02/18/2011 12:46

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORW 3X	For Oth	er Than An	Authorize	d Committe	ee		Office Use Only	
NAME OF COMMITTEE (in full)		MAILING LAIE OR PRINT		ample:If typing er the lines	, type	• • •		
AMERICAN SOCIETY O	F ANESTHES	SIOLOGISTS F	OLITICAL A	CTION COMM	ITTEE			
ADDRESS (number and street)	520 N	. NORTHWES	T HIGHWAY	1 1 1 1				
Check if different than previously reported. (ACC)	PARK	RIDGE					60068	-
2. FEC IDENTIFICATION N	IUMBER '	—	CITY 🛋		5	STATE	ZIPCC	DDE 🛕
C00255752			3. IS THIS REPORT		NEW N) OR	A (A	MENDED A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Repo July 15 Quarterly Repo October 15 Quarterly Repo January 31 Quarterly Repo January 31 Quarterly Repo July 31 Mid-Yea Report(Non-ele Year Only) (MY Termination Re (TER)	rt(Q1) (continued of the continued of th	PRE-Election Report for the second se	Election on ion he:)	12C)	Sep	in the State	Special (30S)
5. Covering Period		1 201	•	through	0 1	3 1	2011	
I certify that I have examined the Type or Print Name of Treasur	TUO	to the best of i	-	and belief it is	true, correct a	and complete		
engrature of Trouburer	ctronically File	-	S CONWAY			ate 02		2 0 1 1
NOTE : Submission of false, e	erroneous, or i	ncomplete infor	mation may s	ubject the pers	on signing this	s Report to th	1	-
Office Use							FEC FOF	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 42

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
6.	(a) Cash on Hand January 1 20 ^Y 11 Y Y Y		1200707.26
	(b) Cash on Hand at Begining of Reporting Period	1200707.26	
	(c) Total Receipts (from Line 19)	57888.39	57888.39
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1258595.65	1258595.65
7.	Total Disbursements (from Line 31)	19257.52	19257.52
ı	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1239338.13	1239338.13
1	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
1	Debts and Obligations owed BY 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 / 42

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

м м 0 1 0 1 м°м 0 1 3 1 2 0 1 1 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 39850.00 39850.00 (i) Itemized (use Schedule A) 18006.00 18006.00 (ii) Unitemized (iii) TOTAL (add 57856.00 57856.00 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 57856.00 57856.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 32.39 32.39 (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), 57888.39 57888.39 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts

57888.39

57888.39

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 42

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: — (a) Shared Federal/Non-Federal —		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	1292.52	1292.52
	(c) Total Operating Expenditures	1000 50	1000 50
	(add 21(a)(i), (a)(ii) and (b))	1292.52	1292.52
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees Contributions to	0.00	0.00
٠.	Federal Candidates/Committeesand Other Political Committees	10000.00	10000.00
1	and Other Political Committees	1000.00	1000.00
٠.	(use Schedule E)	7965.00	7965.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(222 22:00000 ;)		
6.	Loan Repayments Made	0.00	0.00
	_		
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(h) Delitical Barty Committee	0.00	0.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
	(444 255 25(4), (5), 44 (5))		
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	Г	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	5.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	19257.52	19257.52
_	Total Federal Disbursements		
2.			
2.	(subtract Line 21(a)(ii) and Line 30(a)(ii)	19257.52	19257.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 42

III. Net Contributions/Op Expenditures	perating COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than from Line 11(d), page 3)	'	57856.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
 Net Contributions (other than loc (subtract Line 34 from Line 33) 	7 57050 00	57856.00
36. Total Federal Operating Expend (add Line 21(a)(i) and Line 21(b	1202 52	1292.52
37. Offsets to Operating Expenditu (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1292.52	1292.52

