09/13/2010 11:11

Image# 10991131359

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE 520 N. NORTHWEST HIGHWAY ADDRESS (number and street) Check if different than previously PARK RIDGE 60068 ΙĻ reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00255752 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2010 07 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. THOMAS CONWAY Type or Print Name of Treasurer Electronically Filed by THOMAS CONWAY 09 13 2010 Signature of Treasurer 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. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/90

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
•	(a) Cash on Hand January 1 2010 Y Y Y		1495220.03
	(b) Cash on Hand at Begining of Reporting Period	1462568.89	
	(c) Total Receipts (from Line 19)	56568.35	694234.95
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1519137.24	2189454.98
	Total Disbursements (from Line 31)	88817.74	759135.48
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1430319.50	1430319.50
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
١.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

FEC Form 3X (Rev. 06/2004) 3 / 90

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

м м 0 7 0 1 м м 0 7 3 1 2010 2010 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 51824.00 571323.00 (i) Itemized (use Schedule A) 4732.00 122816.01 (ii) Unitemized (iii) TOTAL (add 56556.00 694139.01 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 56556.00 694139.01 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 12.35 95.94 (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), 56568.35 694234.95 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 56568.35 694234.95 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 90

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	1417.74	1417.74
(c) Total Operating Expenditures	111771	111771
(add 21(a)(i), (a)(ii) and (b))	1417.74	1417.74
Transfers to Affiliated/Other Party	0.00	0.00
Committees Contributions to	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	84000.00	581010.00
	84000.00	381010.00
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
(use scriedule i)		
Loan Repayments Made	0.00	0.00
. Loans Made	0.00	0.00
. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
Thair Foliaga Committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
. Other Disbursements	3400.00	176707.74
Fordered Flooring April No. (011.0.0.404 (00))		
Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
,	0.00	0.00
(i) Federal Share		
(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
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	88817.74	759135.48
2. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	88817.74	759135.48

DETAILED SUMMARY PAGE

of Disbursements

	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)	56556.00	694139.01
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	56556.00	694139.01
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1417.74	1417.74
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1417.74	1417.74

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 90 (check only one) X 11a
An	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\rangle	AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
4.	Full Name (Last, First, Middle Initial) BASEM ABDELMALAK			Date of Receipt
	Mailing Address 9500 EUCLID AVE DEPT OF ANES E-31			07 01 7 2010
	City	State	Zip Code	Transaction ID: SA11AI.88270
	CLEVELAND FEC ID number of contributing	OH	44195	Amount of Each Receipt this Period
	federal political committee.	C		41.00
	Name of Employer CLEVELAND CLINIC FOUNDATI- ON	Occupation ANESTH	n ESIOLOGIST	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		287.00	
 3.	Full Name (Last, First, Middle Initial) AMR ABOULEISH			Date of Receipt
•	Mailing Address 4303 EVERGREEN EL	07 01 2010		
	City	State	Zip Code	Transaction ID: SA11AI.88236
	HOUSTON	TX	77059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer UNIVERSITY OF TEXAS MEDIC- AL BRANCH	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		287.00	
 }.	Full Name (Last, First, Middle Initial) BRUCE ADELMAN			Date of Receipt
	Mailing Address 4896 WOODCLIFF HIL	L ROAD N	ORTH	07 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.88217
	WEST BLOOMFIELD	MI	48323	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer HENRY FORD HOSPITAL WEST BLOOMFIELD	Occupation PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 287.00	
S	JBTOTAL of Receipts This Page (optional)			123.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 90 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persue name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MOSES ALBERT Mailing Address 10800 MIDLOTHIAN SUITE 265 City RICHMOND FEC ID number of contributing federal political committee. Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify)		Date of Receipt M M M O T O 1 2 0 1 0 Transaction ID: SA11AI.88175 Amount of Each Receipt this Period 41.00
Full Name (Last, First, Middle Initial) THOMAS ANDREWS Mailing Address 1821 ALAQUA DR. City LONGWOOD FEC ID number of contributing federal political committee. Name of Employer JLR MEDICAL GROUP, MAITLA- ND, FLORIDA Receipt For: Primary General Other (specify)	State Zip Code FL 32779 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 213.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) MARK BAADE Mailing Address 11530 HIDDEN SPRI City DEWITT FEC ID number of contributing federal political committee. Name of Employer INGHAM REGIONAL MEDICAL CENTER Receipt For: Primary General Other (specify)	NG TRAIL State Zip Code MI 48820 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 7 28 2010 Transaction ID: SA11AI.88527 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		332.00

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 90
Any information copied from such Re or for commercial purposes, other that	ports and Statements man	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF A		S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initi ROBERT BAKER	al)		Date of Receipt
Mailing Address 320 LINWO	DD CT		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LITTLE ROCK	State AR	Zip Code 72205	Transaction ID: SA11AI.88213 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer ARKANSAS CHILDENS HOSPI	TAL Occupatio	n ANT PROFESSOR, DEPT. (DF ANESTHES
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 287.00	
Full Name (Last, First, Middle Initi ARNA BANERJEE	al)		Date of Receipt
Mailing Address DEPARTMENT OF ANESTHESIA CRITICAL 1211 21ST AVENUE SOUTH SUITE 52			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NASHVILLE	State TN	Zip Code 37212	Transaction ID: SA11AI.88256 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07212	83.00
Name of Employer VANDERBILT UNIVERSITY ME ICAL CENTER	D- Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		581.00	
Full Name (Last, First, Middle Initi	al)		Date of Receipt
City	State	Zip Code	Transaction ID: SA11AI.88275
MIAMI FEC ID number of contributing federal political committee.	FL C	33137	Amount of Each Receipt this Period 83.00
Name of Employer UNIVERSITY OF MIAMI	Occupatio PHYSICI		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		581.00	
SUBTOTAL of Receipts This Page	(ontional)		207.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 90 (check only one) X 11a 11b 11c 12 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per- the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	ILGIOLOGISTS FOLITICAL ACTION COI	VIIVITTEL
CAROLYN BANNISTER Mailing Address 5102 CHASTLETO	N DRIVE	Date of Receipt 0 7 0 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.88281
STONE MOUNTAIN FEC ID number of contributing federal political committee.	GA 30087	Amount of Each Receipt this Period 83.00
Name of Employer EMORY UNIVERSITY SCHOOL OF MEDICINE Receipt For: Primary General	Occupation MD Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	581.00	Data of Davids
LAURIE BARRETT Mailing Address 1980 MOUNTJOY	PL.	Date of Receipt Date of Receipt
City	State Zip Code	Transaction ID: SA11AI.88307
LEXINGTON FEC ID number of contributing federal political committee.	KY 40503	Amount of Each Receipt this Period 1500.00
Name of Employer ANESTHESIA ASSOCIATES, PSC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) GERARD BASSELL		Date of Receipt
Mailing Address DEPARTMENT OF 6505 E CENTRAL A	ANESTHESIOLOGY AVE	07 11 2010
City WICHITA	State Zip Code KS 67206	Transaction ID: SA11AI.88348 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer UNIVERSITY OF KANSAS SCHO- OL OF MEDICIN	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
	l)	2583.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 90 (check only one) X
A	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	IMITTEE		
۷.	Full Name (Last, First, Middle Initial) ANDREW BAUDO			Date of Receipt
	Mailing Address 627 W BUCKINGHAN	1 PLACE UN		07 01 2010
	City CHICAGO	State IL	Zip Code 60657	Transaction ID: SA11AI.88283 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00007	41.00
	Name of Employer NMFF	Occupatio ATTEND		
	Receipt For: Primary General Other (specify)	+	e Year-to-Date ▼ 287.00	
 3.	Full Name (Last, First, Middle Initial) RODERICK BEER	1		Date of Receipt
	Mailing Address 3966 HOLDEN DR.			07 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.88443
	ANN ARBOR	MI	48103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTHESIA ASSOC OF ANN ARBOR	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) EILEEN BEGIN			Date of Receipt
	Mailing Address 110 IRVING ST. NW #G-226			07 01 YYYY 2010
	City	State	Zip Code	Transaction ID: SA11AI.88288
	WASHINGTON FEC ID number of contributing	DC	20010	Amount of Each Receipt this Period
	federal political committee.	C		41.00
	Name of Employer WASHINGTON HOSPITAL CENTER	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 246.00	
	SUBTOTAL of Receipts This Page (optional)			332.00

SCHEDULE A (FEC Form STEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 90 (check only one) X
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	THESIOLOGISTS POLITICAL ACTION COM	V EE
Full Name (Last, First, Middle Initial) SCOTT BERGER Mailing Address 520 MANORWO	OD LN.	Date of Receipt
City	State Zip Code	07 18 2010 Transaction ID: SA11AI.88389
LOUISVILLE	CO 80027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer COLORADO PERMANENTE MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) ARTHUR BERGH		Date of Receipt
Mailing Address 3300 GALLOWS	07 01 7 2010	
City	State Zip Code	Transaction ID: SA11Al.88211
FALLS CHURCH	VA 22042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer FAIRFAX ANES. ASSOC.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
Full Name (Last, First, Middle Initial) JOSEPH BERNSTEIN		Date of Receipt
Mailing Address PO BOX 700138		07 25 2010
City	State Zip Code	Transaction ID: SA11AI.88411
OOSTBURG	WI 53070	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	I	875.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate for each cates Detailed Sum	ory of the	FOR LINE NUMBER: PAGE 12 / 90 (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 to NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	he name and address of any politi	cal committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) DAVID BIEL Mailing Address 2216 MADISON AVI		TOTA CONIN	Date of Receipt
City CINCINNATI	State Zip Code OH 45212		Transaction ID: SA11AI.88193 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer ANESTHESIA ASSOC. OF CINC- INNATI Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	ASSISTANT 253.00	
Full Name (Last, First, Middle Initial) MICHAEL BILENKER Mailing Address 219 GRAND ST., #4	-A		Date of Receipt 0 7 2 6 2 0 1 0
City	State Zip Code		Transaction ID: SA11AI.88564
HOBOKEN FEC ID number of contributing federal political committee.	NJ 07030	· ·	Amount of Each Receipt this Period 250.00
Name of Employer SUMMIT ANESTHESIA ASSOC. DEPT OF ANEST Receipt For: Primary General	Occupation PHYSICIAN Aggregate Year-to-Date	0 0 0	
Other (specify)		250.00	
Full Name (Last, First, Middle Initial) WENDY BINSTOCK Mailing Address 1122 W MONTANA	ST		Date of Receipt 0 7 0 1 2 0 1.0
City	State Zip Code		Transaction ID: SA11Al.88189
CHICAGO FEC ID number of contributing federal political committee.	IL 60614		Amount of Each Receipt this Period 83.00
Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSICAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	336.00	
SUBTOTAL of Receipts This Page (optional			416.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 90 (check only one) X 11a	
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) TIMOTHY BITTENBINDER Mailing Address 5014 ASCOT PARK	TIMOTHY BITTENBINDER		
		07 01 2010	
City TEMPLE	State Zip Code TX 76502	Transaction ID: SA11AI.88282 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C 70002	83.00	
Name of Employer SCOTT WHITE MEMORIAL HOS- PITAL ANES. D Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 581.00		
Full Name (Last, First, Middle Initial) KENNETH BOCHENEK Mailing Address 2000 SPRUCE DR		Date of Receipt	
City LAFAYETTE	State Zip Code IN 47905	Transaction ID: SA11AI.88214 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	125.00	
Name of Employer ANESTHESIOLOGY ASSOCIATES, P.C. Receipt For: Primary General	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date		
Other (specify)	1225.00		
Full Name (Last, First, Middle Initial) KENNETH BOCHENEK	<u> </u>	Date of Receipt	
Mailing Address 2000 SPRUCE DR		07 28 2010	
City	State Zip Code	Transaction ID: SA11AI.88435	
LAFAYETTE FEC ID number of contributing federal political committee.	IN 47905	Amount of Each Receipt this Period 50.00	
Name of Employer ANESTHESIOLOGY ASSOCIATES, P.C.	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1275.00		
SUBTOTAL of Receipts This Page (optional	l)	258.00	

ITEMIZEI Any information	LE A (FEC Form 3X) D RECEIPTS on copied from such Reports and Si	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commer NAME OF	cial purposes, other than using the COMMITTEE (In Full) AN SOCIETY OF ANESTHES	name and add	dress of any political committee to	solicit contributions from such committee.
kenneth	(Last, First, Middle Initial) BOCHENEK dress 2000 SPRUCE DR			Date of Receipt 0 7 2 8 2 0 1 0
City		State	Zip Code	Transaction ID: SA11AI.88474
LAFAYE	TTE	IN	47905	Amount of Each Receipt this Period
	mber of contributing itical committee.	C		50.00
<u>P.C.</u>	mployer SIOLOGY ASSOCIATES,	Occupatio ANESTH	n IESIOLOGIST	
Receipt Fo		Aggregate	e Year-to-Date ▼ 1325.00	
Full Name JUAN BOT	(Last, First, Middle Initial) ERO			Date of Receipt
Mailing Ad	dress 2950 CLEVELAND CLI DEPT. OF ANES.	NIC BLVD		0 7 0 1 Y Y Y Y Y
City <u>WESTOI</u>	N	State FL	Zip Code 33331	Transaction ID: SA11AI.88226 Amount of Each Receipt this Period
	mber of contributing itical committee.	C		41.00
Name of E CLEVELA	mployer ND CLINIC, FLORIDA	Occupatio ANESTH	n IESIOLOGIST	
Receipt Fo		Aggregate	e Year-to-Date ▼ 287.00	
Full Name	(Last, First, Middle Initial) 'BOUSKA			Date of Receipt
Mailing Ad	dress 3000 BOGEY CIR SE			07 01 7 2010
City OWENS	CROSS ROADS	State AL	Zip Code 35763	Transaction ID: SA11AI.88218 Amount of Each Receipt this Period
FEC ID nu	mber of contributing itical committee.	C		83.00
Name of E COMPRE SERVICE	mployer HENSIVE ANESTHESIA S	Occupatio ANESTH	n IESIOLOGIST	
Receipt Fo	or:	Aggregate	e Year-to-Date ▼ 581.00	
SUBTOTAL	of Receipts This Page (optional)			174.00

