of Employer Anesthesiologists Associated anesthesiologist Receipt For: Primary General Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼	Mailing Address 5206 Brigadoon Lan	e		
FEC ID number of contributing federal political committee. Name of Employer Anesthesiologists Associated Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Doug Barron Mailing Address 4520 Chestnut Avenue City State Zip Code Transaction ID: SA11AI.4111 City State Zip Code Transaction ID: SA11AI.4111 Signal Mountain TN 37377 FEC ID number of contributing federal political committee. Name of Employer Anesthesiologists Associated Receipt For: Primary General Aggregate Year-to-Date ▼ 1000.00 Contribution Date of Receipt Transaction ID: SA11AI.4111 Amount of Each Receipt this Period Cocupation anesthesiologist Aggregate Year-to-Date ▼ 1000.00	City		Zip Code	Transaction ID: SA11AI.4109
Name of Employer Anesthesiologists Associated Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Doug Barron Mailing Address 4520 Chestnut Avenue City State Zip Code Transaction ID: SA11AI.4111 Signal Mountain FEC ID number of contributing federal political committee. Name of Employer Anesthesiologists Associated Receipt For: Primary General Occupation Anggregate Year-to-Date ▼ Occupation Transaction ID: SA11AI.4111 Amount of Each Receipt this Period Contribution Contribution	<u>Hixson</u>	TN	37343	Amount of Each Receipt this Period
Name of Employer Anesthesiologists Associa- ted Receipt For: Primary		C	1 1 1 1	
Primary General Other (specify) ▼ State Zip Code	ted		ologist	Contribution
Dr. Doug Barron Mailing Address 4520 Chestnut Avenue City State Zip Code Signal Mountain FEC ID number of contributing federal political committee. Name of Employer Anesthesiologists Associated Receipt For: Primary General Date of Receipt Transaction ID: SA11AI.4111 Amount of Each Receipt this Period Coccupation anesthesiologist Aggregate Year-to-Date ▼ 1000.00	Primary General	Aggregate Y		
City State Zip Code Transaction ID: SA11AI.4111 Signal Mountain TN 37377 FEC ID number of contributing federal political committee. Name of Employer Anesthesiologists Associated Receipt For: Primary General O 1 0 1 2 0 1 1 Transaction ID: SA11AI.4111 Amount of Each Receipt this Period 1000.00 contribution				Date of Receipt
Signal Mountain TN 37377 Amount of Each Receipt this Period 1000.00 C Name of Employer Anesthesiologists Associated Receipt For: Primary General Amount of Each Receipt this Period 1000.00 contribution	Mailing Address 4520 Chestnut Aven	ue		
FEC ID number of contributing federal political committee. Name of Employer Anesthesiologists Associated Receipt For: Primary General Aggregate Year-to-Date 1000.00			Zip Code	Transaction ID: SA11AI.4111
Name of Employer Anesthesiologists Associated Receipt For: Primary General Occupation anesthesiologist Aggregate Year-to-Date 1000.00 contribution	Signal Mountain	TN	37377	Amount of Each Receipt this Period
Name of Employer Anesthesiologists Associated anesthesiologist Receipt For: Primary General Occupation anesthesiologist Aggregate Year-to-Date 1000,00		C		
Primary General	ted		ologist	Contribution
1000 00		Aggregate Y		
			1000.00	