FE6AN026

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 42 (check only one) X 11a 11b 11c 12 13 14 15 16
or for	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full) MERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Fu	ull Name (Last, First, Middle Initial) DE ANDERSON	SIOLOGISTS	5 POLITICAL ACTION COM	Date of Receipt
_	ailing Address 120 NW 14TH AVE., S			01 31 2011
Ci <u>P</u>	ity ORTLAND	State OR	Zip Code 97209	Transaction ID: SA11AI.95964 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		500.00
N: O	ame of Employer REGON ANESTH GRP	Occupatio ANESTH	n IESIOLOGIST	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
D	ull Name (Last, First, Middle Initial) AVID ANNAND ailing Address 6600 COLONIAL FOR	ESTIN		Date of Receipt
_		ESI LIN		01 31 2011
Ci K	ity NOXVILLE	State TN	Zip Code 37919	Transaction ID: SA11AI.95929 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	07010	250.00
N: A	ame of Employer NES MED ALLI E TN	Occupatio ANESTH	n IESIOLOGIST	
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
D	ull Name (Last, First, Middle Initial) IANNE ANSARI-WINN ailing Address 7844 E. 7TH AVE.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: SA11AI.95945
_	ENVER	CO	80230	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
	ame of Employer HYSICIAN ANESTHESIA SERV	Occupatio ANESTH	n IESIOLOGIST	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	BTOTAL of Receipts This Page (optional)	•		1000.00

•	SCHEDULE A (FEC Form 3X)	l lea canara	te schedule(s)	FOR LINE NUMBER: PAGE 7 / 42		
	TEMIZED RECEIPTS			(check only one)		
	I EIVIIZED NECEIP 13		mmary Page	X 11a 11b 11c 12		
_				13 14 15 16 17		
	Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or ne and address of any pol	used by any perso litical committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	AMERICAN SOCIETY OF ANESTHESIO	LOGISTS POLITICAL	. ACTION COM	MITTEE		
Α.	Full Name (Last, First, Middle Initial) ROBERT ARDIS			Date of Receipt		
	Mailing Address 2521 E 5TH ST			0 1 3 1 2 0 1 1		
	City	State Zip Code		Transaction ID: SA11AI.96008		
	DULUTH	MN 55812		Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		500.00		
		Occupation PHYSICIAN				
	Receipt For:	Aggregate Year-to-Date	▼	7		
	Primary General		1 1 1 1			
	Other (specify) 🔻		500.00			
- В.	Full Name (Last, First, Middle Initial) ROBERT ASCANIO			Date of Receipt		
υ.	Mailing Address 98 STARBIRD RD			M M / D D / Y Y Y Y		
				01 20 2011		
	City	State Zip Code		Transaction ID: SA11AI.95768		
	PORTLAND	ME 04102		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
		Occupation ANESTHESIOLOGIS	 Т			
	Receipt For:	Aggregate Year-to-Date	▼	7		
	Primary General	99.19	1 1 1 1			
	Other (specify)		250.00			
с. С.	Full Name (Last, First, Middle Initial) PAUL BAKER			Date of Receipt		
	Mailing Address 1921 LYONS BEND RD.			0 1 3 1 2 0 1 1		
	City	State Zip Code		Transaction ID: SA11AI.95934		
	KNOXVILLE	TN 37919		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	1 1	250.00		
	ANICO MCD'ALLI CITAL	Occupation ANESTHESIOLOGIS	 Т			
	Receipt For:	Aggregate Year-to-Date		1		
	Primary General	33.13 100.10 2010	1 1 1 1			
	Other (specify) ▼		250.00			
Γ	L					
	SUBTOTAL of Receipts This Page (optional)		·····	1000.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 42 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not name and address	be sold or used by any perso s of any political committee to	
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS PO	DLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) BRION BEERLE			Date of Receipt
Mailing Address PO BOX 212289			$\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
City	State	Zip Code	Transaction ID: SA11AI.95566
ANCHORAGE	AK	99521	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer CHUGACH ANESTHESIA, LLC	Occupation ANESTHESI	OLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) JEFFREY BERGER			Date of Receipt
Mailing Address 6715 TOMLINSON TE	R		M M / D D / Y Y Y Y Y O D D / B D D / B D D D D D D D D D D D D
City	State	Zip Code	Transaction ID: SA11AI.95749
CABIN JOHN	MD	20818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer GEORGE WASHINGTON SCHOOL OF MEDICINE	Occupation ANESTHESI	OLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Yea	250.00	
Full Name (Last, First, Middle Initial) GENE BRENOWITZ			Date of Receipt
Mailing Address 4510 W. SHERIDAN S	ST.		0 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Zip Code	Transaction ID: SA11AI.95610
SEATTLE	WA	98199	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESI	OLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1		1500.00