City OWENS CROSS ROADS AL 35763 FEC ID number of contributing lederal political committee. Name of Employer COMPREHENSIVE ANESTHESIA SERVICES Receipt For: Primary General Other (specify) ▼ OVERLAND PARK KS 66221 FEU ID number of contributing lederal political committee. Aggregate Year-to-Date ▼ OVERLAND PARK KS 66221 FEU ID number of contributing lederal political committee. City OVERLAND PARK KS 66221 FEU ID number of contributing lederal political committee. Name of Employer Answer Street	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 90 (check only one) X 11a
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) GRIEGORY BOUSKA Mailing Address 3000 BOGEY CIR SE City OWENS CROSS ROADS AL 35763 FEC ID number of contributing federal political committee. Name of Employer Primary Mailing Address 9403 W. 146TH PL. City State Zip Code ANESTHESIOLOGIST ANESTHESIOLOGIST ASSENDED Full Name (Last, First, Middle Initial) MARK BRADY Mailing Address 9403 W. 146TH PL. City State Zip Code KS 68221 FULL Name of Employer MIDWEST ANESTHESIA ASSOCI- ATES Receipt Tansaction ID: SA11Al.88231 Amount of Each Receipt this Period Transaction ID: SA11Al.88231 Amount of Each Receipt this Period ASSENDED Transaction ID: SA11Al.88231 Amount of Each Receipt this Period Transaction ID: SA11Al.88231 Amount of Each Receipt this Period Transaction ID: SA11Al.88231 Amount of Each Receipt this Period Transaction ID: SA11Al.88231 Amount of Each Receipt this Period Transaction ID: SA11Al.88188 Amount of Each Receipt this Period Transaction ID: SA11Al.88188 Amount of Each Receipt this Period Transaction ID: SA11Al.88188 Amount of Each Receipt this Period Transaction ID: SA11Al.88188 Amount of Each Receipt this Period Transaction ID: SA11Al.88188 Amount of Each Receipt this Period Transaction ID: SA11Al.88188 Amount of Each Receipt this Period Transaction ID: SA11Al.88188 Amount of Each Receipt Sa1.00 Transaction ID: SA1.1Al.88188 Amount of Each Receipt Sa1.00 Transaction ID: SA1.1Al.88188 Transaction ID:	or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
GREGORY BOUSKA Mailing Address 3000 BOGEY CIR SE City OWENS CROSS ROADS AL 35763 FEC ID number of contributing federal political committee. Commendate Harshive Antesthesia Services Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) OVERLAND PARK KS 66221 FEC ID number of contributing federal political committee. City OVERLAND PARK KS 66221 FULL Name of Encology Services Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ANESTHESIOLOGIST Amount of Each Receipt this Period Transaction ID: SA11Al.88231 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: SA11Al.88231 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: SA11Al.8818 Amount of Each Receipt this Period Ball of Receipt Transaction ID: SA11Al.88218 Amount of Each Receipt this Period Transaction ID: SA11Al.8818 Amount of Each Receipt this Period Transaction ID: SA11Al.8818 Amount of Each Receipt this Period Transaction ID: SA11Al.8818 Amount of Each Receipt this Period Transaction ID: SA11Al.8818 Amount of Each Receipt this Period Transaction ID: SA11Al.8818 Amount of Each Receipt this Period Transaction ID: SA11Al.8818 Amount of Each Receipt this Period Transaction ID: SA11Al.8818 Amount of Each Receipt this Period Transaction ID: SA11Al.8818 Amount of Each Receipt this Period Transaction ID: SA11Al.8818 Amount of Each Receipt this Period Transaction ID: SA11Al.8818 Amount of Each Receipt this Period Transaction ID: SA11Al.8818 Amount of Each Receipt this Period Transaction ID: SA11Al.8818 Amount of Each Receipt this Period Transaction ID: SA11Al.8818 Amount of Each Receipt this Period Transaction ID: SA11Al.8818 Amount of Each Receipt this Period Transaction ID: SA11Al.8818 Transaction ID: SA11Al.8818 Transaction ID: SA11Al.8818 Transaction ID: SA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	HESIOLOGISTS POLITICAL ACTION COM	MITTEE
City OWENS CROSS ROADS AL 35763 FEC ID number of contributing tederal political committee. COMPREHENSIVE ANESTHESIA SERVICES Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARK BRADY Mailing Address 9403 W. 146TH PL. City OVERLAND PARK KS 66221 FEUI Number of contributing tederal political committee. Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Transaction ID: SA11AL 88231 Transaction ID: SA11AL 88231 Amount of Each Receipt this Period Transaction ID: SA11AL 88231 Transaction ID: SA11AL 88231 Amount of Each Receipt this Period Transaction ID: SA11AL 88231 Transaction ID: SA11AL 88231 Amount of Each Receipt this Period Transaction ID: SA11AL 88231 Amount of Each Receipt this Period Transaction ID: SA11AL 88231 Transaction ID: SA11AL 88231 Transaction ID: SA11AL 88231 Transaction ID: SA11AL 88138 Amount of Each Receipt this Period Transaction ID: SA11AL 88138 Amount of Each Receipt this Period Transaction ID: SA11AL 88138 Amount of Each Receipt this Period Transaction ID: SA11AL 88138 Amount of Each Receipt this Period Transaction ID: SA11AL 88138 Amount of Each Receipt this Period Transaction ID: SA11AL 88138 Amount of Each Receipt this Period Transaction ID: SA11AL 88138 Amount of Each Receipt this Period Transaction ID: SA11AL 88138 Amount of Each Receipt this Period Transaction ID: SA11AL 88138 Amount of Each Receipt this Period Transaction ID: SA11AL 88138 Amount of Each Receipt this Period Transaction ID: SA11AL 88138 Transaction ID: SA11AL 88138 Amount of Each Receipt this Period Transaction ID: SA11AL 88138 Transaction ID: SA11AL	GREGORY BOUSKA		Date of Receipt
Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer COMPREHENSIVE ANESTHESIA SERVICES Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARK BRADY Mailing Address 9403 W. 146TH PL. City State Zip Code OVERLAND PARK KS 66221 FEC ID number of contributing federal political committee. Name of Employer Aless ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Anount of Each Receipt Mailing Address 9403 W. 146TH PL. City State Zip Code ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST AGgregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11Al.88188 Amount of Each Receipt his Period Transaction ID: SA11Al.88188 Amount of Each Receipt his Period Date of Receipt Transaction ID: SA11Al.88188 Amount of Each Receipt his Period Date of Receipt No	Mailing Address 3000 BOGEY CIR	SE	
FEC ID number of contributing federal political committee. C	-	·	Transaction ID: SA11AI.88375
Cocupation Cocupation ANESTHESIA ANESTHESIA ANESTHESIA ANESTHESIA ANESTHESIA ANESTHESIOLOGIST Receipt for: Primary General Other (specify) ▼	•	AL 35763	Amount of Each Receipt this Period
Receipt For:		C	4.00
Primary		· · · · · · · · · · · · · · · · · · ·	
MARK BRADY Mailing Address 9403 W. 146TH PL. City State Zip Code KS 66221 FEC ID number of contributing federal political committee. Name of Employer MIDW EST ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify) ▼ City State Zip Code MS 39216 Full Name (Last, First, Middle Initial) CLAUDE BRUNSON Mailing Address 2500 N STATE ST City State Zip Code MS 39216 FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: SA11AI.88231 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.88188 Amount of Each Receipt this Period Transaction ID: SA11AI.88188 Amount of Each Receipt MS 39216 FEC ID number of contributing federal political committee. Name of Employer UNIV OF MISSISSIPPI MED CTR Receipt For: Primary General Other (specify) ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼	Primary General		
Transaction ID: SA11Al.88231 OVERLAND PARK KS 66221 FEC ID number of contributing federal political committee. Name of Employer MIDWEST ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify) ▼ Name of Employer State Zip Code ANESTHESIA ASSOCIATES City State Zip Code State Zip Code ANESTHESIA ASSOCIATES City State Zip Code MS 39216 Date of Receipt Transaction ID: SA11Al.88231 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.88231 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.88188 Amount of Each Receipt Date of Receipt Transaction ID: SA11Al.88188 Amount of Each Receipt this Period EC State Zip Code MS 39216 FEC ID number of contributing federal political committee. Name of Employer UNIV OF MISSISSIPPI MED CITR Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	,		
City OVERLAND PARK KS 66221 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer MIDWEST ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify) ▼ City State Zip Code MS 39216 FEC ID number of contributing federal political committee. Name of Employer UNIV OF MISSISSIPPI MED CTR Receipt For: Name of Employer UNIV OF MISSISSIPPI MED CTR Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: SA11AI.88188 Amount of Each Receipt this Period AMESTHESIOLOGIST Aggregate Year-to-Date ▼	City	State Zip Code	
Name of Employer MIDWEST ANESTHESIA ASSOCI- ANESTHESIOLOGIST ANESTHESIOLOGIST Aggregate Year-to-Date ▼	OVERLAND PARK	KS 66221	Amount of Each Receipt this Period
ATES Receipt For:		C	83.00
Receipt For: Primary General S81.00		· · · · · · · · · · · · · · · · · · ·	
Full Name (Last, First, Middle Initial) CLAUDE BRUNSON Mailing Address 2500 N STATE ST City State Zip Code JACKSON MS 39216 FEC ID number of contributing federal political committee. Name of Employer UNIV OF MISSISSIPPI MED CTR Receipt For: Primary General Other (specify) Aggregate Year-to-Date 336.00	Receipt For:		1
CLAUDE BRUNSON Mailing Address 2500 N STATE ST City State Zip Code JACKSON MS 39216 FEC ID number of contributing federal political committee. Name of Employer UNIV OF MISSISSIPPI MED CTR Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Other (specify) ▼	581.00	
Mailing Address 2500 N STATE ST City State Zip Code JACKSON MS 39216 FEC ID number of contributing federal political committee. Name of Employer UNIV OF MISSISSIPPI MED CTR Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ MMM / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			Date of Receipt
JACKSON MS 39216 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer UNIV OF MISSISSIPPI MED CTR Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 83.00 83.00			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer UNIV OF MISSISSIPPI MED CTR Receipt For: Primary General Other (specify) Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 336.00	-	·	Transaction ID: SA11AI.88188
Receipt For: Primary Other (specify) ▼ Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 336.00	•	MS 39216	Amount of Each Receipt this Period
CTR Receipt For: Primary		C	83.00
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00		· · ·	
Other (specify)	Receipt For: Primary General		1
	Other (specify)	330.00	
SUBTOTAL of Receipts This Page (optional)	SURTOTAL of Receints This Page (options	l N)	170.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/90 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) ELIZABETH BURGESS			Date of Receipt
Mailing Address 2769 HIGH PT			07 15 2010
City CINCINNATI	State OH	Zip Code 45244	Transaction ID: SA11AI.88377 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40244	500.00
Name of Employer ANESTHESIA GROUP PRACTICE, INC.	Occupation PHYSICI		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) CURTIS CARL			Date of Receipt
Mailing Address 1200 E MICHIGAN	AVE STE 370		0 7 28 2010
City LANSING	State MI	Zip Code 48912	Transaction ID: SA11AI.88532 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10012	500.00
Name of Employer PHYSICIAN ANESTHESIA SERV- ICE	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JAMES CARLSEN			Date of Receipt
Mailing Address 1958 COMMON WA	AY RD		0 7 0 1 2 0 1 0
City ORLANDO	State FL	Zip Code 32814	Transaction ID: SA11AI.88184 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	OLO 14	41.00
Name of Employer JLR MEDICAL GROUP	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 213.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		1041.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 11		
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persoing the name and address of any political committee to	n for the purpose of soliciting contributions		
AMERICAN SOCIETY OF ANES	THESIOLOGISTS POLITICAL ACTION COMM	MITTEE		
Full Name (Last, First, Middle Initial) LEE CARTER		Date of Receipt		
Mailing Address 355 OVERBROO	K RD	07 28 2010		
City	State Zip Code	Transaction ID: SA11Al.88447		
BIRMINGHAM FEC ID number of contributing federal political committee.	AL 35213	Amount of Each Receipt this Period 334.00		
Name of Employer WEST AL ANESTHESIA	Occupation ANESTHESIOLOGIST	_		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 334.00			
Full Name (Last, First, Middle Initial) ANTONIO CASSARA		Date of Receipt		
Mailing Address 1236 MURRAY H	IILL AVE.	07 01 2010		
City	State Zip Code	Transaction ID: SA11AI.88253		
PITTSBURGH FEC ID number of contributing federal political committee.	PA 15217	Amount of Each Receipt this Period 83.00		
Name of Employer UPMC CHILDRENS	Occupation RESIDENT	_		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00			
Full Name (Last, First, Middle Initial) MARTYN CAVALLO		Date of Receipt		
Mailing Address 110-29TH AVE. N	NORTH, #201	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City NASHVILLE	State Zip Code TN 37203	Transaction ID: SA11AI.88280 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	41.00		
Name of Employer ANESTHESIA MEDICAL GROUP	Occupation ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00			
SUBTOTAL of Receipts This Page (optic	nal)	458.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/90 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any pers g the name and address of any political committee i	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) JOHN CHATELAIN		Date of Receipt
Mailing Address 1319 S.9TH ST.		0 7 0 1 2 0 1 0
City FARGO	State Zip Code ND 58103	Transaction ID: SA11AI.88238 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.00
Name of Employer MERITCARE MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00	
Full Name (Last, First, Middle Initial) BAYER CHENG	L	Date of Receipt
Mailing Address 1118 ROSS CLAR	K CIR., #700	07 14 2010
City DOTHAN	State Zip Code AL 36301	Transaction ID: SA11AI.88370
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer ANESTHESIA CONSULTANTS ME-	Occupation ANESTHESIOLOGIST	
DICAL GROUP Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) SAMUEL CHERRY		Date of Receipt
Mailing Address 149 LUCERNE BL	VD	07 01 2010
City BIRMINGHAM	State Zip Code AL 35209	Transaction ID: SA11AI.88186
FEC ID number of contributing federal political committee.	C 35209	Amount of Each Receipt this Period 125.00
Name of Employer BIRMINGHAM VA MEDICAL CEN- TER	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Other (specify) \		_
	al)	1166.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 90 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RANDALL CLARK Mailing Address 21 HYDE PARK CIF	DCI E		Date of Receipt
City	State CO	Zip Code 80209	07 02 2010 Transaction ID: SA11AI.88301
FEC ID number of contributing federal political committee.	C	60209	Amount of Each Receipt this Period 1000.00
Name of Employer UNIVERSITY OF COLORADO Receipt For:	- ' '	ESIOLOGIST Year-to-Date	
Primary General Other (specify) ▼	Aggregate	1000.00	
Full Name (Last, First, Middle Initial) DOUGLAS CLEVELAND Mailing Address 3156 N. PAULINA A	APT. 4S		Date of Receipt 0 7 1 6 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.88385
<u>CHICAGO</u>	IL	60657	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PARK RIDGE ANESTHESIOLOGY ASSOCIATES	_ , '	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) MARK COOK			Date of Receipt
Mailing Address PHYSICIAN ANES.	SERVICE		07 28 2010
City	State	Zip Code	Transaction ID: SA11AI.88518
LANSING FEC ID number of contributing federal political committee.	C	48912	Amount of Each Receipt this Period 250.00
Name of Employer PHYS ANES SERV	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	_	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 90 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) GEORGE COOPER			Date of Receipt
Mailing Address 59 ALISON DR.			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: SA11Al.88467
ALEXANDER CITY FEC ID number of contributing federal political committee.	C	35010	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MATTHEW COOPER			Date of Receipt
Mailing Address 16 DAYTON CIR.			0 7 25 2010
City MEDIA	State PA	Zip Code 19063	Transaction ID: SA11AI.88414
FEC ID number of contributing federal political committee.	C	19003	Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIA SERVICES PA	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	- , '	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ANDREW CRELL			Date of Receipt
Mailing Address 338 ESTATES DR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CAMDEN WYOMING	State DE	Zip Code 19934	Transaction ID: SA11AI.88397 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10004	250.00
Name of Employer ASPA	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			1000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 90 (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)	tatements may name and add	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) JOHN DARBY Mailing Address 46 BROAD ARROW T	·DI		Date of Receipt
	City	State	Zip Code	0 7 1 7 2 0 1 0 Transaction ID: SA11Al.88561
	YARMOUTH	ME	04096	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MAINE MEDICAL CENTER	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) DAVID DAVIS Mailing Address 4040 MEDICAL DD 6)		Date of Receipt
	Mailing Address 4242 MEDICAL DR., S	SUITE #3100	J	07 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.88431
	SAN ANTONIO	TX	78229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer TEJAS ANESTHESIA	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- С.	Full Name (Last, First, Middle Initial) VINCENT DEGENHART			Date of Receipt
	Mailing Address 415 HARDEN ST.			0 7 0 1 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.88262
	COLUMBIA FEC ID number of contributing federal political committee.	SC C	29205	Amount of Each Receipt this Period 41.00
	Name of Employer CRITICAL HEALTH SYSTEMS	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 287.00	
	SUBTOTAL of Receipts This Page (optional)			1291.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/90 (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	<u> </u>		
Full Name (Last, First, Middle Initial) MITCHELL DICKSON			Date of Receipt
Mailing Address 5315 BENT RIVER	BLVD.		07 19 2010
City KNOXVILLE	State TN	Zip Code 37919	Transaction ID: SA11AI.88396 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer AMAET	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) CHRISTIAN DIEZ			Date of Receipt
Mailing Address 7915 SW 55 AVEN	IUE		0 7 0 1 Y Y Y Y Y
City MIAMI	State FL	Zip Code 33143	Transaction ID: SA11AI.88221
FEC ID number of contributing federal political committee.	C	33143	Amount of Each Receipt this Period 83.00
Name of Employer UNIVERSITY OF MIAMI MEDIC- AL GROUP	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 581.00	
Full Name (Last, First, Middle Initial) TATE EGGER			Date of Receipt
Mailing Address 4916 SUGAR BUS	H LN		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HOLT	State MI	Zip Code 48842	Transaction ID: SA11AI.88531 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10072	500.00
Name of Employer PHYSICIAN ANESTH SERVICE	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
			1583.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 90 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any petthe name and address of any political committee	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL ELLIOTT		Date of Receipt
Mailing Address 10120 GRANDE SH		07 12 2010
City <u>KNOXVILLE</u>	State Zip Code TN 37922	Transaction ID: SA11AI.88355 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer AMAET	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) KENNETH ELMASSIAN Mailing Address 2399 PINE HOLLON	W DR.	Date of Receipt
City	State Zip Code	0 7 0 1 2 0 1 0 Transaction ID: SA11AI.88242
EAST LANSING	MI 48823	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer INGHAM REGIONAL MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	***************************************
Full Name (Last, First, Middle Initial) JESSE EPPS		Date of Receipt
Mailing Address 2341 MCCALLIE AV	/E., #402	0 7 0 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.88192
CHATTANOOGA FEC ID number of contributing	TN 37404	Amount of Each Receipt this Period
federal political committee.	C	83.00
Name of Employer ANESTHESIOLOGISTS ASSOCIA- TED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	
SUBTOTAL of Receipts This Page (optional	1	666.00

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 90 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to	d Statements ma the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		O DOLUTION, ACTION CON	MAJETEE
AMERICAN SOCIETY OF ANESTH	ESIOLOGIST	5 POLITICAL ACTION CON	
Full Name (Last, First, Middle Initial) IMU ESMAIL			Date of Receipt
Mailing Address 13200 PRIMROSE L	.N		0 7 2 8 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.88516
DEWITT	MI	48820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PHYS ANESTH SERV	Occupation ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) LUIS ESPARZA			Date of Receipt
Mailing Address 2810 N SWAN RD S	STE 100		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.88462
TUCSON	AZ	85712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer OLD PUEBLO ANESTH	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
Other (specify) ▼		350.00	
Full Name (Last, First, Middle Initial) JOHN EVERETT	.		Date of Receipt
Mailing Address 3814 HEMMINGWA	Y DR		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.88520
OKEMOS	MI	48864	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PHYSICIAN ANESTHESIA SERV- ICE. P.C.	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		550.00
OUDINE OF HOUSIPES THIS LAYE (OPHOHAI)	• • • • • • • • • • • • • • • • • • • •		