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)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
NAME OF COMMITTEE (In Full) ANESTHESIOLOGISTS ASSOCIAT	ED, PC POLI	TICAL ACTION COMMITTE	Ξ
Full Name (Last, First, Middle Initial) Dr. David Bartlett			Date of Receipt
Mailing Address 6510 Waconda Point	į		M M / D D / Y Y Y Y Y O D D / 2 D 1 D
City	State	Zip Code	Transaction ID: SA11AI.4113
Harrison FEC ID number of contributing federal political committee.	C	37341	Amount of Each Receipt this Period 1000.00
Name of Employer Anesthesiologists Associa- ted	Occupation anesthes		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. Phil Davis			Date of Receipt
Mailing Address 99 Walnut Street Unit 60			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chattanooga	State TN	Zip Code 37403	Transaction ID: SA11AI.4117 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07400	1000.00
Name of Employer Anesthesiologists Associa-	Occupation		contribution
ted Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Miller Epps			Date of Receipt
Mailing Address 930 Scenic Highway			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lookout Mountain	State TN	Zip Code	Transaction ID: SA11AI.4119
FEC ID number of contributing federal political committee.	C	37350	Amount of Each Receipt this Period 1000.00
Name of Employer Anesthesiologists Associa- ted	Occupation anesthes	iologist	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 8 / 16 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ANESTHESIOLOGISTS ASSOCIATION	e name and address of any p	olitical committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Bill Falinski Mailing Address 2 Minnekahda Place City Chattanooga FEC ID number of contributing federal political committee. Name of Employer Anesthesiologists Associa-	State Zip Code TN 37405 C Occupation		Date of Receipt M M M / D D / Y Y Y Y Y O 1
ted Receipt For: Primary General Other (specify) ▼	anesthesiologist Aggregate Year-to-Date	1000.00	
Full Name (Last, First, Middle Initial) Mark Gruwell Mailing Address 3107 Spring Avenue			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code)	Transaction ID: SA11AI.4123
Signal Mountain FEC ID number of contributing federal political committee.	TN 37377		Amount of Each Receipt this Period 1000.00
Name of Employer Anesthesiologists Associa- ted Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation anesthesiologist Aggregate Year-to-Date	1000.00	contribution
Full Name (Last, First, Middle Initial) Dr. David Hall			Date of Receipt
Mailing Address 6682 Hunter's Walk			0 1 0 1 2 0 1 1
City	State Zip Code		Transaction ID: SA11AI.4125
Hixson	TN 37343		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Anesthesiologists Associa- ted	Occupation anesthesiologist		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1000.00	
SUBTOTAL of Receipts This Page (optional)		·····	3000.00
TOTAL This Period (last page this line number	er only)	>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 16 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) ANESTHESIOLOGISTS ASSOCIA	the name and add	lress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Scott Hill Mailing Address 1102 Centennial Dr	rive		Date of Receipt
City Chattanooga FEC ID number of contributing	State TN	Zip Code 37405	Transaction ID: SA11AI.4127 Amount of Each Receipt this Period
Name of Employer Anesthesiologists Associated Receipt For:	Occupatior anesthesi Aggregate		contribution
Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Serena Lau	1 1	1000.00	
Dr. Serena Lau Mailing Address 3038 Enclave Bay	Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4129
Chattanooga FEC ID number of contributing federal political committee.	C	37415	Amount of Each Receipt this Period 1000.00
Name of Employer Anesthesiologists Associa- ted Receipt For:	Occupation anesthes		- contribution
Primary General Other (specify) ▼	Aggregate	1000.00	
Full Name (Last, First, Middle Initial) Dr. Robert Mingus Mailing Address 737 Black Creek Co			Date of Receipt
Walling Address 737 Black Creek Cl	ove		01 01 2011
Chattanagas	State TN	Zip Code	Transaction ID: SA11AI.4131
Chattanooga FEC ID number of contributing federal political committee.	C	37419	Amount of Each Receipt this Period 1000.00
Name of Employer Anesthesiologists Associa- ted Receipt For:	Occupation anesthes		contribution
Primary General Other (specify) ▼	Aggregate	1000.00]
SUBTOTAL of Receipts This Page (optional	al)		3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 10 / 16 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ANESTHESIOLOGISTS ASSOCIATE	e name and address of any	political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David Musgrave Mailing Address 5633 Mountain Breez City Chattanooga FEC ID number of contributing federal political committee. Name of Employer Anesthesiologists Associated	State Zip Cod TN 37421 C Occupation anesthesiologist	de	Date of Receipt O 1 O 1 2 0 1 1 Transaction ID: SA11AI.4133 Amount of Each Receipt this Period 1000.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	te ▼	
Full Name (Last, First, Middle Initial) Dr. Robin Oscar Mailing Address 3467 East Brow Road			Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City Signal Mountain FEC ID number of contributing	State Zip Cor TN 37377		Transaction ID: SA11AI.4135 Amount of Each Receipt this Period 1000.00
Name of Employer Anesthesiologists Associated Receipt For: Primary General	Occupation anesthesiologist Aggregate Year-to-Date	te ▼	contribution
Full Name (Last, First, Middle Initial) Dr. Steve Petarra			Date of Receipt
Mailing Address 3 Stonehaven Drive			0 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Signal Mountain</u>	State Zip Co		Transaction ID: SA11AI.4137 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Anesthesiologists Associa- ted	Occupation anesthesiologist		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	te ▼ 1000.00	
			3000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 16 (check only one) X 11a
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ANESTHESIOLOGISTS ASSOCIATEI	name and ad	dress of any political committee to	o solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) Dr. Prabhu Potluri			Date of Receipt
	Mailing Address 9228 Mountain Shade	Drive		01 01 7 2011
	City Chattanooga	State TN	Zip Code 37421	Transaction ID: SA11AI.4139
	FEC ID number of contributing federal political committee.	C	3/421	Amount of Each Receipt this Period 1000.00
	Name of Employer Anesthesiologists Associa- ted Receipt For:	Occupation anesthes Aggregate		contribution
	Primary General Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Dr. Bobby Ray			Date of Receipt
	Mailing Address 6127 Bayswater Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4141
	Hixson	<u>TN</u>	37343	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00 contribution
	Name of Employer Anesthesiologists Associa- ted	Occupation anesthes		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
_	Full Name (Last, First, Middle Initial) Dr. Kyle Roach	<u> </u>		Date of Receipt
•	Mailing Address 1105 West Mississippi	Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4143
	Chattanooga	TN	37405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00 contribution
	Name of Employer Anesthesiologists Associa- ted	Occupation anesthes		Continuation
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			3000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 16 (check only one) X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
	ANESTHESIOLOGISTS ASSOCIATION	ED, PC POLI	TICAL ACTION COMMITTE	E
_	Full Name (Last, First, Middle Initial) Dr. Nathan Schatzman			Date of Receipt
	Mailing Address 315 Apollo Road			01 01 2011
	City	State	Zip Code	Transaction ID: SA11AI.4145
	Lookout Mountain	GA	30750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Anesthesiologists Associa- ted	Occupation anesthes		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	1
	Full Name (Last, First, Middle Initial) Dr. Frank Sisko Mailing Address 4 Carriage Hill			Date of Receipt
				01 01 2011
	City	State	Zip Code	Transaction ID: SA11AI.4147
	Signal Mountain	TN	37377	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Anesthesiologists Associa- ted	Occupation anesthes		contribution
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		1000.00	
	Full Name (Last, First, Middle Initial) Dr. Gary Smith			Date of Receipt
	Mailing Address 3040 Laurel Cove La	ne		0 1 D D / Y Y Y Y Y Y D D D / Y Y Y Y Y Y D D D D
	City	State	Zip Code	Transaction ID: SA11AI.4149
	Signal Mountain	TN	37377	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Anesthesiologists Associa- ted	Occupation anesthes	siologist	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	7
	Cities (opecity)	0 0	0 0 0 0 0 0 0	
	SUBTOTAL of Receipts This Page (optional)			3000.00