A. NAME OF COMMITTEE (in Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) DAVID BROUSSARD Mailing Address 1514 JEFFERSON HWY ANESTHESIA DEPARTMENT City State Zip Code New ORLEANS LA 70121 Transaction ID: SA11Al.95555 Amount of Each Receipt this Perio Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. C. State Zip Code ANESTHESIA DEPARTMENT Receipt For: Primary General Other (specify) ▼ FUII Name (Last, First, Middle Initial) JEFFREY BROUSSARD Anount of Each Receipt this Perio C. State Zip Code Name of Engalover ANESTHESIA MEDICAL ALLIAN- CEOPE EAST TE Receipt For: Primary General Other (specify) ▼ C. State Zip Code Name of Engalover Occupation ANESTHESIOLOGIST Anount of Each Receipt this Perio ANESTHESIOLOGIST Anount of Each Receipt this Perio ANESTHESIOLOGIST Anount of Each Receipt this Perio Primary General Other (specify) ▼ Date of Receipt ANESTHESIOLOGIST Anount of Each Receipt this Perio Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Date of Receipt ANESTHESIOLOGIST Anount of Each Receipt this Perio AMERICAN ACTION COMMITTEE	12 16 17	13 14 15 16	Use separate schedule(s) for each category of the Detailed Summary Page	HEDULE A (FEC Form 3X) MIZED RECEIPTS information copied from such Reports and Statements ma	
A. DAVID BROUSSARD Mailing Address 1514 JEFFERSON HWY ANESTHESIA DEPARTMENT City State Zip Code NEW ORLEANS LA 70121 FEC ID number of contributing federal political committee. Name of Employer OCHSNER CLINIC FOUNDATION Receipt For: Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Pill Name (Last, First, Middle Initial) SEFFER BROUSSARD Mailing Address 610 CHEROKEE BLVD City State Zip Code TN 37919 FEC ID number of contributing federal political committee. C. State Zip Code TN 37919 FEC ID number of contributing federal political committee. C. State Zip Code TN 37919 FEC ID number of contributing federal political committee. C. State Zip Code ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ C. State Zip Code ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ C. State Zip Code ANESTHESIOLOGIST ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ C. State Zip Code ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Name (Last, First, Middle Initial) Anount of Each Receipt this Perio Anount of Each Receipt this Perio Name of Employer ACL LTD. Middle Initial) Anount of Each Receipt this Perio Anoun	ittee.	olicit contributions from such committee.	dress of any political committee to s	r commercial purposes, other than using the name and ad IAME OF COMMITTEE (In Full)	
Transaction ID: SA11AI.95555 NEW ORLEANS LA 70121 FEC ID number of contributing federal political committee. Name of Employer OCHSNER CLINIC FOUNDATION Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JEFFREY BROUSSARD Malling Address 610 CHEROKEE BLVD City State Zip Code TN 37919 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA MEDICAL ALLIAN-CE OF EAST TE Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JEFREY BROUSSARD C. Full Name (Last, First, Middle Initial) AMESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ For ID number of contributing federal political committee. C. Full Name (Last, First, Middle Initial) C. KURT BUDENBENDER Malling Address 9290 E THOMPSON PEAK PARKWAY # 146 City State Zip Code Transaction