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports an or for commercial purposes, other than using	Use separate schedule(s) for each category of the Detailed Summary Page d Statements may not be sold or used by any persthe name and address of any political committee in the sold of th	FOR LINE NUMBER: PAGE 25 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee
NAME OF COMMITTEE (In Full)	HESIOLOGISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) A. ANA FAUS Mailing Address 7330 E. BAYAUD A	VE.	Date of Receipt
	71.0	07 12 2010
City DENVER	State Zip Code CO 80230	Transaction ID: SA11AI.88356
FEC ID number of contributing federal political committee.	CO 80230	Amount of Each Receipt this Period 250.00
Name of Employer METRO DENVER ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) RITCHIE FEVRIER		Date of Receipt
Mailing Address 9837 GLADIOLUS I		07 01 7 2010
City	State Zip Code	Transaction ID: SA11AI.88273
FORT MYERS FEC ID number of contributing federal political committee.	FL 33908	Amount of Each Receipt this Period 41.00
Name of Employer MEDICAL ANESTHESIA AND PA- IN MANAGEMENT	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00	
Full Name (Last, First, Middle Initial) SCOTT FIELDEN		Date of Receipt
Mailing Address 3010 W CHARLES	TON BLVD STE 150	07 01 YYYY 2010
City LAS VEGAS	State Zip Code NV 89102	Transaction ID: SA11AI.88219 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer ANESTHESIOLOGY CONSULTANT- S. INC. CREDE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00	
SUBTOTAL of Receipts This Page (optional] 	374.00

ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	(check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be the name and address o	e sold or used by any perso f any political committee to	no for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS POL	ITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) REID FLETCHER Mailing Address 1 HOSPITAL DR S CRESTWOOD HOS			Date of Receipt 0 7 1 2 2 0 1 0
City <u>HUNTSVILLE</u>		p Code 5801	Transaction ID: SA11AI.88352 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ALABAMA ANESTHESIA OF HU- NTSVILLE Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIO Aggregate Year-t		
Full Name (Last, First, Middle Initial) RICHARD FLOWERDEW Mailing Address 38 HEDGEROW D	3		Date of Receipt 0 7 0 1 2 0 1 0
City		p Code	Transaction ID: SA11AI.88549
FALMOUTH FEC ID number of contributing federal political committee.	ME 0	4105	Amount of Each Receipt this Period 83.00
Name of Employer SPECTRUM MEDICAL GROUP	Occupation ANESTHESIO	I OGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 581.00	
Full Name (Last, First, Middle Initial) MENDEL FORD Mailing Address 1200 E MICHIGAN	AVE		Date of Receipt 0 7 2 8 2 0 1 0
City		p Code	Transaction ID: SA11AI.88529
LANSING FEC ID number of contributing federal political committee.	MI 4	8912	Amount of Each Receipt this Period 250.00
Name of Employer PHYS ANES SERV	Occupation ANESTHESIO	LOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 250.00	
	l)		583.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	Use separate sche for each category Detailed Summary	of the
NAME OF COMMITTEE (In Fu	II)	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	ANESTHESIOLOGISTS POLITICAL ACT	ION COMMITTEE
Full Name (Last, First, Middle II WILLIAM FRAME	,	Date of Receipt
1	ANESTHESIA	07 01 2010
City DECATUR	State Zip Code IL 62526	Transaction ID: SA11AI.88235 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer ASSOCIATED ANESTHESIO STS OF DECATU Receipt For:	Aggregate Year-to-Date ▼	
Primary Genera Other (specify) ▼		81.00
Full Name (Last, First, Middle In JEFFERY FUQUA	iitial)	Date of Receipt
Mailing Address 12419 MAI	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City	State Zip Code	Transaction ID: SA11AI.88215
KNOXVILLE FEC ID number of contributing federal political committee.	TN 37922	Amount of Each Receipt this Period 166.00
Name of Employer AMAET	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary Genera Other (specify) ▼		96.00
Full Name (Last, First, Middle II JOSEPH GALASSI	itial)	Date of Receipt
Mailing Address 193 LILAC	DR.	$\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} / \begin{bmatrix} D & D \\ 0 & 7 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City ALLENTOWN	State Zip Code PA 18104	Transaction ID: SA11AI.88332
FEC ID number of contributing federal political committee.	C 18104	Amount of Each Receipt this Period 500.00
Name of Employer ALLENTOWN ANESTHESIA	STAFF ANESTHESIOLOG	IST
Receipt For: Primary Genera Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
SUBTOTAL of Receipts This Par	e (optional)	749.00

	IEDULE A (FEC Form 3X) IIIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 90 (check only one) X 11a
NA	formation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) MERICAN SOCIETY OF ANESTHES			on for the purpose of soliciting contributions o solicit contributions from such committee.
A. MIC Market LA	ll Name (Last, First, Middle Initial) CHAEL GARBACCIO illing Address 1200 E MICHIGAN AV	E STE 370 State MI	Zip Code 48912	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ha Na Ph ICI	me of Employer		n IESIOLOGIST e Year-to-Date ▼ 250.00	250.00
3. <u>O</u> F	ll Name (Last, First, Middle Initial) RLANDO GARCIA-PIEDRA illing Address 7351 SW 90TH ST UN	IIT TH101		Date of Receipt 0 7 0 1 2 0 1 0
	City State Zip Code		Zip Code	Transaction ID: SA11AI.88201
	AMI	FL	33156	Amount of Each Receipt this Period
fed	C ID number of contributing leral political committee.	C		1000.00
INA UN EE	me of Employer NVERSITY OF MIAMI, MILL- R SCHOOL OF	Occupatio ANESTH	n IESIOLOGIST	
	ceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
	ll Name (Last, First, Middle Initial)	I		Date of Receipt
	illing Address 1908 W BERKSHIRE I	_N		0 7 0 1 2 0 1 0
Cit	•	State	Zip Code	Transaction ID: SA11AI.88181
FE	ANFORD C ID number of contributing leral political committee.	CA	93230	Amount of Each Receipt this Period 41.00
Na US	me of Employer S NAVY	Occupatio ANESTH	n IESIOLOGIST	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 287.00	
	FOTAL of Receipts This Page (optional)			1291.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 90 (check only one) X 11a
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AIVIENIUAIN SUUIETY UF AINESTHES	SIULUGIS I	S FULITIOAL AUTION COM	V
۸.	Full Name (Last, First, Middle Initial) PAUL GILMORE	1.07		Date of Receipt
	Mailing Address 24 SPRINGHILL FARM	M C I		07 13 7 2010
	City COCKEYSVILLE	State MD	Zip Code	Transaction ID: SA11AI.88362
	FEC ID number of contributing federal political committee.	C	21030	Amount of Each Receipt this Period 250.00
	Name of Employer G. B. M. C. HOSPITAL	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) MARVIN GLASS			Date of Receipt
	Mailing Address 23015 STAUNTON	07 28 YYYY 2010		
	City	State	Zip Code	Transaction ID: SA11AI.88437
	SOUTHFIELD	MI	48033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTHESIOLOGISTS OF ANES- THESIA SVC, P		IESIOLOGIST	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00]
. –	Full Name (Last, First, Middle Initial) LEONID GORELIK	1		Date of Receipt
	Mailing Address 1200 E. MICHIGAN A	VE., STE. 37	70	07 28 YYYY 2010
	City	State	Zip Code	Transaction ID: SA11AI.88528
	LANSING	MI	48912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PHYSIAN ANES SERVICE		IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional))	750.00
ı	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each o	rate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 30 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16
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AMERICAN SOCIETY OF ANESTHES	IOLOGISTS POLITICA	AL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) MAX GOURON			Date of Receipt
Mailing Address P.O. BOX 4084			07 06 2010
City	State Zip Cod	le	Transaction ID: SA11AI.88324
TUSTIN	CA 92781		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer MAX GOURON, M.D.	Occupation STAFF ANESTHES	IOLOGIST	
Receipt For:	Aggregate Year-to-Date	e ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) KIMBERLEY HALUSKI			Date of Receipt
Mailing Address 4565 MYSTIC DR. NE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Cod	le	Transaction ID: SA11AI.88390
ATLANTA	GA 30342		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer PHYSICIAN SPECIALISTS IN ANES., P.C.	Occupation ANESTHESIOLOGI	ST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
Full Name (Last, First, Middle Initial) AARON HAMMOND			Date of Receipt
Mailing Address 3390 N. CAMPBELL A	VE., STE. 110		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Cod	le	Transaction ID: SA11AI.88179
TUCSON	AZ 85719		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer SOUTHERN ARIZONA ANESTHES- IA	Occupation ANESTHESIOLOGI	ST	
Receipt For:	Aggregate Year-to-Date	▼	
Primary General Other (specify) ▼		581.00	
SUBTOTAL of Receipts This Page (optional)			833.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting cortir or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee to solicit contributions from such committee to solicit contributions from such committee. NAME OF COMMITTEE [In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) SCOTT HARPER Mailing Address 1065 LAKE COLONY LN. City State Zip Code BIRMINGHAM AL 35242 FEC ID number of contributing federal political committee. Name of Employer ARSENURCES MGT. Name (Last, First, Middle Initial) STEVEN HATTAMER Mailing Address 8 PROSPECT STREET City State Zip Code NH 03060 Date of Receipt NH 03060 Transaction ID: SA11A1.84 Amount of Each Receipt this FEC ID number of contributing federal political committee. C Occupation PHYSICIAN Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) PETER HATNAL Mailing Address 1711 RIVER RIDGE DR City State Zip Code Transaction ID: SA11A1.84 Date of Receipt NAME Of Receipt NAME Of Receipt NAME OF		\rightarrow \mapsto \mapsto	Use separate schedule(s) for each category of the Detailed Summary Page	orm 3X)	CHEDULE A (FEC Form 3 EMIZED RECEIPTS	
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) SCOTT HARPER Mailing Address 1065 LAKE COLONY LN. City State Zip Code ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) STEVEN HATTAMER Mailing Address 8 PROSPECT STREET City State Zip Code NH 03060 Date of Receipt this Transaction ID: SA11A1.8t Amount of Each Receipt this Transaction ID: SA11A1.8t Amount of Each Receipt this Date of Receipt Transaction ID: SA11A1.8t Amount of Each Receipt this Date of Receipt Transaction ID: SA11A1.8t Amount of Each Receipt this Date of Receipt Transaction ID: SA11A1.8t Amount of Each Receipt this Date of Receipt Transaction ID: SA11A1.8t Amount of Each Receipt this Date of Receipt Transaction ID: SA11A1.8t Amount of Each Receipt this Date of Receipt Transaction ID: SA11A1.8t Amount of Each Receipt this Date of Receipt Transaction ID: SA11A1.8t Amount of Each Receipt this Date of Receipt Transaction ID: SA11A1.8t Amount of Each Receipt this Date of Receipt Transaction ID: SA11A1.8t Amount of Each Receipt this Date of Receipt Transaction ID: SA11A1.8t Amount of Each Receipt this Date of Receipt Transaction ID: SA11A1.8t Amount of Each Receipt this Date of Receipt Transaction ID: SA11A1.8t Amount of Each Receipt this Date of Receipt Transaction ID: SA11A1.8t Amount of Each Receipt this Date of Receipt Transaction ID: SA11A1.8t Amount of Each Receipt this Transaction ID: SA11A1.8t Amount of Each Receipt this Transaction ID: SA11A1.8t Amount of Each Receipt this	ontributions	for the purpose of soliciting contribution	not be sold or used by any person dress of any political committee to s	nan using the name and add	for commercial purposes, other than using	A
SCOTT HARPER Mailing Address 1065 LAKE COLONY LN. City State Zip Code BIRMINGHAM AL 35242 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA RESOURCES MGT. Receipt For: Primary General Occupation ANESTHESIA PARTNERS NASHUA NH 03060 Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. Name of Employer Ances and Physician Physician Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Occupation Physician Other (specify) Transaction ID: SA11AI.88 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.88 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.81 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.81 Amount of Each Receipt this FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ City State Zip Code OH 45370 Full Name (Last, First, Middle Initial) PETER HAYNAL Mailing Address 1711 RIVER RIDGE DR City State Zip Code OH 45370 FULL Name (Last, First, Middle Initial) PETER HAYNAL Mailing Address 1711 RIVER RIDGE DR City State Zip Code OH 45370 FULL Name (Last, First, Middle Initial) PETER HAYNAL Mailing Address 1711 RIVER RIDGE DR City State Zip Code OH 45370 City State Zip Code OH 45370 FULL Name (Last, First, Middle Initial) PETER HAYNAL Mailing Address 1711 RIVER RIDGE DR City State Zip Code OH 45370 Cocupation PHYSICIAN Aggregate Year-to-Date ▼ Primary General Occupation PHYSICIAN Aggregate Year-to-Date ▼ PHYSICIAN Aggregate Year-to-Date ▼ Or O		1ITTEE	S POLITICAL ACTION COMM	,	, ,	
City BIRMINGHAM AL 35242 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer ANESTHESION Other (specify) ▼ City State Zip Code NH 03060 Full Name (Last, First, Middle Initial) STEVEN HATTAMER Mailing Address 8 PROSPECT STREET City NASHUA NASHUA NASHUA NASHUA Receipt For: Primary General Other (specify) ▼ City State Zip Code NH 03060 Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. City Springry General Other (specify) ▼ Full Name (Last, First, Middle Initial) PETER HAYNAL Mailing Address 1711 RIVER RIDGE DR City Springry General Other (specify) ▼ State Zip Code OH 45370 FILL Name (Last, First, Middle Initial) PETER HAYNAL Mailing Address 1711 RIVER RIDGE DR City Springry General OH 45370 City Springry Address PEC ID number of contributing federal political committee. City Springry General OH 45370 City Springry Address PEC ID number of contributing federal political committee. City Springry General City Springry Address PEC ID number of contributing federal political committee. City Springry General Aggregate Year-to-Date ▼ Transaction ID: SA11A1.8t Amount of Each Receipt this Transaction ID: SA11A1.8t Amount of Each Receipt this	YYY	M M / D D / Y Y Y			SCOTT HARPER	•
FEC ID number of contributing federal political committee. Name of Employer ANSSTHESIA RESOURCES MGT. Receipt For:		Transaction ID: SA11Al.88354	•		•	
Receipt For:	250.00		GOL IL		FEC ID number of contributing	
Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) STEVEN HATTAMER Mailing Address 8 PROSPECT STREET City State Zip Code NASHUA NH 03060 FEC ID number of contributing federal political committee. Name of Employer NASHUA ANESTHESIA PARTNERS Primary General Other (specify) ▼ 498.00 Full Name (Last, First, Middle Initial) PETER HAYNAL Mailing Address 1711 RIVER RIDGE DR City State Zip Code Transaction ID: SA11Al.8t Aggregate Year-to-Date ▼ 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				Occupation ANESTH		
STEVEN HATTAMER Mailing Address 8 PROSPECT STREET City State Zip Code NH 03060 FEC ID number of contributing federal political committee. Name of Employer NASHUA ANESTHESIA PARTNERS Primary General Other (specify) ▼ City State Zip Code Amount of Each Receipt this C Name of Employer NASHUA ANESTHESIA PARTNERS Primary General Other (specify) ▼ City State Zip Code Amount of Each Receipt this PETER HAYNAL Mailing Address 1711 RIVER RIDGE DR City State Zip Code SPRING VALLEY OH 45370 FEC ID number of contributing federal political committee. C Name of Employer KETTERING ANESTHESIA ASSO-CIATES Receipt For: Aggregate Year-to-Date ▼ Primary General Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ PHYSICIAN Aggregate Year-to-Date ▼ Primary General Physician Aggregate Year-to-Date ▼				Aggregate	Primary General	
City State Zip Code NH 03060 FEC ID number of contributing federal political committee. Name of Employer NASHUA ANESTHESIA PARTNERS Primary General Other (specify) ▼ City State Zip Code OH 45370 Date of Receipt Mise Physician ID: SA11AI.88 Amount of Each Receipt this Transaction ID: SA11AI.88 Amount of Each Receipt this Cupation Physician Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.88 Transaction ID: SA11AI.88 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.88 Amount of Each Receipt this Cupation Physician ID: SA11AI.88 Amount of Each Receipt this Cupation Physician ID: SA11AI.88 Amount of Each Receipt this Cupation Physician ID: SA11AI.88 Amount of Each Receipt this Cupation Physician ID: SA11AI.88 Amount of Each Receipt this Cupation Physician ID: SA11AI.88 Amount of Each Receipt this Aggregate Year-to-Date ▼		╡ <u></u>			STEVEN HATTAMER	
NASHUA NH 03060 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer NASHUA ANESTHESIA PARTNERS Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) PETER HAYNAL Mailing Address 1711 RIVER RIDGE DR City State Zip Code SPRING VALLEY OH 45370 Date of Receipt Transaction ID: SA11AI.88 Amount of Each Receipt this C Transaction ID: SA11AI.88 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.88 Amount of Each Receipt this PHYSICIAN Amount of Each Receipt this	2010		Mailing Address 8 PROSPECT STREET			
FEC ID number of contributing federal political committee. Name of Employer NASHUA ANESTHESIA PARTNERS Receipt For: Primary General Other (specify) ▼ Patent Alexander Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Patent Alexander Aggregate Year-to-Date ▼ Patent Alexander Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 1711 RIVER RIDGE DR City State Zip Code OH 45370 FEC ID number of contributing federal political committee. Name of Employer KETTERING ANESTHESIA ASSO-CIATES Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	.88547	Transaction ID: SA11AI.88547	Zip Code		•	
Name of Employer NASHUA ANESTHESIA PARTNERS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) PETER HAYNAL Mailing Address 1711 RIVER RIDGE DR City State Zip Code SPRING VALLEY OH 45370 FEC ID number of contributing federal political committee. Name of Employer KETTERING ANESTHESIA ASSO- CIATES Receipt For: Primary General Occupation PHYSICIAN Aggregate Year-to-Date ▼ Transaction ID: SA11AI.86 Amount of Each Receipt this Occupation PHYSICIAN Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	his Period	Amount of Each Receipt this Period	03060	NH		
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) PETER HAYNAL Mailing Address 1711 RIVER RIDGE DR City State Zip Code SPRING VALLEY OH 45370 FEC ID number of contributing federal political committee. Name of Employer KETTERING ANESTHESIA ASSO-CIATES Receipt For: Primary General PHYSICIAN Aggregate Year-to-Date ▼ Occupation PHYSICIAN Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	83.00	83.0			federal political committee.	
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) PETER HAYNAL Mailing Address 1711 RIVER RIDGE DR City State Zip Code SPRING VALLEY OH 45370 FEC ID number of contributing federal political committee. Name of Employer KETTERING ANESTHESIA ASSO-CIATES Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼				NIEDO I '	Name of Employer NASHUA ANESTHESIA PARTNERS	
Tull Name (Last, First, Middle Initial) PETER HAYNAL Mailing Address 1711 RIVER RIDGE DR City State Zip Code SPRING VALLEY OH 45370 Name of Employer KETTERING ANESTHESIA ASSO- CIATES Receipt For: Primary General Date of Receipt Transaction ID: SA11AI.88 Amount of Each Receipt this		1			Receipt For:	
PETER HAYNAL Mailing Address 1711 RIVER RIDGE DR City State Zip Code SPRING VALLEY OH 45370 FEC ID number of contributing federal political committee. Name of Employer KETTERING ANESTHESIA ASSOCIATES Receipt For: Primary General Date of Receipt M M M M O D D O 1 Transaction ID: SA11AI.88 Amount of Each Receipt this			498.00			
City State Zip Code SPRING VALLEY OH 45370 FEC ID number of contributing federal political committee. Name of Employer KETTERING ANESTHESIA ASSOCIATES Receipt For: Primary General O 7 0 1 Transaction ID: SA11AI.88 Amount of Each Receipt this		Date of Receipt		itial)		
SPRING VALLEY OH 45370 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer KETTERING ANESTHESIA ASSO-CIATES Receipt For: Primary General Aggregate Year-to-Date ▼	2010			R RIDGE DR	Mailing Address 1711 RIVER RIDO	
FEC ID number of contributing federal political committee. Name of Employer KETTERING ANESTHESIA ASSOCIATES Receipt For: Primary General C Occupation PHYSICIAN Aggregate Year-to-Date	.88279	Transaction ID: SA11AI.88279	·		-	
Name of Employer KETTERING ANESTHESIA ASSO- CIATES Receipt For: Primary General Occupation PHYSICIAN Aggregate Year-to-Date ▼	his Period	Amount of Each Receipt this Period	45370	OH		
CIATES Receipt For: Primary General Aggregate Year-to-Date 287.00	41.00	41.0			federal political committee.	
Primary General 287.00			AN	PHYSICI	CIATES	
				Aggregate	Primary General	
SUBTOTAL of Receipts This Page (optional)	374.00	374.0		e (optional)	SUBTOTAL of Receipts This Page (option	[;