SCHEDULE A (FEC Form	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 13/16 (check only one)
Any information copied from such Report for commercial purposes, other than	orts and Statements may not be using the name and address of	sold or used by any personal solutions sold or used by any personal solutions any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) ANESTHESIOLOGISTS ASS	<u> </u>		
Full Name (Last, First, Middle Initial Dr. Art Temlock			Date of Receipt
Mailing Address 1209 Laurel S	orings Way		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Signal Mountain		o Code 7377	Transaction ID: SA11AI.4151 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	311	1000.00
Name of Employer Anesthesiologists Associa- ted	Occupation anesthesiologis	et	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	D-Date ▼	
Full Name (Last, First, Middle Initial Dr. Steve Truelove	L		Date of Receipt
Mailing Address 6322 Old Day	on Pike		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hixson		o Code 7343	Transaction ID: SA11Al.4153 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	343	1000.00
Name of Employer Anesthesiologists Associa- ted	Occupation anesthesiologis	st	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to]
Full Name (Last, First, Middle Initial Dr. Chris Yetter			Date of Receipt
Mailing Address 215 Cherry St	eet		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chattanooga	·	o Code 7403	Transaction ID: SA11AI.4155
FEC ID number of contributing federal political committee.	C	400	Amount of Each Receipt this Period
Name of Employer Anesthesiologists Associa- ted	Occupation anesthesiologis		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	0-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (c			3000.00