ID: SA11AI.95815 AMOUNT of Each Receipt Transaction ID: SA11AI.95815 Amount of Each Receipt Transaction ID: SA11AI.95815 Amount of Each Receipt Transaction ID: SA11AI.95815 Amount of Each Receipt his Perior Transaction ID: SA11AI.95815 Amount of Each Receipt his Perior Transaction ID: SA11AI.95815 Amount of Each Receipt his Perior Transaction ID: SA11AI.95815 Amount of Each Receipt his Perior Transaction ID: SA11AI.95815 Amount of Each Receipt his Perior Transaction ID: SA11AI.95815 Amount of Each Receipt his Perior Transaction ID: SA11AI.95815		M M / D D / Y Y Y Y		DAVID BROUSSARD Aailing Address 1514 JEFFERSON HWY	4 .
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Receipt For:	00.00	500.00			
Primary General Other (specify) ▼ 500.00 B. Full Name (Last, First, Middle Initial) JEFFREY BROUSSARD Mailing Address 610 CHEROKEE BLVD City State Zip Code TN 37919 FEC ID number of contributing federal political committee. C. Name of Employer ANESTHESIA MEDICAL ALLIAN- CE OF EAST TE Receipt For: Primary General Other (specify) ▼ CIty State Zip Code Transaction ID: SA11Al.95753 Amount of Each Receipt this Perior ANESTHESIOLOGIST Aggregate Year-to-Date ▼ CIty State Zip Code SCOTTSDALE AZ 85255 FEC ID number of contributing federal political committee. C. Name of Employer VAC, LTD. Cocupation ANESTHESIOLOGIST Amount of Each Receipt Transaction ID: SA11Al.95815 Amount of Each Receipt Transaction ID: SA11Al.95815 Amount of Each Receipt Transaction ID: SA11Al.95815 Amount of Each Receipt Transaction ID: SA11Al.95815 Amount of Each Receipt Transaction ID: SA11Al.95815 Amount of Each Receipt Transaction ID: SA11Al.95815 Amount of Each Receipt This Perior Transaction ID: SA11Al.95815 Amount of Each Receipt Transaction ID: SA11Al.95815 Amount of Each Receipt This Perior Transaction ID: SA11Al.95815 Amount of Each Receipt This Perior Transaction ID: SA11Al.95815 Amount of Each Receipt This Perior Transaction ID: SA11Al.95815 Amount of Each Receipt This Perior Transaction ID: SA11Al.95815 Amount of Each Receipt This Perior Transaction ID: SA11Al.95815 Amount of Each Receipt This Perior Transaction ID: SA11Al.95815 Amount of Each Receipt This Perior Transaction ID: SA11Al.95815 Amount of Each Receipt This Perior Transaction ID: SA11Al.95815 Amount of Each Receipt This Perior Transaction ID: SA11Al.95815 Amount of Each Receipt This Perior Transaction ID: SA11Al.95815 Amount of Each Receipt This Perior Transaction ID: SA11Al.95815 Amount of Each Receipt This Perior Transaction ID: SA11Al.95815 Amount of Each Receipt This Perior Transaction ID: SA11Al.95815 Amount of Each Receipt This Perior Transaction ID: SA11Al.95815 Amount of Each Receipt This Perior Transaction ID: SA11Al.95815 Amount of Each			ESIOLOGIST	ANESTE	
B. JEFFREY BROUSSARD Mailing Address 610 CHEROKEE BLVD City State Zip Code KNOXVILLE TN 37919 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA MEDICAL ALLIAN-CE OF EAST TE Receipt For: Primary General Other (specify) ▼ CITY Full Name (Last, First, Middle Initial) KURT BUDENBENDER Mailing Address 9290 E THOMPSON PEAK PARKWAY # 146 City State Zip Code SCOTTSDALE AZ 85255 FEC ID number of contributing federal political committee. CITY State Zip Code ARESTHESIOLOGIST FEC ID number of contributing federal political committee. Name of Employer VAC, LTD. Cocupation ANESTHESIOLOGIST Amount of Each Receipt Transaction ID: SA11Al.95815 Amount of Each Receipt Amount of Each Receipt Transaction ID: SA11Al.95815 Amount of Each Receipt this Perior Transaction ID: SA11Al.95815 Amount of Each Receipt this Perior Transaction ID: SA11Al.95815 Amount of Each Receipt this Perior Amount of Each Receipt this Perior Transaction ID: SA11Al.95815 Amount of Each Receipt this Perior			500.00	Primary General	