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 90 (check only one) X		
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persing the name and address of any political committee to	o solicit contributions from such committee.		
	THESIOLOGISTS POLITICAL ACTION COM			
Full Name (Last, First, Middle Initial) PETER HENDRICKS		Date of Receipt		
Mailing Address 1590 PANORAM		07 01 2010		
City <u>BIRMINGHAM</u>	State Zip Code AL 35216	Transaction ID: SA11AI.88267 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	83.00		
Name of Employer SELF	Occupation ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00			
Full Name (Last, First, Middle Initial) ANDREW HERLICH Mailing Address 116 HAVEREOR	D CIPCI E	Date of Receipt		
	Mailing Address 116 HAVERFORD CIRCLE			
City PITTSBURGH	State Zip Code PA 15228	Transaction ID: SA11AI.88248		
FEC ID number of contributing federal political committee.	C 13220	Amount of Each Receipt this Period 83.00		
Name of Employer UPMC MERCY	Occupation ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00			
Full Name (Last, First, Middle Initial) C. BRAD HIGGASON		Date of Receipt		
Mailing Address 800 E. CARPEN	TER	07 26 2010		
City SPRINGFIELD	State Zip Code	Transaction ID: SA11AI.88416		
FEC ID number of contributing federal political committee.	IL 62769	Amount of Each Receipt this Period 500.00		
Name of Employer SAA	Occupation PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (option	onal)	666.00		
	umber only)			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 11			
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any perso g the name and address of any political committee to	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)	THESIOLOGISTS POLITICAL ACTION COMI				
Full Name (Last, First, Middle Initial) ANDREW HOULTON		Date of Receipt			
Mailing Address MELISSA PALANI					
City	State Zip Code	Transaction ID: SA11AI.88338			
ST. PAUL	MN 55104	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer MINNESOTA SOCIETY OF ANES.	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) TIMOTHY HOUSEMAN		Date of Receipt			
Mailing Address PO BOX 1025	0 7 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID: SA11AI.88196			
<u>FAIRHOPE</u>	AL 36533	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	41.00			
Name of Employer EASTERN SHORE ANESTHESIA	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 254.00				
Full Name (Last, First, Middle Initial)					
PETER HUBBS Mailing Address 18 BELFIELD RD		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City CAPE ELIZABETH	State Zip Code ME 04107	Transaction ID: SA11AI.88562 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	300.00			
Name of Employer SPECTRUM MEDICAL GROUP	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
SUBTOTAL of Receipts This Page (option	nal)	841.00			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 90 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) LEWIS HUNT			Date of Receipt
Mailing Address 36 FOXCHASE			07 15 2010
City	State	Zip Code	Transaction ID: SA11Al.88381
<u>DOTHAN</u>	AL	36305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer ACMG	Occupation ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) WILLIAM HURFORD			Date of Receipt
Mailing Address DEPARTMENT OF 231 ALBERT SABIN		LOGY	07 01 7 2010
City	State	Zip Code	Transaction ID: SA11Al.88244
CINCINNATI	OH	45267	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer UNIVERSITY OF CINCINNATI MEDICAL CENTE	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 287.00	
Full Name (Last, First, Middle Initial) JEFFREY JACOBS			Date of Receipt
Mailing Address 11041 PINE LODG	E TRAIL		07 01 YYYY 2010
City	State	Zip Code	Transaction ID: SA11AI.88271
DAVIE	FL	33328	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer CLEVELAND CLINIC	Occupation ANESTH	n IESIOLOGIST	7
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼		287.00	
SUBTOTAL of Receipts This Page (optional	I)		1082.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) ALIRAZA JAFFER			Date of Receipt
	Mailing Address 5070 BROOKDALE Re	OAD State	Zip Code	0 7 0 1 2 0 1 0 Transaction ID: SA11AI.88255
	BLOOMFIELD HILLS	MI	48304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 581.00]
В.	Full Name (Last, First, Middle Initial) AURELIA JAMERSON	1		Date of Receipt
	Mailing Address 5434 AVALON CT.			07 28 7 2010
	City	State	Zip Code	Transaction ID: SA11AI.88429
	WEST BLOOMFIELD	MI	48323	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
C.	Full Name (Last, First, Middle Initial) DANIEL JANIK			Date of Receipt
	Mailing Address 15605 E PRENTICE D)R		07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.88247
	CENTENNIAL FEC ID number of contributing federal political committee.	CO	80015	Amount of Each Receipt this Period 83.00
	Name of Employer UNIVERSITY OF COLORADO	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 498.00	
	SUBTOTAL of Receipts This Page (optional)			416.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3	by Osc separate scriedule(s)	FOR LINE NUMBER: PAGE 36 / 90 (check only one)		
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANES	THESIOLOGISTS POLITICAL ACTION COMI	MITTEE		
Full Name (Last, First, Middle Initial) JOHN JENKINS		Date of Receipt		
Mailing Address 3232 BLENHEIM				
City	State Zip Code	Transaction ID: SA11AI.88334		
LEXINGTON	KY 40503	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer COMMONWEALTH ANESTHESIA	Occupation ANESTHESIOLOGIST	7		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial)		Date of Receipt		
· ————————————————————————————————————	MATTHEW JENNINGS Mailing Address 207 DUNBAR COURT			
City DOTHAN	State Zip Code	0 7 1 4 2 0 1 0 Transaction ID: SA11AI.88376		
FEC ID number of contributing federal political committee.	AL 36305	Amount of Each Receipt this Period 1000.00		
Name of Employer ACMG, PC	Occupation ANESTHESIOLOGIST	1		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) SONAL JOG		Date of Receipt		
Mailing Address 1200 E MICHIGA	N AVE STE 370	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City LANSING	State Zip Code MI 48854	Transaction ID: SA11AI.88515 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer PHYS ANESTH SERV	Occupation ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optic	onal)	1750.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 90 (check only one) X	
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) PAUL JOHNSON Mailing Address 39 WOODMERE D	R.		Date of Receipt	
City DOTHAN FEC ID number of contributing	State AL	Zip Code 36305	Transaction ID: SA11AI.88395 Amount of Each Receipt this Period 500.00	
Name of Employer ANESTHESIA CONSULTANTS MEDICAL GROUP, Receipt For: Primary General Other (specify) ▼	Occupation ANESTH	ESIOLOGIST Year-to-Date 500.00		
Full Name (Last, First, Middle Initial) DONALD JONES Mailing Address 2043 ALAQUA LAK	Date of Receipt 0 7 2 8 2 0 1 0			
City	City State Zip Code			
LONGWOOD	FL	32779	Transaction ID: SA11AI.88438 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer JLR	Occupation ANESTH	1 ESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) TRIPTI KATARIA	'		Date of Receipt	
Mailing Address 130 S CANAL ST	APT 419		07 01 7 2010	
City CHICAGO	State IL	Zip Code 60606	Transaction ID: SA11AI.88284	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.00		
Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSICI			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 581.00		
SUBTOTAL of Receipts This Page (optional	1)		1083.00	

	LE A (FEC Form 3X) ORECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF	COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
	AN SOCIETY OF ANESTHE (Last, First, Middle Initial)	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
MARC KAU Mailing Add	FMAN dress 2401 S. DUNDEE ST			Date of Receipt 0 7 0 4 2 0 1 0
City TAMPA		State FL	Zip Code 33629	Transaction ID: SA11AI.88303 Amount of Each Receipt this Period
	mber of contributing ical committee.	C		250.00
PINELLAS Receipt For	:		n IESIOLOGIST e Year-to-Date ▼ 250.00	
Full Name (SCOTT KER Mailing Add	dress MAIL CODE 7838	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City				Transaction ID: SA11Al.88243
	ONIO mber of contributing ical committee.	C	78229	Amount of Each Receipt this Period 125.00
Name of Er UTHSCSA	mployer	Occupatio		
Receipt For Prima		Aggregate	e Year-to-Date ▼ 875.00]
Full Name ((Last, First, Middle Initial) NER	Date of Receipt		
Mailing Add	dress 35 HEARTHSTONE I	DRIVE		M M / D D / Y Y Y Y Y O D D / 2010
City GANSEV	OORT	State NY	Zip Code 12831	Transaction ID: SA11AI.88182 Amount of Each Receipt this Period
FEC ID nur federal polit	mber of contributing ical committee.	C		83.00
Name of Er ANESTHE	nployer SIA GROUP OF ALBANY	Occupatio ANESTH	n IESIOLOGIST	
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 581.00	
SURTOTAL	of Receipts This Page (optional)	1		458.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 90 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and Si	tatamente mo	, ,	13 14 15 16
or for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) JOHN KINSINGER			Date of Receipt
Mailing Address 11912 OLD MILL RD			M M / D D / Y Y Y Y Y O D D / 28 2010
City	State	Zip Code	Transaction ID: SA11AI.88479
OKLAHOMA CITY	OK	73131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer AFFILIATED ANESTH	Occupation	n ESIOLOGIST	
Receipt For:		Year-to-Date ▼	1
Primary General Other (specify) ▼		2000.00	
Full Name (Last, First, Middle Initial) JOSEPH KOCHAN			Date of Receipt
Mailing Address 1200 E. MICHIGAN AV	/E., #370		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.88524
LANSING	MI	48912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PHYSICIAN ANESTHESIA SERV- ICE. P.C.	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) DAVID KRHOVSKY			Date of Receipt
Mailing Address 2248 SHAWNEE S.E.			07 01 YYYYY 2010
City	State	Zip Code	Transaction ID: SA11AI.88276
GRAND RAPIDS	MI	49506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer ANESTHESIA MEDICAL CONSUL- TANTS PC	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		581.00]

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persing the name and address of any political committee to THESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) MICHAEL KROGULECKI Mailing Address 1200 E. MICHIGA					
City	State Zip Code	0 7 2 8 2 0 1 0 Transaction ID: SA11AI.88525			
<u>LANSING</u>	MI 48912	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer PHYSICIAN ANESTHESIA SERV- ICE Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00				
Full Name (Last, First, Middle Initial) KEITH KRUMMENACHER Mailing Address 6 BLACK CREEK					
City ST. LOUIS	State Zip Code MO 63124	Transaction ID: SA11AI.88404 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer CAC	Occupation MD				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) HUNG-CHI KWOK		Date of Receipt			
Mailing Address 2732 MUIR WOO	DDS DR., SE	07 23 2010			
City HAMPTON COVE	State Zip Code AL 35763	Transaction ID: SA11AI.88408 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	150.00			
Name of Employer ALABAMA ANES. OF HUNTSVIL- LE, LLC	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1050.00				
SUBTOTAL of Receipts This Page (option	nal)	1400.00			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41/90 (check only one) X 11a		
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	MITTEE		
Full Name (Last, First, Middle Initial) YONG KWON			Date of Receipt		
	Mailing Address 4 HARDWOOD CT.				
City WARREN	State NJ	Zip Code 07059	Transaction ID: SA11AI.88559		
FEC ID number of contributing federal political committee.	C	07039	Amount of Each Receipt this Period 250.00		
Name of Employer SUMMIT ANESTHESIA ASSOCIA- TES	Occupation PHYSICI				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) RICHARD LAYMAN	I		Date of Receipt		
Mailing Address 6431 FANNIN ST S DEPT OF ANESTHI	0 7 0 1 Y Y Y Y Y Y				
City HOUSTON	State TX	Zip Code 77030	Transaction ID: SA11AI.88204 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		77000	41.00		
Name of Employer UNIVERSITY OF TEXAS MED SCHOOL	Occupation ANESTH	n ESIOLOGIST			
Receipt For: Primary General	- ' '	Year-to-Date ▼	,		
Other (specify) ▼		254.00			
Full Name (Last, First, Middle Initial) STUART LAZAROV			Date of Receipt		
Mailing Address 6017 SHADY GROV	VΕ		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City MEMPHIS	State TN	Zip Code 38120	Transaction ID: SA11AI.88434 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30120	500.00		
Name of Employer METROPOLITAN ANESTHESIA ALLIANCE	<u>'</u>	ESIOLOGIST			
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1		
Other (specify) ▼		500.00			
SUBTOTAL of Receipts This Page (optional			791.00		