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SOURDING A (FEOR		FOR LINE NUMBER: PAGE 14 / 16
SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) ANESTHESIOLOGISTS ASSOCIATED	D, PC POLITICAL ACTION COMMITTE	≣
Full Name (Last, First, Middle Initial) Dr. Larry Young		Date of Receipt
Mailing Address 1717 Valley Forge Driv	/e	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.4157
<u>Hixson</u>	TN 37343	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Anesthesiologists Associa- ted	Occupation anesthesiologist	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

В.

President District:

ago;; 1100200000		
SCHEDULE B (FEC Form 3X)		LINE NUMBER: PAGE 15/16
ITEMIZED DISBURSEMENTS	for each category of the	2k only one) 1b 22 X 23 24 25 26 7 28a 28b 28c 29 30b
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) ANESTHESIOLOGISTS ASSOCIATED, PO	POLITICAL ACTION COMMITT	EE
Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS Mailing Address PO BOX 426		Transaction ID: SB23.4175 Date of Disbursement M 6 M / D 2 7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code MD 21666	Amount of Each Disbursement this Period
Purpose of Disbursement contribution	011	1000.00
Candidate Name	Category Type	1/
President	ment For: 2012 Primary X General Other (specify) ▼	
State: MD District: 01		
Full Name (Last, First, Middle Initial) Bob Corker for Senate		Transaction ID: SB23.4189 Date of Disbursement
Mailing Address 2012 21st Avenue South		03
	State Zip Code TN 37212	Amount of Each Disbursement this Period
Purpose of Disbursement contribution	011	2000.00
Candidate Name	Category Type	1/
Office Sought: House Disburser Senate President	ment For: 2012 Primary X General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	•	3000.00
TOTAL This Period (last page this line number only)	•	3000.00

State:

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

PAGE	1	6 / 1	6		
FOR	LINE	21a	OF	FORM 3X	

				FOR LINE 21a OF FORM 3X
NAME OF COMMITTEE (I	In Full)			
ANESTHESIOLOGIS	STS ASSOCIATED), PC POLITICAL ACTIO	N COMMITTEE	
A. Full Name (Last, F State of Tennesse		ction Finance		Type of Allocated Activity: X Administrative Fundraising Exempt
Mailing Address				Voter Drive Direct Candidate Support
404 James Rober	tson Parkv&aujte 1	04		Direct Candidate Support
City	State	Zip Code		Public Comm (ref to party only) by PAC
Nashville	TN	37244	001	Allocated Activity or Event Year-To-Date
Purpose of Disburser PAC fees	ment:		Category/ Type	100.00
Activity or Event Iden Administrative	tifier:		1 .,,,,,	Date 0 1 2 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEDE	RAL SHARE	+ NONFEDER	RAL SHARE	= TOTAL AMOUNT
	0.00		100.00	100.00

SUBTOTAL of Allocated Federal and NonFedera	l Activ	ity This Page		
FEDERAL SHARE	_ + _	NONFEDERAL SHARE	_ =	TOTAL AMOUNT
0.00		100.00		100.00
OTAL This Period (last page for each line only)	(Fede	ral share to 21(a)(i) and NonFederal share	to 2	21(a)(i))
FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
0.00		100.00		100.00