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Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) KURT BUDENBENDER Mailing Address 9290 E THOMPSON PEAK PARKWAY # 146 City State Zip Code SCOTTSDALE FEC ID number of contributing federal political committee. Name of Employer VAC, LTD. Pate of Receipt Date of Receipt Transaction ID: SA11AI.95815 Amount of Each Receipt this Period 1000.					
C. KURT BUDENBENDER Mailing Address 9290 E THOMPSON PEAK PARKWAY # 146 City State Zip Code SCOTTSDALE FEC ID number of contributing federal political committee. Name of Employer VAC, LTD. Date of Receipt Transaction ID: SA11AI.95815 Amount of Each Receipt this Perion Occupation ANESTHESIOLOGIST				Primary General	
City State Zip Code Transaction ID: SA11AI.95815 SCOTTSDALE AZ 85255 FEC ID number of contributing federal political committee. Name of Employer VAC, LTD. O 1 24 201 Transaction ID: SA11AI.95815 Amount of Each Receipt this Perior 1000.0		Date of Receipt		,	 C.
SCOTTSDALE AZ 85255 Amount of Each Receipt this Perior FEC ID number of contributing federal political committee. C Name of Employer VAC, LTD. Occupation ANESTHESIOLOGIST			WAY # 146	Mailing Address 9290 E THOMPSON PEAK PARK	
FEC ID number of contributing federal political committee. C Name of Employer VAC, LTD. Occupation ANESTHESIOLOGIST		Transaction ID: SA11AI.95815	·	•	
Name of Employer VAC, LTD. Occupation ANESTHESIOLOGIST	eriod	Amount of Each Receipt this Period	85255		
ANESTHESIOEOGIST	00.00	1000.00		ederal political committee.	
Receipt For: Aggregate Year-to-Date ▼				lame of Employer Occupation ANESTH	
Primary General Other (specify) ▼ 1000.00				Primary General	
SUBTOTAL of Receipts This Page (optional)	50.00	1750.00)	BTOTAL of Receipts This Page (optional)	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 42 (check only one) X 11a
or fo	information copied from such Reports and r commercial purposes, other than using the IAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\. <u>T</u>	ull Name (Last, First, Middle Initial) IFFANY BUTLER Mailing Address 15221 N CLUBGATE	DR UNIT 20	23	Date of Receipt
	Sity	State	Zip Code	0 1 1 2 2 0 1 1 Transaction ID: SA11AI.95683
F	SCOTTSDALE EC ID number of contributing ederal political committee.	C	85254	Amount of Each Receipt this Period 250.00
<u> </u>	lame of Employer 'ALLEY ANESTHESIOLOGY CON- SULTANTS Receipt For: Primary General Other (specify) ▼		n IESIOLOGIST e Year-to-Date ▼ 250.00	
<u> </u>	rull Name (Last, First, Middle Initial) ROSE CAMPISE- LUTHER Mailing Address 3729 N 101ST ST			Date of Receipt 0 1 2 2 2 2 0 1 1
	city	State	Zip Code	Transaction ID: SA11AI.95802
F	VAUWATOSA EC ID number of contributing ederal political committee.	C	53222	Amount of Each Receipt this Period 500.00