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 90 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
	Full Name (Last, First, Middle Initial) SCOTT LEIGHTY	Date of Receipt		
	Mailing Address 3900 WALNUT CLAY	07 01 2010		
	City	State	Zip Code	Transaction ID: SA11AI.88272
	AUSTIN	TX	78731	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupatio PHYSICI		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)			
_	Full Name (Last, First, Middle Initial) MICHAEL LEWIS	Date of Receipt		
	Mailing Address DEPARTMENT OF A 1611 NW 12TH AVE	07 01 7 2010		
	City MIAMI	State FL	Zip Code 33136	Transaction ID: SA11AI.88230
	FEC ID number of contributing federal political committee.		33130	Amount of Each Receipt this Period 83.00
	Name of Employer JACKSON MEMORIAL HOSPITAL	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		498.00	
_	Full Name (Last, First, Middle Initial) JOLLY LI			Date of Receipt
	Mailing Address 3125 HAMILTON MA	07 31 2010		
	City	State	Zip Code	Transaction ID: SA11AI.88541
	HAMILTON	OH	45011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer AAC INC. Occupa		AN	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		374.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 90 (check only one) X			
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) WENSHU LIU Mailing Address 1783 ELK LN. City OKEMOS FEC ID number of contributing federal political committee.	State Zip Code MI 48864	Date of Receipt M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Employer PHYSICIAN ANESTH SERV Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) ASA LOCKHART Mailing Address 2106 KENNEBUNK	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.88223			
TYLER FEC ID number of contributing federal political committee.	TX 75703	Amount of Each Receipt this Period 83.00			
Name of Employer EAST TEXAS ANESTHESIOLOGY ASSOICATES Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 581.00				
Full Name (Last, First, Middle Initial) ROGER LOVEN	, , ,				
Mailing Address 925 ENGLISH OAk					
City	State Zip Code	0 7 0 3 2 0 1 0 Transaction ID: SA11AI.88302			
BISMARCK FEC ID number of contributing federal political committee.	ND 58501	Amount of Each Receipt this Period 500.00			
Name of Employer ST. ALEXIUS HEART AND LUNG CLINIC	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
	Ili	833.00			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 90 (check only one) X	
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHI	he name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) JOSHUA LUMBLEY Mailing Address 410 W 10TH AVE N411 DOAN HALL			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
City COLUMBUS FEC ID number of contributing federal political committee.	State OH	Zip Code 43210	Transaction ID: SA11AI.88174 Amount of Each Receipt this Period 41.00	
Name of Employer THE OHIO STATE UNIVERSITY MEDICAL CENT Receipt For: Primary General Other (specify) ▼	- '	n ING ANESTHESIOLOGIST Year-to-Date ▼ 254.00		
Full Name (Last, First, Middle Initial) MARK MANDABACH Mailing Address DEPT. OF ANESTHI 619 S. 19TH ST., JT	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.88229	
BIRMINGHAM	AL	35249	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		83.00	
Name of Employer UNIV. OF ALABAMA - BIRMIN- GHAM	Occupatio PHYSICI	AN		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 581.00		
Full Name (Last, First, Middle Initial) DEVANAND MANGAR	DEVANAND MANGAR			
Mailing Address 360 BLANCA AVE.			07 28 2010	
City	State	Zip Code	Transaction ID: SA11AI.88451	
TAMPA FEC ID number of contributing federal political committee.	C	33606	Amount of Each Receipt this Period 1000.00	
Name of Employer FL GULF-TO-BAY ANESTHESIO- LOGY ASSOC.		ESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional)			1124.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SCOTT MANTELL Mailing Address 9 SUNSET BAY DR City BELLEAIR FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOCIATES OF PINELLAS COUN Receipt For:	State Zip Code FL 33756 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	Date of Receipt M M / D D D / Y Y Y Y Y O 7 28 2010 Transaction ID: SA11AI.88455 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) KURT MARKGRAF Mailing Address 3663 MCKINLEY AV	250.00 /E	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FORT MYERS FEC ID number of contributing federal political committee. Name of Employer MEDICAL ANESTHESIA Receipt For:	State Zip Code FL 33901 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	Transaction ID: SA11AI.88232 Amount of Each Receipt this Period 83.00
Primary General Other (specify) Full Name (Last, First, Middle Initial) STACEY MCCLARTY Mailing Address 8505 RAMBLING Re	581.00	Date of Receipt M M O 7 O 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City OOLTEWAH FEC ID number of contributing federal political committee. Name of Employer ACE ANESTHESIOLOGY DEPT	State Zip Code TN 37363 C Occupation	Amount of Each Receipt this Period 83.00
ACE ANESTHESIOLOGY DEPTOF ANESTHESIOL Receipt For: Primary General Other (specify) ▼	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 581.00	
SUBTOTAL of Receipts This Page (optional)	416.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.			
1 \	IESIOLOGISTS POLITICAL ACTION COM	MITTEE			
Full Name (Last, First, Middle Initial) RICHARD MCNEER Mailing Address 18340 SW 122 ST.		Date of Receipt			
	75.0-4	07 01 2010			
City MIAMI	State Zip Code FL 33196	Transaction ID: SA11AI.88206 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.00			
Name of Employer UNIVERSITY OF MIAMI DEPT OF ANESTHESIO	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 502.00				
Full Name (Last, First, Middle Initial) WILLIAM MCRAE					
Mailing Address 1118 ROSS CLAR	Mailing Address 1118 ROSS CLARK CIRCLE, STE 700				
City	State Zip Code	Transaction ID: SA11AI.88419			
DOTHAN	AL 36301	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer ACMG	Occupation PHYSICIAN				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	1000.00				
Full Name (Last, First, Middle Initial) ROBERT MICHAELS					
Mailing Address 291 SOUTHHALL L	N	07 01 7 2010			
City	State Zip Code	Transaction ID: SA11AI.88269			
MAITLAND FEC ID number of contributing federal political committee.	FL 32751	Amount of Each Receipt this Period 41.00			
Name of Employer JLR MEDICAL GROUP	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00				
SUBTOTAL of Receipts This Page (optiona	l)	1124.00			
	ber only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 90 (check only one) X 11a		
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE		
Α.	Full Name (Last, First, Middle Initial) KEVIN MILLER	KEVIN MILLER				
	Mailing Address 22223 CASS AVE. City	State	Zip Code	07 01 2010		
	WOODLAND HILLS	CA	91364	Transaction ID: SA11AI.88209 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		41.00		
	Name of Employer ST. JOHN HEALTH CENTER	Occupation ANESTH	n HESIOLOGIST			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 287.00			
- В.	Full Name (Last, First, Middle Initial) MICHAEL MILLER	Date of Receipt				
	Mailing Address 15936 OAK PARK C	07 01 2010				
	City	State	Zip Code	Transaction ID: SA11Al.88177		
	WESTFIELD	IN	46074	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		41.00		
	Name of Employer ACI,LLC	Occupation ANESTH	on HESIOLOGIST			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		213.00			
с.	Full Name (Last, First, Middle Initial) CHRISTOPHER MILLSON			Date of Receipt		
	Mailing Address 2400 WIMBLEDON [07 01 2010				
	City LAS VEGAS	State NV	Zip Code	Transaction ID: SA11AI.88251		
	FEC ID number of contributing federal political committee.	C	89107	Amount of Each Receipt this Period 83.00		
	Name of Employer DESERT ANESTHESIOLOGISTS	Occupation PHYSIC				
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 581.00			
	SUBTOTAL of Receipts This Page (optional)			165.00		
	TOTAL This Period (last page this line number					

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	o solicit contributions from such committee.			
. .	Full Name (Last, First, Middle Initial) BARRY MOODY Mailing Address 216 MARENGO ST., # City FLORENCE FEC ID number of contributing federal political committee. Name of Employer BARRY J. MOODY, DMD,MD,PC		Zip Code 35630	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00		
3.	Full Name (Last, First, Middle Initial) PARTHA MOOKERJEE Mailing Address 1200 E MICHIGAN AV				
	City	State	Zip Code	Transaction ID: SA11Al.88521	
	LANSING FEC ID number of contributing federal political committee.	C	48912	Amount of Each Receipt this Period 250.00	
	Name of Employer PHYSICIAN ANESTHESIA SERV- ICE, PC Receipt For: Primary General Other (specify)		on HESIOLOGIST e Year-to-Date ▼ 250.00		
-).	Full Name (Last, First, Middle Initial) PATRICIA MOORE Mailing Address 12 NORTH PHEASAN	TO DIDGE		Date of Receipt	
	- IZ NORTH FILAGAN	13 RIDGE		07 27 2010	
	City WILMINGTON	State DE	Zip Code 19807	Transaction ID: SA11AI.88423	
	FEC ID number of contributing federal political committee.	C	19007	Amount of Each Receipt this Period 500.00	
	Name of Employer ANESTHESIA SERVICES, PA	Occupation	on HESIOLOGIST		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00		
	SUBTOTAL of Receipts This Page (optional)			1250.00	
	TOTAL This Period (last page this line number)	anly)	ı		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the (check only one)
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS MOORE Mailing Address 1748 VESTWOOD	HILLS DR.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City VESTAVIA HILLS FEC ID number of contributing federal political committee.	State Zip Code AL 35216	Transaction ID: SA11AI.88259 Amount of Each Receipt this Period 125.00
Name of Employer UNIVERSITY OF ALABAMA SCH- OOL OF MEDICI Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	375.00
Full Name (Last, First, Middle Initial) JOEL MUMFORD Mailing Address 221 ELM HILL RD.		Date of Receipt 0 7 0 1 2 0 1 0
City SPRINGFIELD	State Zip Code VT 05156	Transaction ID: SA11AI.88548 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer V A MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	581.00
Full Name (Last, First, Middle Initial) MARK MURRAY		Date of Receipt
Mailing Address 1924 ALCOA HIGH DEPARTMENT OF	HWAY, BOX U-109 ANESTHESIA	0 7 0 1 Y Y Y Y Y Y
City KNOXVILLE	State Zip Code TN 37920	Transaction ID: SA11AI.88194 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer UNIVERSITY ANESTHESIOLOGI- STS Receipt For:	Occupation DOCTOR	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	253.00
SUBTOTAL of Receipts This Page (option	al)	291.00

or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	Statements may not be sold or used by any personal part of the name and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
/		
Full Name (Last, First, Middle Initial) ROBERT MURRAY III		Date of Receipt
Mailing Address 19 ELM PARK BLVD. City	State Zip Code	0 7 0 1 2 0 1 0 Transaction ID: SA11Al.88277
PLEASANT RIDGE	MI 48069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer SOUTH OAKLAND ANESTHESIA ASSOC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	
Full Name (Last, First, Middle Initial) ROSS MUSUMECI		Date of Receipt
Mailing Address 9 LINCOLN ST.		07 01 7 2010
City	State Zip Code	Transaction ID: SA11AI.88551
WESTON	MA 02493	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.00
Name of Employer ANES. ASSOC. OF MASSACHUS- ETTS	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00]
Full Name (Last, First, Middle Initial) MICHAEL NEED		Date of Receipt
Mailing Address 7632 TIMBER SPRIN	GS DR.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FISHERS	State Zip Code IN 46038	Transaction ID: SA11AI.88176 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer SOUTHEAST ANESTHESIOLOGIS- TS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 502.00	
SUBTOTAL of Receipts This Page (optional) .		207.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL NICHOLS Mailing Address 1090 DEVINE CIRCL	E	Date of Receipt 0 7 0 1 2 0 1 0
City ATLANTA FEC ID number of contributing federal political committee.	State Zip Code GA 30319	0 7 0 1 2 0 1 0 Transaction ID: SA11AI.88261 Amount of Each Receipt this Period 83.00
Name of Employer NOVA SOUTHEASTERN UNIVERS- ITY ANESTHESI Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation ANESTHESIOLOGIST ASSISTANT Aggregate Year-to-Date 581.00	
Full Name (Last, First, Middle Initial) CRAIG NORDHUES Mailing Address 104 INVERNESS DR City	State Zip Code	Date of Receipt M M
DOTHAN FEC ID number of contributing federal political committee.	AL 36305	Amount of Each Receipt this Period 1000.00
Name of Employer ANESTHESIA CONSULTANTS MEDICAL GRP Receipt For: Primary General Other (specify) ▼	Occupation STAFF ANESTHESIOLOGIST Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) JOHN PANICO Mailing Address 1705 MOUNTAINBR		Date of Receipt
Mailing Address 1705 MOUNTAINBRO City HUNTSVILLE FEC ID number of contributing federal political committee.	State Zip Code AL 35801	Transaction ID: SA11AI.88295 Amount of Each Receipt this Period 250.00
Name of Employer ALABAMA ANESTHESIA OF HUN- TSVILLE Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)		1333.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 90 (check only one) X
or f	y information copied from such Reports and Si or commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
•	Full Name (Last, First, Middle Initial) C. LEE PARMLEY Mailing Address 1211 21ST AVE S MEDICAL ARTS BUILD City NASHVILLE FEC ID number of contributing federal political committee.			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer VANDERBILT UNIVERSITY MED- ICAL CENTER Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation PHYSICI Aggregate		
	Full Name (Last, First, Middle Initial) THALES PAVLATOS Mailing Address 2790 KILKENNY DR			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.88481
	SPRINGFIELD	OH	45503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MERCY ANESTH	Occupatio	n IESIOLOGIST	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) WILLIAM PEKARSKE			Date of Receipt
	Mailing Address 1281 E. CALLE DE LA	CABRA		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State AZ	Zip Code	Transaction ID: SA11AI.88274
	TUCSON FEC ID number of contributing federal political committee.	C	85718	Amount of Each Receipt this Period 83.00
	Name of Employer SOUTHERN ARIZONA ANESTHES- IA SERVICES	Occupatio PHYSICI	AN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 581.00	
<u> </u>	JBTOTAL of Receipts This Page (optional)		_	458.00

