

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) NOAH BUNKER		Date of Receipt MM / DD / YYYY 04 / 07 / 2011		
	Mailing Address 8140 N. MOPAC, #3-210		Transaction ID: SA11AI.99719		
	City AUSTIN	State TX	Zip Code 78759	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AUSTIN ANESTHESIOLOGY GRO-UP, LLP		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) BRIAN BURBAUM		Date of Receipt MM / DD / YYYY 04 / 01 / 2011		
	Mailing Address 1260 MANOR DR S		Transaction ID: SA11AI.99589		
	City WESTON	State FL	Zip Code 33326	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CLEVELAND CLINIC FLORIDA		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) DAVID BYER		Date of Receipt MM / DD / YYYY 04 / 09 / 2011		
	Mailing Address 1449 12TH AVE NE		Transaction ID: SA11AI.99758		
	City ROCHESTER	State MN	Zip Code 55906	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NOT EMPLOYED		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	