<u>C</u>	lame of Employer CHILDRENS HOSPITAL OF WIS- COSNIN ANESTH leceipt For: Primary General Other (specify)		n RIC ANESTHESIOLOGIST • Year-to-Date ▼ 500.00	1
<u>S</u>	ull Name (Last, First, Middle Initial) HOBANA CHANDRASEKHAR Mailing Address 5702 STRATFORD G	GARDENS DE	3	Date of Receipt 0 1 0 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Sity	State	Zip Code	Transaction ID: SA11AI.95559
F	GUGAR LAND FEC ID number of contributing ederal political committee.	C	77479	Amount of Each Receipt this Period 250.00
Ņ	lame of Employer BAYLOR COLLEGE OF MEDICINE	Occupatio ANESTH	n IESIOLOGIST	
F	deceipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 250.00	
SUI	BTOTAL of Receipts This Page (optional)	1		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 11 / 42 (check only one) X
Any information copied from such Reports and 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) CATHERINE CHEUNG Mailing Address 925 ALLISON MEW	S PL. NW		Date of Receipt
City CONCORD FEC ID number of contributing	State NC	Zip Code 28027	Transaction ID: SA11AI.95863 Amount of Each Receipt this Period
federal political committee. Name of Employer NORTHEAST ANESTHESIA AND PAIN SPECIALI Receipt For: Primary General Other (specify) ▼		ESIOLOGY Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) ALEXANDER CHOI Mailing Address 230 N. MAIN ST.			Date of Receipt M M / D D / Y Y Y Y Y Y O D D D D D D D D D D D D D
City ZIONSVILLE FEC ID number of contributing federal political committee.	State IN	Zip Code 46077	Transaction ID: SA11AI.95716 Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIA CONSULTANTS OF INDIANAPOLIS Receipt For: Primary General Other (specify)		ESIOLOGIST Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) K. CHONG Mailing Address P.O. BOX 2688	<u>'</u>		Date of Receipt
City IOWA CITY FEC ID number of contributing federal political committee.	State IA	Zip Code 52244	Transaction ID: SA11AI.95899 Amount of Each Receipt this Period 250.00
Name of Employer PACIC Receipt For: Primary General Other (specify)		ESIOLOGIST Year-to-Date 250.00	1
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 12 / 42 (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) JOE CLARK Mailing Address 6549 TALLWOOD D City ROANOKE FEC ID number of contributing federal political committee. Name of Employer VALLEY ANESTHESIA, P.C. LEWIS-GALE MED Receipt For: Primary General Other (specify)	State VA C Occupation PHYSICI		Date of Receipt M M M / D D / Y Y Y Y Y O 1 2 0 1 1 Transaction ID: SA11AI.95513 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) NORMAN COHEN Mailing Address 0841 SW GAINES S City PORTLAND FEC ID number of contributing federal political committee. Name of Employer OREGON HEALTH AND SCIENCE UNIV. ANES. Receipt For: Primary General Other (specify)	State OR C Occupation ASSOCIA	Zip Code 97239 n ATE PROFESSOR y Year-to-Date ▼ 1000.00	Date of Receipt M M A 2011 Transaction ID: SA11AI.95711 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) JAMES CROOK Mailing Address 747 52ND STREET ANESTHESIA OFFIC City OAKLAND FEC ID number of contributing federal political committee. Name of Employer CHILDRENS ANESTHESIA MEDI- CAL GROUP Receipt For: Primary General Other (specify)	State CA C Occupation PEDIATE	Zip Code 94609	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			1500.00