City OKEMOS MI 48864 FEC ID number of contributing federal political committee. Name of Employer PHYS ANES SERV Receipt For: Primary Other (specify) ▼ Pull Name (Last, First, Middle Initial) WILFRED PRADOS State Zip Code Transaction ID: 3 Amount of Each I Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00 Date of Receipt	
TEMIZED RECEIPTS To each category of the Detailed Summary Page	: PAGE 53/90
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of sol or for commercial purposes, other than using the name and address of any political committee to solicit contributions from the purpose of solicity of the purpose of solicity	¬ ¬
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of sol or for commercial purposes, other than using the name and address of any political committee to solicit contributions from NAME OF COMMITTEE (in Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) THOMAS PETROU Mailing Address 5105 MADISON AVE APT B2 City OKEMOS MI A8864 FEC ID number of contributing federal political committee. Coccupation ANESTHESIOLOGIST Receipt For: Primary Other (specify) ▼ Coccupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ TYLER TX T5703 FEC ID number of contributing federal political committee. City TYLER TX T5703 FEC ID number of contributing federal political committee. Name of Employer TRINITY MOTHER FRANCES HE- ALTH SYSTEM D Receipt For: Primary General Other (specify) ▼ Coccupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Amount of Each if Coccupation ANESTHESIOLOGIST Apgregate Year-to-Date ▼ Timinity MOTHER FRANCES HE- ALTH SYSTEM D Receipt For: Primary General Other (specify) ▼ State Zip Code TTANESTHESIOLOGIST Apgregate Year-to-Date ▼ Timinity MOTHER FRANCES HE- ALTH SYSTEM D Receipt For: Primary General Other (specify) ▼ State Zip Code Type Type Type Type Type Type Type Type	☐ 11c ☐ 12 ☐
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from NAME OF COMMITTEE (in Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) THOMAS PETROU Mailing Address 5105 MADISON AVE APT B2 City OKEMOS MI 48864 FEC ID number of contributing federal political committee. Name of Employer PHYS ANES SERV Full Name (Last, First, Middle Initial) TYLER TYLER TYLER Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Transaction ID: Amount of Each f Transaction ID: Amount of Each f C C Date of Receipt Transaction ID: Amount of Each f Transaction ID: Transaction ID: Amount of Each f Transaction ID: Transaction ID: Amount of Each f Transaction ID: Transaction I	15 16
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) THOMAS PETROU Mailing Address 5105 MADISON AVE APT B2 City State Zip Code MI 48884 FEC ID number of contributing federal political committee. Name of Employer PHYS ANES SERV Receipt For: Primary General Other (specify) ▼ City State Zip Code TAX 75703 Fell Name (Last, First, Middle Initial) WILFRED PRADOS Mailing Address 811 BLENHEIM PLACE City TYLER TX 75703 FEC ID number of contributing federal political committee. City TYLER TAX 75703 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ANESTHESIOLOGIST ARgregate Year-to-Date ▼ Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) ANIN REA Mailing Address P.O. BOX 70 City State Zip Code TAX 75703 Full Name (Last, First, Middle Initial) ANIN REA Mailing Address P.O. BOX 70 City State Zip Code SUMMIT MS 39666 FEC ID number of contributing federal political committee. Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Transaction ID: Amount of Each I Amount of Each I Transaction ID: Amount of Each I Aggregate Year-to-Date ▼ Occupation Aggregate Y	citing contributions n such committee.
Full Name (Last, First, Middle Initial) THOMAS PETROU Mailing Address 5105 MADISON AVE APT B2 City OKEMOS MI 48864 FEC ID number of contributing federal political committee. Name of Employer PHYS ANES SERV Receipt For: Other (specify) Other (specify) ANESTHESIOLOGIST Aggregate Year-to-Date Transaction ID: Amount of Each in Ancesty Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date Transaction ID: Amount of Each in Ancesty Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date Transaction ID: Amount of Each in Ancesty Cocupation ANESTHESIOLOGIST Adjusted Receipt Transaction ID: Amount of Each in Ancesty Cocupation Ancesty Cocupation Ancesty Cocupation Ancesty Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date Amount of Each in Ancesty Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date Transaction ID: Amount of Each in Ancesty Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date Transaction ID: Amount of Each in Ancesty Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date Transaction ID: Amount of Each in Ancesty Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date Transaction ID: Amount of Each in Ancesty Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date Transaction ID: Amount of Each in Ancesty Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date Transaction ID: Amount of Each in Ancesty Cocupation ANESTHESIOLOGIST Amount of Each in Ancesty Cocupation Anount of Each in Ancesty Cocupation Ancesty Cocupation Anount of Each in Ancesty Cocupation Anoun	
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FEC ID number of contributing federal political committee. Name of Employer PHYS ANES SERV Receipt For:	
Name of Employer PHYS ANES SERV	lecelpt this Feriod
Receipt For: Primary	250.00
Receipt For:	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) WILFRED PRADOS Mailing Address 811 BLENHEIM PLACE City State Zip Code TX 75703 FEC ID number of contributing federal political committee. Name of Employer TRINITY MOTHER FRANCES HE-ALTH SYSTEM D Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ANN REA Mailing Address P.O. BOX 70 City State Zip Code ANGREGA System	
Tull Name (Last, First, Middle Initial) WILFRED PRADOS Mailing Address 811 BLENHEIM PLACE City State Zip Code TX 75703 FEC ID number of contributing federal political committee. Name of Employer TRINITY MOTHER FRANCES HE-ALTH SYSTEM D Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ANN REA Full Name (Last, First, Middle Initial) ANN REA Mailing Address P.O. BOX 70 City State Zip Code Transaction ID: Aggregate Year-to-Date ▼ Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: Aggregate Year-to-Date ▼ City State Zip Code Transaction ID: Amount of Each I C City State Zip Code Transaction ID: Amount of Each I C C City State Zip Code Transaction ID: Amount of Each I C C Cocupation ANS 39666 FEC ID number of contributing federal political committee. Name of Employer Cocupation ANS State Color Color III SSISSIPPI REG- Name of Employer Cocupation ANS STATESTULE (COLOR III)	
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Mailing Address 811 BLENHEIM PLACE City State Zip Code TX 75703 FEC ID number of contributing federal political committee. Name of Employer TRINITY MOTHER FRANCES HE-ALTH SYSTEM D Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ANN REA Mailing Address P.O. BOX 70 City State Zip Code Transaction ID: 9 Transa	
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TYLER TX 75703 Amount of Each F FEC ID number of contributing federal political committee. Name of Employer TRINITY MOTHER FRANCES HE-ALTH SYSTEM D Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) ANN REA Mailing Address P.O. BOX 70 City State Zip Code Transaction ID: SUMMIT FEC ID number of contributing federal political committee. Name of Employer SOUTHWEST MISSISSIPPI REG- Name of Employer SOUTHWEST MISSISSIPPI REG- Occupation Amount of Each F C Cupation Approximate Size Size Size Size Size Size Size Siz	2010
FEC ID number of contributing federal political committee. Name of Employer TRINITY MOTHER FRANCES HEALTH SYSTEM D Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ANN REA Mailing Address P.O. BOX 70 City State Zip Code Transaction ID: State SUMMIT FEC ID number of contributing federal political committee. Name of Employer SOUTHWEST MISSISSIPPI REG- Name of Employer SOUTHWEST MISSISSIPPI REG- Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Date of Receipt MS 39666 Transaction ID: State Sip Code Amount of Each Fee Cloud Each	
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ALTH SYSTEM D Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 Full Name (Last, First, Middle Initial) ANN REA Mailing Address P.O. BOX 70 City State Summit FEC ID number of contributing federal political committee. Name of Employer SOUTHWEST MISSISSIPPI REG-	300.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ANN REA Mailing Address P.O. BOX 70 City State Zip Code SUMMIT FEC ID number of contributing federal political committee. Name of Employer SOUTHWEST MISSISSIPPI REG- Aggregate Year-to-Date ▼ 300.00 Date of Receipt Transaction ID: Amount of Each F	
Primary General Other (specify) ▼ State Zip Code SUMMIT FEC ID number of contributing federal political committee. Name of Employer SOUTHWEST MISSISSIPPI REG- Other (specify) ▼ State Zip Code Transaction ID: Amount of Each F Occupation Occupation AMESTILITICAL COLOT.	
Other (specify) ▼ Summer (Last, First, Middle Initial) ANN REA Mailing Address P.O. BOX 70 City State Zip Code Summit MS 39666 FEC ID number of contributing federal political committee. Name of Employer SOUTHWEST MISSISSIPPI REG- Occupation Occupation ANSOTHER SOUTHWEST MISSISSIPPI REG-	
ANN REA Mailing Address P.O. BOX 70 City State Zip Code SUMMIT MS 39666 FEC ID number of contributing federal political committee. Name of Employer SOUTHWEST MISSISSIPPI REG-	
Mailing Address P.O. BOX 70 City State Zip Code Transaction ID: 3 SUMMIT MS 39666 FEC ID number of contributing federal political committee. Name of Employer SOUTHWEST MISSISSIPPI REG-	
City State Zip Code SUMMIT MS 39666 FEC ID number of contributing federal political committee. Name of Employer SOUTHWEST MISSISSIPPI REG-	
SUMMIT MS 39666 FEC ID number of contributing federal political committee. C Name of Employer SOUTHWEST MISSISSIPPI REG-	
FEC ID number of contributing federal political committee. Name of Employer SOUTHWEST MISSISSIPPI REG-	
Name of Employer SOUTHWEST MISSISSIPPI REG- ANESTHESIOLOGIST	2000.00
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify) ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)	2550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	r not be sold or used by any perso dress of any political committee to	
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) STEVEN READ			Date of Receipt
Mailing Address 102 WATERSTONE C	V		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: SA11Al.88178
GEORGETOWN	TX	78628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer NORTHSTAR ANESTHESIA DEPT. OF ANESTHES	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		213.00	
Full Name (Last, First, Middle Initial) PULI REDDY	l		Date of Receipt
Mailing Address 1118 ROSS CLARK CI	IRCLE, #700)	07 26 2010
City	State	Zip Code	Transaction ID: SA11AI.88415
DOTHAN	AL	36301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer ANES. CONSULTANTS MEDICAL GROUP	Occupation ANESTH	ESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) THEODOR RINTEL			Date of Receipt
Mailing Address 450 MITCHELL RD			07 28 2010
City	State	Zip Code	Transaction ID: SA11AI.88571
CAPE ELIZABETH	ME	04107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SPECTRUM MEDICAL	Occupation ANESTH	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			791.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 90 (check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KEVIN ROBERTS Mailing Address 240 WALNUT LN City SLINGERLANDS FEC ID number of contributing federal political committee. Name of Employer ALBANY MEDICAL CENTER HOS-PITAL Receipt For: Primary General	State Zip Code NY 12159 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) VONN ROBERTS Mailing Address 5111 CAVVY RD City	State Zip Code	Date of Receipt 0 7 2 8 2 0 1 0 Transaction ID: SA11AI.88480
LINCOLN FEC ID number of contributing federal political committee. Name of Employer ASSOC ANESTHESIOLOGISTS PC Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) CANDACE ROBERTSON Mailing Address 5230 HICKORY I City KNOXVILLE FEC ID number of contributing	HOLLOW RD. State Zip Code TN 37919	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer MARYVILLE ANESTHESIOLOGIS- TS, PC Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00]
SUBTOTAL of Receipts This Page (optic	nal)	833.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	(3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 90 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and addr	not be sold or used by any perso ess of any political committee to	13 14 15 16 1 on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) MELANIE ROBINSON-WOODARD Mailing Address 12800 WINSTON			Date of Receipt
City	State MI	Zip Code	0 7 2 8 2 0 1 0 Transaction ID: SA11Al.88512
REDFORD FEC ID number of contributing federal political committee.	C	48239	Amount of Each Receipt this Period 250.00
Name of Employer PHYS ANES SERV	Occupation ANESTHE	SIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) FRED ROCK			Date of Receipt
Mailing Address 2931 LAKE CREST	DR		07 28 2010
City	State	Zip Code	Transaction ID: SA11AI.88459
TUSCALOOSA FEC ID number of contributing federal political committee.	C	35406	Amount of Each Receipt this Period 333.00
Name of Employer WEST AL ANESTHESIA	Occupation ANESTHE	SIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 333.00	
Full Name (Last, First, Middle Initial) LEOPOLDO RODRIGUEZ	<u>'</u>		Date of Receipt
Mailing Address 21050 POINT PLAC ATLANTIC 3 AT TH	E POINT		07 01 2010
City <u>AVENTURA</u>	State FL	Zip Code 33180	Transaction ID: SA11AI.88220 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer SHERIDAN HEALTHCARE INC		DIRECTOR OF THE SUR	GERY CENTER
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 581.00	
	•		666.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial)	SIOLOGISTS FOLTHCAL ACTION COM	
ANNE ROGERS Mailing Address 6005 RIVER RD		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City <u>NORFOLK</u>	State Zip Code VA 23505	Transaction ID: SA11AI.88432 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer ATLANTIC ANESTHESIA INC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) JESSICA ROMAN Mailing Address 110 IRVING ST NW S	STE G226	Date of Receipt
City	State Zip Code	0 7 0 7 2 0 1 0 Transaction ID: SA11AI.88328
WASHINGTON	DC 20010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	-100.00
Name of Employer CHARGEBACK/REFUND	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ -100.00	
Full Name (Last, First, Middle Initial) FRANK ROSEMEIER		Date of Receipt
Mailing Address 10004 CRYSTALLINE	E COURT	0 7 0 1 Y Y Y Y Y Y
City ORLANDO	State Zip Code FL 32836	Transaction ID: SA11AI.88185 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.00
Name of Employer JLR MEDICAL GROUP	Occupation STAFF ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 213.00	
SUBTOTAL of Receipts This Page (optional) .		41.00
TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 90 (check only one) X
or for commercial purposes, other than using t	Statements may not be sold or used by any phe name and address of any political committee.	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHI	ESIOLOGISTS POLITICAL ACTION C	COMMITTEE
Full Name (Last, First, Middle Initial) FRANK ROSINIA		Date of Receipt
Mailing Address 23 IDLEWOOD PL City	State Zip Code	0 7 0 1 2 0 1 0 Transaction ID: SA11AI.88222
RIVER RIDGE	LA 70123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.00
Name of Employer TULANE UNIVERSITY SCHOOL OF MEDICINE	Occupation CHAIRMAN, DEPARTMENT OF	ANESTHESIOLOGY
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 287.00	
Full Name (Last, First, Middle Initial) LAWRENCE ROY		Date of Receipt
Mailing Address 2420 FREEMAN MA		07 01 7 2010
City	State Zip Code	Transaction ID: SA11AI.88250
JONES	OK 73049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OKLAHOMA ANESTHESIA CONSU- LTANTS	Occupation MEDICAL DOCTOR	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	581.00	
Full Name (Last, First, Middle Initial) ALAN JAY SCHWARTZ		Date of Receipt
Mailing Address 1000 SHARPLESS F	ROAD	07 01 7 2010
City	State Zip Code	Transaction ID: SA11AI.88237
MELROSE PARK FEC ID number of contributing	PA 19027	Amount of Each Receipt this Period
federal political committee.	C	41.00
Name of Employer CHILDRENS HOSPITAL OF PHI- LADELPHIA Process For:	Occupation PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	287.00	
SUBTOTAL of Receipts This Page (optional)		165.00
TOTAL This Period (last page this line numb		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 90 (check only one) X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may g the name and add	I y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANEST	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) B. SCOTT SEGAL			Date of Receipt
Mailing Address DEPARTMENT OF 75 FRANCIS STRI		PERIOPER Zip Code	0 7 0 1 2 0 1 0 Transaction ID: SA11Al.88546
BOSTON	MA	02115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer BWPO	Occupation PROFES	n SSOR OF ANESTHESIOLOG	GY.
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 287.00	
Full Name (Last, First, Middle Initial) SOMA SHANKER			Date of Receipt
Mailing Address 61 LAKE DR			07 / 13 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.88557
MOUNTAIN LAKES	NJ	07046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ST. BARNABAS MEDICAL CENT- ER ANES. DEPT		ING ANESTHESIOLOGIST	AND INTENSI
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) BERNARD SHICH	'		Date of Receipt
Mailing Address 11717 LONGLEAF	FLANE		07 01 7 2010
City	State	Zip Code	Transaction ID: SA11AI.88216
HOUSTON	TX	77024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	c		41.00
Name of Employer GREATER HOUSTON ANESTHESI- OLOGY Receipt For:	Occupation PHYSICI	AN	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 287.00	
SUBTOTAL of Receipts This Page (option	al)		582.00
TOTAL This Period (last page this line nur	mber only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 90 (check only one) X
\ C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) JAMES SHU Mailing Address 6063 LAUREL CREE	V DD		Date of Receipt
		N DR		07 01 2010
	City PLEASANTON	State CA	Zip Code 94588	Transaction ID: SA11AI.88227 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	94300	41.00
	Name of Employer EDEN MEDICAL CENTER	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 287.00	
— В.	Full Name (Last, First, Middle Initial) WILLIAM SHURLEY			Date of Receipt
	Mailing Address 7954 DEXTER RD			07 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.88383
	CORDOVA FEC ID number of contributing federal political committee.	C	38016	Amount of Each Receipt this Period 500.00
	Name of Employer METROPOLITAN ANESTHESIA ALLIANCE	Occupation PHYSIC	IAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) KAREN SIBERT			Date of Receipt
	Mailing Address 4146 SUNNYSLOPE	AVE.		07 01 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City SHERMAN OAKS	State CA	Zip Code 91423	Transaction ID: SA11AI.88246 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	91425	41.00
	Name of Employer CEDARS-SINAI MEDICAL CENT- ER ANES. DEPT		IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 287.00	
Г		-1		582.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 90 (check only one) X 11a
Any information copied from such Report or for commercial purposes, other than us	s and Statements may not be sold or used by any pe sing the name and address of any political committee	erson for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANE	STHESIOLOGISTS POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) KENNETH SILVERSTEIN Mailing Address 4755 OGLETOV ANES., SUITE #		Date of Receipt 0 7 2 9 2 0 1 0
City <u>NEWARK</u>	State Zip Code DE 19718	Transaction ID: SA11AI.88535 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer CHRISTIANA CARE HEALTH SY- STEM Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) ABRAHAM SIMON Mailing Address 91 OLD SMALLI	EYTOWN RD	Date of Receipt 0 7 2 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.88569
WARREN FEC ID number of contributing federal political committee.	NJ 07059	Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) MICHAEL SIMON Mailing Address 35 GELLATLY D	DR.	Date of Receipt
City	State Zip Code	0 7 0 1 2 0 1 0 Transaction ID: SA11AI.88257
WAPPINGERS FALLS FEC ID number of contributing federal political committee.	NY 12590	Amount of Each Receipt this Period 83.00
Name of Employer NAPA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	
SUBTOTAL of Receipts This Page (opti	onal)	1083.00
TOTAL This Period (last page this line r	number only)	<u> </u>

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any the name and address of any political committees.	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ALEXEY SLUCKY	ESIOLOGISTS POLITICAL ACTION C	Date of Receipt
Mailing Address 333 W. HAMPDEN City	State Zip Code	0 7 0 1 2 0 1 0 Transaction ID: SA11AI.88258
ENGLEWOOD FEC ID number of contributing federal political committee.	CO 80110	Amount of Each Receipt this Period 83.00
Name of Employer SOUTH DENVER ANESTHESIOLO- GISTS, PC Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 581.00	
Full Name (Last, First, Middle Initial) BLAIR SMITH Mailing Address 1046 LAKE COLON	Y LN.	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.88266
BIRMINGHAM FEC ID number of contributing federal political committee.	AL 35242	Amount of Each Receipt this Period 83.00
Name of Employer UNIVERSITY OF ALABAMA HSF	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	**************************************
Full Name (Last, First, Middle Initial) DAVID SMITH		Date of Receipt
Mailing Address 3400 SPRUCE ST		0 7 2 8 2 0 1 0
City PHILADELPHIA	State Zip Code PA 19104	Transaction ID: SA11AI.88425 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UNIVERSITY OF PENNSYLVANIA HOSPITAL	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona)	416.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 90 (check only one) X
A O	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)	SIOLOGIST (TOLITICAL ACTION COM	
۱.	DEAN SMITH Mailing Address 1850 N CENTRAL AV	E STE 1600		Date of Receipt 0 7 0 2 2 0 1 0
	City PHOENIX	State AZ	Zip Code 85004	Transaction ID: SA11AI.88299 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00007	500.00
	Name of Employer VALLEY ANESTHESIOLOGY	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) GAIL SMITH	ALINE DD		Date of Receipt
	Mailing Address 6875 ANN ARBOR SA	ALINE RD.		07 28 2010
	City SALINE	State MI	Zip Code 48176	Transaction ID: SA11AI.88530
	FEC ID number of contributing federal political committee.	C	40170	Amount of Each Receipt this Period 250.00
	Name of Employer PHYSICIAN ANESTHESIA SERV- ICES	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) GREGORY SOMERVILLE			Date of Receipt
	Mailing Address 6208 DEVILS HOLLO	W RD.		07 01 2010
	City FORT WAYNE	State IN	Zip Code	Transaction ID: SA11AI.88203
	FEC ID number of contributing federal political committee.	C	46814	Amount of Each Receipt this Period 41.00
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS OF FORT W	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 254.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		791.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 90 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and addr	ess of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SHANNON SORAH Mailing Address 11743 COUCH MI	LL ROAD		Date of Receipt
City KNOXVILLE FEC ID number of contributing	State TN	Zip Code 37932	Transaction ID: SA11AI.88205 Amount of Each Receipt this Period 41.00
Receipt For: Primary Other (specify) General Other (specify) Name of Employer METHODIST MED. CTR. ANES. GR. GR. GR. GR. General	Occupation ANESTHE	ESIOLOGIST Year-to-Date ▼ 254.00	
Full Name (Last, First, Middle Initial) P. GREG ST. CLAIRE Mailing Address 3049 SUMMERGA	ATE LANE		Date of Receipt 0 7 2 8 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.88522
OKEMOS FEC ID number of contributing federal political committee.	C	48864	Amount of Each Receipt this Period 250.00
Name of Employer PHYSICIAN ANESTHESIA SERV- ICES Receipt For: □ Primary □ General □ Other (specify) ▼		ESIOLOGIST Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) GLYNNE STANLEY			Date of Receipt
Mailing Address 270 MIDDLETON	ROAD		M M / D D / Y Y Y Y Y O D D / 2 0 1 0
City BOXFORD	State MA	Zip Code	Transaction ID: SA11AI.88550
FEC ID number of contributing federal political committee.	C	01921	Amount of Each Receipt this Period 41.00
Name of Employer ANESTHESIA ASSOCIATES OF MASSACHUSETTS Receipt For:	Occupation PHYSICIA		
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 287.00	
SUBTOTAL of Receipts This Page (option	nal)		332.00

