

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.
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ 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:
 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 (12S)
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 / / through / /

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 / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

FEC Form 3X (Rev. 02/2003)

Page 4

| 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..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 100.00 | 100.00 |
| (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) | 0.00 | 0.00 |
| 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 | 10700.00 | 10700.00 |
| 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)..... | 11300.00 | 11300.00 |

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)) | 100.00 | 100.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 100.00 | 100.00 |

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 16 |
| <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 16 |
| <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. David Bartlett
Full Name (Last, First, Middle Initial)
Mailing Address 6510 Waconda Point

| | | |
|------------------|-------------|-------------------|
| City Harrison | State TN | Zip Code 37341 |
|------------------|-------------|-------------------|

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.4107

Amount of Each Receipt this Period
2000.00

B. Dr. Corey Carpenter
Full Name (Last, First, Middle Initial)
Mailing Address 845 Secret Garden Drive

| | | |
|---------------------|-------------|-------------------|
| City Chattanooga | State TN | Zip Code 37421 |
|---------------------|-------------|-------------------|

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.4109

Amount of Each Receipt this Period
2000.00

C. Dr. Phil Davis
Full Name (Last, First, Middle Initial)
Mailing Address 99 Walnut Street
Unit 600

| | | |
|---------------------|-------------|-------------------|
| City Chattanooga | State TN | Zip Code 37403 |
|---------------------|-------------|-------------------|

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.4111

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 8 OF 16 |
| | <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
 M M M / D D D / Y Y Y Y Y Y
 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
 M M M / D D D / Y Y Y Y Y Y
 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
 M M M / D D D / Y Y Y Y Y Y
 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 16 |
| <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 Hall | | Date of Receipt 01 / 01 / 2012 Transaction ID : SA11AI.4121 |
| Mailing Address 6682 Hunter's Walk | | 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) B. Dr. Scott Hill | | Date of Receipt 01 / 01 / 2012 Transaction ID : SA11AI.4123 |
| Mailing Address 1102 Centennial Drive | | 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) C. Dr. Serena Lau | | Date of Receipt 01 / 01 / 2012 Transaction ID : SA11AI.4125 |
| Mailing Address 3038 Enclave Bay Drive | | Amount of Each Receipt this Period 2000.00 |
| City Chattanooga | State TN | Zip Code 37415 |
| 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 10 OF 16 |
| | <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

A. Mr. Steven McGraw
 Full Name (Last, First, Middle Initial)
 Mailing Address 704 Old Stone Trail
 City Chattanooga State TN Zip Code 37421
 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 **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
 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.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
 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.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 16 |
| <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 MM / DD / YYYY 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 MM / DD / YYYY 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 MM / DD / YYYY 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 16 |
| <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 16 |
| <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. 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 16 |
| | <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. Steven Truelove
Full Name (Last, First, Middle Initial)
Mailing Address 6322 Old Dayton Pike
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 01 / 01 / 2012
Transaction ID : SA11AI.4151
Amount of Each Receipt this Period 2000.00

B. Dr. Christopher Yetter
Full Name (Last, First, Middle Initial)
Mailing Address 215 Cherry Street
City Chattanooga State TN Zip Code 37403
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.4153
Amount of Each Receipt this Period 2000.00

c. Dr. Larry Young
Full Name (Last, First, Middle Initial)
Mailing Address 1717 Valley Forge 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 01 / 01 / 2012
Transaction ID : SA11AI.4155
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).....▶ | 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 |

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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 |
|--------|

Full Name (Last, First, Middle Initial)

B.

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 |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Full Name (Last, First, Middle Initial)

C.

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 |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

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

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

| |
|--------|
| 500.00 |
|--------|

| |
|--------|
| 500.00 |
|--------|

**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 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dickerson for State Senate

Mailing Address P.O. Box 120931

City Nashville State TN Zip Code 37212

Purpose of Disbursement
Contribution

Candidate Name

Dickerson for State Senate

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 20

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2012

Transaction ID : SB29.4179

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Dickerson for State Senate

Mailing Address P.O. Box 120931

City Nashville State TN Zip Code 37212

Purpose of Disbursement
Contribution

Candidate Name

Dickerson for State Senate

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 20

Date of Disbursement

MM / DD / YYYY
02 / 17 / 2012

Transaction ID : SB29.4180

Amount of Each Disbursement this Period

8200.00

Full Name (Last, First, Middle Initial)

C.

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

10700.00

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

10700.00