or for cor NAMI AME Full N MARI	mation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) ERICAN SOCIETY OF ANESTHES lame (Last, First, Middle Initial) ON STARKS Ig Address 1204 N. WINDOMERE	e name and addre	ess of any political committee to	o solicit contributi	ions from such committee.
Full N MARI Mailin	RICAN SOCIETY OF ANESTHES lame (Last, First, Middle Initial) ON STARKS g Address 1204 N. WINDOMERE	E AVE.	POLITICAL ACTION COM		
MARI Mailin	ON STARKS g Address 1204 N. WINDOMERE			Date of Re	
City					eceipt
-	LAS	State		07	01 / Y Y Y Y Y 2010
DAL	LAS	TV	Zip Code		on ID: SA11AI.88187
	ID number of contributing al political committee.	C	75208	Amount of	f Each Receipt this Period 125.00
	e of Employer STHESIA RESOURCES FOR	Occupation			
<u>CHIL</u>	DREN pt For:	PHYSICIAI Aggregate Y	ear-to-Date ▼	-	
	Primary General Other (specify) ▼	/iggregate i	500.00		
	lame (Last, First, Middle Initial) \SURESH			Date of Re	eceipt
Mailin	ig Address 1709 DRYDEN RD ST	ΓE 1700		0 7	01 2010
City		State	Zip Code	Transaction	on ID: SA11Al.88240
<u>HOL</u>	ISTON	TX	77030	Amount of	f Each Receipt this Period
	ID number of contributing al political committee.	C			83.00
Name BAYL	e of Employer OR COLLEGE OF MEDICINE	Occupation ANESTHE	SIOLOGIST		
	pt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 581.00		
	lame (Last, First, Middle Initial) I SWETLAND			Date of Re	eceipt
Mailin	g Address 1703 LAKESHORE DI	R.		0 7	28 2010
City		State	Zip Code		on ID: SA11Al.88427
FEC	MATH FALLS ID number of contributing al political committee.	OR	97601	Amount of	f Each Receipt this Period 250.00
	e of Employer	Occupation ANESTHE	SIOLOGIST	-	
	pt For: Primary General	, '	ear-to-Date ▼	1	
	Other (specify) ▼	0 0 0		_	
SUBTO	TAL of Receipts This Page (optional)				458.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for ea Detail	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 66 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and address of a	any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SCOTT SWITZER Mailing Address 26 FARM HILL RD. City WEST HARTFORD FEC ID number of contributing federal political committee. Name of Employer MILFORD ANESTHESIA, PC Receipt For: Primary General Other (specify)	State Zip CT 061 C Occupation ANESTHESIOLO Aggregate Year-to-	OGIST	Date of Receipt M M M / D D / Y Y Y Y Y O 7 0 1 2 0 1 0 Transaction ID: SA11AI.88545 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) THOMAS SWYGERT Mailing Address 7014 PRESTONSHIRE City DALLAS FEC ID number of contributing federal political committee. Name of Employer PINNACLE ANESTHESIA CONSULTANTS Receipt For: Primary General		DGIST Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) JOSEPH TALARICO Mailing Address DEPARTMENT OF AN 200 LOTHROP ST # 4 City PITTSBURGH FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CENTE Receipt For: Primary General	63	OFESSOR Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) SUBTOTAL of Receipts This Page (optional)		287.00	165.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 90 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) JEANA TARZIERS			Date of Receipt
Mailing Address P.O. BOX 1025			07 07 2010
City	State	Zip Code	Transaction ID: SA11AI.88326
<u>FAIRHOPE</u>	AL	36533	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer EASTERN SHORE ANESTHESIA	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) SHERIF TEWFIK			Date of Receipt
Mailing Address 11657 N.W. OAKTR	EE DR.		07 09 7 2010
City	State	Zip Code	Transaction ID: SA11AI.88340
GRIMES	IA	50111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, P.C.	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) JASON TRATECHAUD			Date of Receipt
Mailing Address 3653 LAKE VISTA C	COURT		07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.88523
MILFORD	MI	48327	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PHYS ANESTH SERV	Occupation ANESTH	1 ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 90 (check only one) X 11a
,	any information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
۷.	Full Name (Last, First, Middle Initial) ANDREW TROBRIDGE			Date of Receipt
	Mailing Address 13909 WATERWAY I	BLVD.		07 01 7 2010
	City FORTVILLE	State IN	Zip Code 46040	Transaction ID: SA11AI.88228 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40040	83.00
	Name of Employer INTERVENTIONAL PAIN CARE	Occupation PAIN PH	n IYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 581.00	
 3.	Full Name (Last, First, Middle Initial) CHRISTOPHER TROIANOS Mailing Address 427 HEIGHTS DR			Date of Receipt
	City	State	Zip Code	07 01 2010
	GIBSONIA	PA	15044	Transaction ID: SA11AI.88249 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer WESTERN PENNSYLVANIA HOSP- ITAL DEPARTME		IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 581.00	
. –	Full Name (Last, First, Middle Initial) BENJAMIN UNGER	1		Date of Receipt
	Mailing Address 474 W 238TH ST., Al	PT. 3A		07 01 YYYY 2010
	City	State	Zip Code	Transaction ID: SA11AI.88254
	RIVERDALE FEC ID number of contributing federal political committee.	C	10463	Amount of Each Receipt this Period 41.00
	Name of Employer COLUMBIA UNIVERSITY MEDIC- AL CENTER		IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 287.00	
Γ				207.00

SCHEDULE A (FEC Form STEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any perso ing the name and address of any political committee to STHESIOLOGISTS POLITICAL ACTION COMI	on for the purpose of soliciting contributions solicit contributions from such committee.
	THESIOLOGISTS POLITICAL ACTION COIVII	-T
Full Name (Last, First, Middle Initial) DAVID VARLOTTA		Date of Receipt
Mailing Address 1303 BAYSHOR	E BLVD.	07 01 2010
City	State Zip Code	Transaction ID: SA11AI.88268
TAMPA	FL 33606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer UNICOM ANESTHESIA ASSOCIA- TES	Occupation ANESTHESIOLOGIST	1
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 581.00	
Full Name (Last, First, Middle Initial)		Patro (Provide
DAVID VERZINO Mailing Address 2931 LAKE CRE	ST DR.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.88449
TUSCALOOSA	AL 35406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	333.00
Name of Employer WEST AL ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.00	
Full Name (Last, First, Middle Initial) HECTOR VILA		Date of Receipt
Mailing Address 4304 W AZEELE	ST	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TAMPA	State Zip Code FL 33609	Transaction ID: SA11AI.88225
FEC ID number of contributing federal political committee.	FL 33609	Amount of Each Receipt this Period 83.00
Name of Employer HV PA	Occupation ANESTHESIOLOGIST	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	
SUBTOTAL of Receipts This Page (optic	onal)	499.00

				·
(SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 70 / 90
	ITEMIZED RECEIPTS		for each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	itements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHESI	OLOGIST	S POLITICAL ACTION COM	MITTEE
∠ A.	Full Name (Last, First, Middle Initial) ANNETTE VIZENA			Date of Receipt
	Mailing Address 919 SKIPPING STONE	СТ		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.88477
	TIMNATH	CO	80547	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer NORTHERN CO ANESTH. PROF.	Occupatio	n IESIOLOGIST	
	CONSULTANTS Receipt For:		e Year-to-Date ▼	-
	Primary General	riggrogate	1 1 1 1 1 1 1	1
	Other (specify) ▼		300.00	
- В.	Full Name (Last, First, Middle Initial) J. MICHAEL VOLLERS			Date of Receipt
	Mailing Address 1 CHILDRENS WAY			07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SLOT 203, S-319 City	State	Zip Code	
	LITTLE ROCK	AR	·	Transaction ID: SA11AI.88245
		An	72202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer UNIVERSITY OF ARKANSAS FOR	Occupation	n SSOR OF ANESTHESIOLOG	
	MEDICAL SCI Receipt For:			
	Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		581.00	
_	Full Name (Last, First, Middle Initial) MARSHA WAKEFIELD			Date of Receipt
C.	Mailing Address 619 19TH ST S			Date of Receipt
	City	State	Zip Code	0 7 2 0 2 0 1 0 Transaction ID: SA11AI.88400
	BIRMINGHAM	AL	35249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UNIVERSITY OF ALABAMA IN BIRMINGHAM	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	-	e Year-to-Date ▼	7
	Primary General Other (specify) ▼	33 -3-5	250.00	
	Carlot (opooliy)	0 0	0 0 0 0 0 0 0	
Г				
				383.00
L	SUBTOTAL of Receipts This Page (optional)		<u> </u>	

	LE A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commerc	cial purposes, other than using the COMMITTEE (In Full)	e name and add	y not be sold or used by any person dress of any political committee to S POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name of CHRISTOP Mailing Add City ADA FEC ID nur federal politi Name of Er ANESTHE TANTS PO Receipt For Prima	(Last, First, Middle Initial) HER WASSINK dress 3300 EGYPT VALLEY mber of contributing ical committee. mployer SIA MEDICAL CONSUL-	State MI C Occupatio ANESTH	Zip Code 49301	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
BEN WEBB Mailing Add City MEMPHIS	dress 6314 SHADY GROVE	State TN	Zip Code 38120	Date of Receipt M M D D Y Y Y Y Y Y Y Y
ALLIANCE Receipt For Prima Other Full Name	r: ary General r (specify) ▼ (Last, First, Middle Initial)		n IESIOLOGIST e Year-to-Date ▼ 500.00]
		State MI	NE Zip Code 48820	Date of Receipt M M M
Receipt For		+ '	n IESIOLOGIST e Year-to-Date ▼ 250.00]
SUBTOTAL (of Receipts This Page (optional)	1		791.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 90 (check only one) X
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) ANNE WILHITE			Date of Receipt
	Mailing Address 10136 CHEROKEE F	ROAD		07 01 7 2010
	City RICHMOND	State VA	Zip Code 23235	Transaction ID: SA11AI.88234 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 287.00	
— В.	Full Name (Last, First, Middle Initial) DANIEL WOO			Date of Receipt
	Mailing Address 3 SCOTSMANS WAY	′		07 11 2010
	City	State	Zip Code	Transaction ID: SA11AI.88555
	BASKING RIDGE FEC ID number of contributing federal political committee.	NJ C	07920	Amount of Each Receipt this Period 250.00
	Name of Employer SUMMIT ANESTHESIA ASSOCIA- TES	Occupation ANESTH	n HESIOLOGIST PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) GRANVILLE WORK			Date of Receipt
	Mailing Address 3749 LYNNFIELD DF	₹.		07 01 YYYYY 2010
	City VIRGINIA BEACH	State	Zip Code	Transaction ID: SA11AI.88241
	FEC ID number of contributing federal political committee.	C	23452	Amount of Each Receipt this Period 83.00
	Name of Employer ATLANTIC ANESTHESIA	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 498.00	
	SUBTOTAL of Receipts This Page (optional)			374.00
	TOTAL This Period (last page this line number	er only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 90 (check only one) X 11a
(Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements made and add	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) JASON WORKMAN			Date of Receipt
	Mailing Address 7575 W WASHINGTO	JN AVE STE		07 01 7 2010
	City LAS VEGAS	State NV	Zip Code 89128	Transaction ID: SA11AI.88180 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00120	83.00
	Name of Employer ANESTHESIOLOGY CONSULTANT- S, INC.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 581.00	
В.	Full Name (Last, First, Middle Initial) LAWRENCE YOUNG Mailing Address 1717 VALLEY FORG	E DR.		Date of Receipt
			7in Codo	07 01 2010
	City HIXSON	State TN	Zip Code 37343	Transaction ID: SA11AI.88224 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer ANESTHESIOLOGISTS ASSOCIA- TED	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 875.00	
_ C.	Full Name (Last, First, Middle Initial) MITCHELL ZEBROWSKI	1		Date of Receipt
	Mailing Address 1116 SHARPLESS R	D		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City HOCKESSIN	State DE	Zip Code 19707	Transaction ID: SA11AI.88534 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10707	500.00
	Name of Employer ANESTHESIA SERVICES, P.A.	Occupatio CARDIA	n C ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .	1		708.00
ı	TOTAL This Period (last page this line numbe		<u> </u>	

PAGE 74/90 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 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) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) MATTHEW ZELEZNIK Date of Receipt Mailing Address 5671 PEACHTREE DUNWOODY RD. STE 53 07 2010 14 City Zip Code State Transaction ID: SA11AI.88374 **ATLANTA** GA 30342 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA Occupation **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) В. JONATHAN ZUCKER Date of Receipt Mailing Address 1612 SAINT GREGORY DRIVE 07 01 2010 City Transaction ID: SA11AI.88239 State Zip Code LAS VEGAS NV 89117 Amount of Each Receipt this Period FEC ID number of contributing C 83.00 federal political committee. Name of Employer SELF Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date Primary General

		222.00
SUBTOTAL of Receipts This Page (optional)	•	333.00
TOTAL This Period (last page this line number only)	•	51824.00

581.00

Other (specify)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 90 (check only one) 11a 11b 11c 12 13 14 15 16 X 17
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any person he name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHI	ESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) NORTHERN TRUST CO Mailing Address 50 S LASALLE		Date of Receipt
City	State Zip Code	07 31 2010 Transaction ID: SA17.88600
CHICAGO	IL 60675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12.35 INTEREST INCOME
Name of Employer	Occupation	INTEREST INCOME
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 95.94	

SUBTOTAL of Receipts This Page (optional)		12.35
TOTAL This Period (last page this line number only)	<u> </u>	12.35

Image# 10991131434

State:

A.

SCHEDULE B (FEC Form 3X)

District:

FOR LINE NUMBER: PAGE 76/90 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 23 26 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Transaction ID: SB21B.88673 NORTHERN TRUST CO Date of Disbursement 3 1 o[™] 7 2010 Mailing Address 50 S LASALLE City State Zip Code Amount of Each Disbursement this Period **CHICAGO** IL 60675 1417.74 Purpose of Disbursement CC AND BANK FEES Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	1417.74
TOTAL This Period (last page this line number only)		1417.74

	(FEC FOIIII	· 1		arate schedule(s)			R LINE eck only		٠		L.	PAGE	1170	· ·
ITEMIZED DIS	BURSEMEN	TS		category of the Summary Page			21b 27	22 28a	X	23 28b	24	, F	25 29	2 3
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Full Name (Last, F ALL POWER T Mailing Address	First, Middle Initial) O THE PEOPLE I 499 S CAPITOI		SUITE 42	2				Date of		on ID: sburse	SB2		674 2 0 1 0	Y
City WASHINGTON Purpose of Disbur 2010 CONTRIBU	sement		itate DC	Zip Code 20003		U		Amou	nt of	Each	Disburs		nt this P	
Candidate Name Office Sought:	House Senate President		nent For: Primary Other (spe	2010 General		ateg Type	-							
State: Full Name (Last, F BACA FOR CO Mailing Address	,	MALL, SUI	TE 1425					Date of		sburse	SB2		662 2 0 1 0	Y
City SACRAMENTO Purpose of Disbur Candidate Name			state CA	Zip Code 95814		ateg	-	Amou	nt of	Each	Disburs		nt this P	
Full Name (Last, F	. ,		nent For: Primary Other (spe	2010 X General cify) ▼		Тур	-	Trans	acti	on ID:	SB2	3.885	580	
BARNETT FOF Mailing Address	PO BOX 1937							Date of		sburse 0	ement 6	Y	010	Y
City EMPORIA Purpose of Disbur	sement		state KS	Zip Code 66801	_			Amou	nt of	Each	Disburs		nt this P	-
Candidate Name						ateg								
Office Sought: State: KS	X House Senate President District: 01		nent For: Primary Other (spe	2010 X General cify)										
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s		INE NUME	Р	PAGE 78/90		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21	b 22	X 23 28b	24 280	25 29	26
Any Information copied from such Reports and Sta	atements may not be sold or use	d by any per	son for the	ourpose of s	soliciting of	contributions	S
or for commercial purposes, other than using the r	name and address of any political	l committee t	to solicit cor	ntributions fi	rom such	committee	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	OLOGISTS POLITICAL AC	CTION COI	MMITTEE				
Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS				nsaction ID e of Disburs	ement	3.88595	
Mailing Address P.O. BOX 261060			0	7 M / D	2 7 /	žojo) Y
City	State Zip Code		Amo	ount of Each	n Disburs	ement this I	Period
LOS ANGELES	CA 90026	1		• • •		5000.00)
Purpose of Disbursement			7 -			3000.00	
Candidate Name		Category/ Type					
Office Sought: X House Senate President State: CA District: 30	ursement For: 2010 Primary X General Other (specify) ▼						
Full Name (Last, First, Middle Initial)			_				
BERA FOR CONGRESS			Date	nsaction ID e of Disburs	ement		V
Mailing Address PO BOX 582496			O _W	7 / 2	20 /	žojo	ָר ר י
City ELK GROVE	State Zip Code CA 95758		Amo	ount of Each	n Disburs	ement this I	Period
Purpose of Disbursement	UA 95/56		_			5000.00)
r dipose of Disbursement							
Candidate Name		Category/ Type					
Office Sought: X House Senate President State: CA District: 03	ursement For: 2010 Primary X General Other (specify) ▼						
Full Name (Last, First, Middle Initial)			_	15	0000	00504	
BILIRAKIS FOR CONGRESS			Date	nsaction ID e of Disburs	ement		V
Mailing Address P.O. BOX 606			0	7 /	13 /	Ý 2010	<u></u>
City TARPON SPRINGS	State Zip Code FL 34688		Amo	ount of Each	n Disburs	ement this I	Period
Purpose of Disbursement	7.2 34000		╗┖			1500.00	
Candidate Name		Category/ Type					
Office Sought: X House Senate President State: FL District: 09	x Primary						
SUBTOTAL of Disbursements This Page (option	nal)		<u>•</u> [11500.00)
TOTAL This Period (last page this line number of	nly)		•				
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 79/90
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	22 X 23 28a 28b	24 25 26 28c 29 30
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL AC	CTION COMMI	TTEE	
Full Name (Last, First, Middle Initial) BOREN FOR CONGRESS			Transaction ID: Date of Disburse	ment
Mailing Address P.O. BOX 1924			07 1	3 7 2010
	State Zip Code OK 74401		Amount of Each	Disbursement this Period
Purpose of Disbursement				2500.00
Candidate Name		Category/ Type		
Senate President	ment For: 2010 Primary X General Other (specify) ▼			
State: OK District: 02 Full Name (Last, First, Middle Initial) CHARLES A GONZALEZ CONGRESS CA	MPAIGN		Transaction ID: Date of Disburse	
Mailing Address P.O. BOX 12612			07 2	7 2010
City SAN ANTONIO	State Zip Code TX 78212		Amount of Each	Disbursement this Period
Purpose of Disbursement				2500.00
Candidate Name		Category/ Type		
Office Sought: X House Senate President State: TX District: 20	ment For: 2010 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE			Transaction ID: Date of Disburse	ment
Mailing Address PO BOX 1776			07 2	7 2010
City FREEDOM	State Zip Code PA 15042		Amount of Each	Disbursement this Period
Purpose of Disbursement				4000.00
Candidate Name	ment For: 0010	Category/ Type		
Office Sought: X House Disburse Senate President State: PA District: 04	ment For: 2010 Primary X General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)				9000.00
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	ny Information copied from such Reports and Staten for commercial purposes, other than using the nam								s
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL								
<u>∠_</u> 4.	Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH					saction II of Disbur	D: SB23.	.88653	
	Mailing Address P. O. Box 7292				0 ^M 7	M / D	13 /	2010	o ^Y
	City CHICAGO	State Zip Code IL 60680			Amoi	unt of Eac	h Disburse		
	Purpose of Disbursement				L.			1000.00)
	Candidate Name			ategory/ Type					
	Senate President	ement For: 2010 Primary X General Other (specify)							
_	State: IL District: 01 Full Name (Last, First, Middle Initial)				Tues	ti IF	D. CD00	00500	
3.	DEBBIE WASSERMAN SCHULTZ FOR C	ONGRESS			Date	of Disbur			
	Mailing Address 1071 TWIN BRANCH LN	I			0 ^M 7	M / D	13 /	žojo	o ^Y
	City WESTON	State Zip Code FL 33326			Amo	unt of Eac	h Disburse	ement this	Period
	Purpose of Disbursement		Г	•	7 L.			1000.00)
	Candidate Name			ategory/ Type					
	Office Sought: X House Disburse Senate President State: FL District: 20	ement For: 2010 Primary X General Other (specify)							
- }.	Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONG	RESS			Date	of Disbur		88587	
	Mailing Address 22 W PADONIA RD #C1	41			0 ^M 7	M / D	13 /	žožo	o ^Y
	City TIMONIUM	State Zip Code MD 21093			Amo	unt of Eac	h Disburse	ement this	Period
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	Candidate Name			ategory/ Type					
	•	ement For: 2010 Primary General Other (specify)							
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SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS		(check only one)
	for each category of the Detailed Summary Page	21b
Any Information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and address of any political comm	
Full Name (Last, First, Middle Initial) EDDIE BERNICE JOHNSON FOR CO	NGRESS	Transaction ID: SB23.88633 Date of Disbursement
Mailing Address 3102 Maple Avenue,	Suite 605	077 20 7 2010
City Dallas	State Zip Code TX 75201	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Candidate Name		egory/
Office Sought: X House Senate President State: TX District: 30	ursement For: 2010 Primary X General Other (specify)	ype
Full Name (Last, First, Middle Initial) ESHOO FOR CONGRESS		Transaction ID: SB23.88583 Date of Disbursement 0 7
Mailing Address 555 CAPITOL MALL		
City SACRAMENTO Purpose of Disbursement	State Zip Code CA 95814	Amount of Each Disbursement this Period 1000.00
Candidate Name	l l	egory/ ype
Office Sought: X House Senate President State: CA District: 14	ursement For: 2010 Primary X General Other (specify) ▼	
Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS		Transaction ID: SB23.88582 Date of Disbursement
Mailing Address 2501 WISCONSIN A	VE NW #304	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City WASHINGTON	State Zip Code DC 20007	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name		egory/ ype
Office Sought: X House Disk	ursement For: 2010 X Primary General Other (specify)	уре
President State: LA District: 04		

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s		INE NUMBER: PAGE 82 / 90 only one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and Stati for commercial purposes, other than using the na			
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC	DLOGISTS POLITICAL A	CTION COM	/MITTEE
<u>/</u>	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN SARBANES			Transaction ID: SB23.88645 Date of Disbursement 0 7 2 7 2 0 1 0
	Mailing Address PO Box 6854			07 27 2010
	City Towson	State Zip Code MD 21285		Amount of Each Disbursement this Period
	Purpose of Disbursement			2500.00
	Candidate Name		Category/ Type	
	Senate President	sement For: 2010 X Primary General Other (specify) ▼	•	
	State: MD District: 03 Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON			Transaction ID: SB23.88628 Date of Disbursement
	Mailing Address POST OFFICE BOX 29	50116		07 M / D 13 / Y 2010 Y
	City ATLANTA	State Zip Code GA 30325		Amount of Each Disbursement this Perio
	Purpose of Disbursement			1500.00
	Candidate Name		Category/ Type	1
	ÿ	sement For: 2010 X Primary General Other (specify)	1 "	
	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS			Transaction ID: SB23.88589 Date of Disbursement
	Mailing Address 4201 NORTHVIEW DF	#307		077 / 13 / 2010
	City BOWIE	State Zip Code MD 20716		Amount of Each Disbursement this Perio
	Purpose of Disbursement		•	2500.00
	Candidate Name		Category/ Type	
	Office Sought: X House Senate President State: MD District: 05	sement For: 2010 Primary X General Other (specify)	•	

SCHEDULE B (FEC Form 3X)

	Use separate schedule(s)	(check only	one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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NAME OF COMMITTEE (In Full)			
AMERICAN SOCIETY OF ANESTHESI	DLOGISTS POLITICAL ACTI	ION COMMI	TTEE
Full Name (Last, First, Middle Initial) ICEPAC			Transaction ID: SB23.88677 Date of Disbursement
Mailing Address 1006 PENDLETON S			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City ALEXANDRIA	State Zip Code VA 22314		Amount of Each Disbursement this Peri
Purpose of Disbursement 2010 CONTRIBUTION		•	1000.00
Candidate Name	-	Category/ Type	
Office Sought: Senate President State: Disbu	sement For: 2010 Primary General X Other (specify)		
Full Name (Last, First, Middle Initial) KIRKLAND FOR CONGRES			Transaction ID: SB23.88638 Date of Disbursement
Mailing Address PO BOX 11235			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}^{Y}$
City JACKSON	State Zip Code TN 38308		Amount of Each Disbursement this Peri
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: TN District: 08	Sement For: 2010 X Primary General Other (specify)		
Full Name (Last, First, Middle Initial) LOEBSACK FOR CONGRESS			Transaction ID: SB23.88640 Date of Disbursement
Mailing Address PO Box 2720			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}^{Y}$
City Cedar Rapids	State Zip Code IA 52406		Amount of Each Disbursement this Peri
Purpose of Disbursement			2500.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: IA District: 02	rsement For: 2010 Primary X General Other (specify)		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				-	IE NUMBER: PAGE 84 / 90 nly one)								
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Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														5
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLO	OGISTS F	POLITICAL AC	TIC	10		MIT	ΓΕΕ							
FUNDAMENTAL FLOOR METALLICITIES														
Full Name (Last, First, Middle Initial) MADISON PAC							Trans Date o	of Di	isburs	emei				V
Mailing Address 235 STATE ST #206							0 7		1	3	Ĺ	2	0 1 ()
•	State MA	Zip Code 01103					Amou	nt o	f Each	Disl	burse	-		
Purpose of Disbursement 2010 CONTRIBUTION			Г									50	00.00)
Candidate Name					egory/ ype									
Senate President X	ment For: Primary Other (spe	2010 General												
State: District: Full Name (Last, First, Middle Initial)											D00	205	00	
MICHAUD FOR CONGRESS					Trans Date o			_	_	385	90			
Mailing Address 213 LISBON ST						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$) ^Y				
,	State ME	Zip Code 04240					Amou	nt o	f Each	Disl	burse			
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Full Name (Last, First, Middle Initial) NEW PIONEERS PAC							Trans Date of		isburs	emei	_			V
Mailing Address 228 S WASHINGTON ST	SUITE 1	15					0 7		້1	3	Ĺ	2	0 Ĭ ()
ALÉXANDRIA	State VA	Zip Code 22314					Amou	nt o	f Each	Disl	burse	-		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(FOR LINE (check on	E NUMBER:	PAGE 85/90
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 X 23 28a 28b	24 25 20 28c 29 30
ny Information copied from such Reports and Staten r for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL A	CTION COMM	IITTEE	
Full Name (Last, First, Middle Initial) PAUL BROUN COMMITTEE			Transaction ID: Date of Disburser	nent
Mailing Address PO BOX 1512			07 13	2010
City ATHENS	State Zip Code GA 30601		Amount of Each D	isbursement this Period
Purpose of Disbursement		0 0		1000.00
Candidate Name		Category/ Type		
Office Sought: X House Senate President State: GA District: 10	ement For: 2010 Primary X Genera Other (specify)			
Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS			Transaction ID: Date of Disbursem	
Mailing Address P.O. BOX 5577 MANHA		07 020	2010	
City NEW YORK	State Zip Code NY 10027		Amount of Each D	isbursement this Period
Purpose of Disbursement				5000.00
Candidate Name		Category/ Type		
Office Sought: X House Senate President State: NY District: 15	ement For: 2010 Primary X Genera Other (specify)	,		
Full Name (Last, First, Middle Initial) ROBERT HURT FOR CONGRESS			Transaction ID: Date of Disbursem	
Mailing Address PO BOX 2			07 27	2010
City CHATHAM	State Zip Code VA 24531		Amount of Each D	isbursement this Period
Purpose of Disbursement		0 0		2500.00
Candidate Name		Category/ Type		
Office Sought: X House Senate President State: VA District: 05	ement For: 2010 Primary X Genera Other (specify)	•		
SUBTOTAL of Disbursements This Page (optional)		>		8500.00
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TEMIZED	E B (FEC Form : DISBURSEMEN	' Use sep	arate schedule(s) category of the	(check only	NUMBER: PAGE 86 / 90 y one)
		Detailed	Summary Page	21b 27	22 X 23 24 25 28 28c 29
					for the purpose of soliciting contributions plicit contributions from such committee
NAME OF C	OMMITTEE (In Full) N SOCIETY OF ANES				
•	ast, First, Middle Initial) DALL FOR CONGRES	SS			Transaction ID: SB23.88642 Date of Disbursement
Mailing Addre	POST OFFICE	BOX 1871			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} / \begin{bmatrix} D & D & 7 & Y & Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 & Y \end{bmatrix}$
City LAWRENC	EVILLE	State GA	Zip Code 30046		Amount of Each Disbursement this Perio
	RY RUN-OFF				2500.00
Candidate Na	ame			Category/ Type	
Office Sough	t: X House Senate President	Disbursement For: Primary X Other (sp	2010 General ecify) ▼		
State: GA	District: 07	Runoff			<u></u>
,	ast, First, Middle Initial) R CONGRESS				Transaction ID: SB23.88656 Date of Disbursement
Mailing Addre	ess PO BOX 360				$ \begin{bmatrix} 0.7 & M & 7 & M \\ 0.7 & M & 7 \end{bmatrix} $
City PRESCOT	T	State AR	Zip Code 71857		Amount of Each Disbursement this Perio
Purpose of D	isbursement				1000.00
Candidate Na	ame			Category/ Type	
Office Sough	t: X House Senate President	Disbursement For: Primary Other (sp	2010 X General ecify) ▼		
State: AR	District: 04				<u> </u>
	ast, First, Middle Initial) R CONGRESS				Transaction ID: SB23.88581 Date of Disbursement
Mailing Addre	ess P.O. BOX 1919				07 13 / 2010
City JANESVILI	 _E	State WI	Zip Code 53547		Amount of Each Disbursement this Perio
Purpose of D	isbursement				500.00
Candidate Na	ame			Category/ Type	
Office Sough	t: X House Senate President	Disbursement For: X Primary Other (sp	2010 General		
State: WI	District: 01	Other (sp	————		

A. Form/Schedule : SB23

THIS CHECK WILL BE VOIDED IN SEPTEMBER 2010 DUE TO THE FACT THAT IT DID NOT REACH THE PRII E. THIS VOID WILL SHOW UP ON THE 9/20 FEC REPORT. PER MANUEL BONILLA FROM OUR DC OFFICE.

Transaction ID: SB23.88642

ITEMIZ	SCHEDULE B (FEC Form 3X)		Use sepa	Use separate schedule(s)				DR LINE NUMBER: PAGE (88 / 9	90	
	ED DIS	SBURSEM	ENTS	for each	category of the ´ Summary Page		(Cn	21b 27	22 28		_	23 28b	E	24 28c	E	25 29	
					ot be sold or used												5
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		First, Middle Initia	al)									on ID		SB23	.886	06	
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City JANES	SVILLE			State WI	Zip Code 53547				Am	oun	t of	Each	n D	sburs	emen	t this F	Period
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City GLENI	DALE			State AZ	Zip Code 85312				Am	oun	t of	∟ach	n Di	sburse	emen	t this F	erio
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	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 89 / 90	PAGE 89/90				
	ITEMIZED DISBURSEMENTS	for each category of the	(check only one) 21b 22 X 23 24 25	26				
		Detailed Summary Page	27	30b				
			by any person for the purpose of soliciting contributions					
		and address of any political co	committee to solicit contributions from such committee					
	NAME OF COMMITTEE (In Full)							
	AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL ACTI	TION COMMITTEE					
Α.	Full Name (Last, First, Middle Initial)		Transaction ID: SB23.88660					
Α.	TRENT FRANKS FOR CONGRESS		Date of Disbursement					
	Mailing Address PO BOX 8105		077 13 7 2010					
		State Zip Code	Amount of Each Disbursement this Perio	nd				
		AZ 85312	1500.00	\neg				
	Purpose of Disbursement		1300.00					
	Candidate Name	L	Category/					
			Туре					
		ment For: 2010						
	Senate X President	Primary General Other (specify) ▼						
	State: AZ District: 02	Other (specify)						
	Full Name (Last, First, Middle Initial)		Transaction ID: SB23.88604					
В.	VINE PAC		Date of Disbursement					
	Mailing Address 607 14 TH STREET NW	#800	$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & T \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix}$					
		State Zip Code	Amount of Each Disbursement this Perio	nd				
		DC 20005	1000.00					
	Purpose of Disbursement 2010 CONTRIBUTION		100000					
	Candidate Name	,	Category/ Type					
	Office Sought: House Disburse							
	Senate	Primary General						
	President X	Other (specify) ▼						

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	•	84000.00

State:

District:

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE (check only 21b	NUMBER: PAGE 90 / 90 y one) 22 23 24 25 26
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLO	ents may not be sold or used by any person fand address of any political committee to so	licit contributions from such committee
Full Name (Last, First, Middle Initial) TOM GEORGE FOR GOVERNOR Mailing Address P.O. BOX 513036		Transaction ID: SB29.88608 Date of Disbursement O 7 D 2 D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	category/	Amount of Each Disbursement this Period 3400.00
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SUBTOTAL of Disbursements This Page (optional)	•	3400.00
TOTAL This Period (last page this line number only)	<u> </u>	3400.00