Any information copied from such Reports and	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)	*	o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHI	ESIOLOGISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) STEPHEN CUPLIN		Date of Receipt
Mailing Address 14320 168TH AVE.,	N.E.	01 17 2011
City	State Zip Code	Transaction ID: SA11AI.95745
WOODINVILLE	WA 98072	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MATRIX ANESTHESIA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MARK DAVIDSON		Date of Receipt
Mailing Address 4243 CREEK WATE	R CROSSING	01 07 2011
City	State Zip Code	Transaction ID: SA11AI.95609
FLOWERY BRANCH	GA 30542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANESTHESIA ASSOCIATES OF GAINESVILLE	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) LISA DRAKE	<u> </u>	Date of Receipt
Mailing Address 655 COLEBROOK C	T. N.W.	01 31 2011
City	State Zip Code	Transaction ID: SA11AI.96004
<u>ATLANTA</u>	GA 30327	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AMBULATORY ANESTHESIA SPE- CIALISTS, LLC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

	ILE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 42 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF	on copied from such Reports and S rcial purposes, other than using the COMMITTEE (In Full) CAN SOCIETY OF ANESTHE			on for the purpose of soliciting contributions solicit contributions from such committee.
	(Last, First, Middle Initial)	SIOLOGISTS	5 POLITICAL ACTION COM	MITTEE
TRUITT EI	LLIS Idress 4421 SHEPPARD PL			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City <u>NASHVI</u>	LLE	State TN	Zip Code 37205	Transaction ID: SA11AI.95838 Amount of Each Receipt this Period
	umber of contributing litical committee.	C		500.00
Name of E ANESTHI ANESTHI	Employer ESIA MEDICAL GROUP ESIA	Occupatio ANESTH	n IESIOLOGISTS	
Receipt Fo		Aggregate	e Year-to-Date ▼ 500.00	
MICHAEL				Date of Receipt
Mailing Ac	Idress 250 BEACON ST # 5			01 31 2011
City	NI.	State	Zip Code	Transaction ID: SA11AI.95947
	umber of contributing litical committee.	C	02116	Amount of Each Receipt this Period 250.00
Name of E TUFTS M	Employer ED CTR	Occupatio PHYSIC		
Receipt Fo		Aggregate	e Year-to-Date ▼ 250.00	
Full Name	(Last, First, Middle Initial)			Date of Receipt
Mailing Ac	Idress 5026 LAUDERDALE A	AVE.		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City VIRGINI	A BEACH	State VA	Zip Code 23455	Transaction ID: SA11AI.95722 Amount of Each Receipt this Period
FEC ID nu	umber of contributing litical committee.	C	10.00	250.00
Name of E ATLANTI	Employer C ANESTHESIA	Occupatio PHYSICI		
Receipt Fo		Aggregate	e Year-to-Date ▼ 250.00	
SURTOTAL	of Receipts This Page (optional) .	1		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 15 / 42 (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)			on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) WAYNE FONG			Date of Receipt
Mailing Address 630 FIRST AVENUE #27-H			M M / D D / Y Y Y Y Y Y 16 1 16 2011
City	State	Zip Code	Transaction ID: SA11AI.95726
NEW YORK	NY	10016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PARK SLOPE ANESTHESIA ASS- OCIATES. P.C.	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) JEFFREY GLADSTEIN	<u> </u>		Date of Receipt
Mailing Address 4664 MEADOW BLUFF	F LN.		01 05 7 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.95585
SUWANEE	GA	30024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer GWINNETT ANESTHESIA SERVI- CE, PC	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) WILLIAM GOGLIN			Date of Receipt
Mailing Address 2119 CORTELYOU RD)		01 30 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.95897
CHARLOTTE	NC	28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer NORTHEAST ANESTHESIA AND PAIN	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00]
SUBTOTAL of Receipts This Page (optional)	<u> </u>		1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 42 (check only one) X 11a
	Any information copied from such Reports and sor for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any persidress 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
∠ A .	Full Name (Last, First, Middle Initial) RANDALL GOSKOWICZ			Date of Receipt
	Mailing Address 5024 CHELTERHAM			01 02 7 2011
	City	State CA	Zip Code	Transaction ID: SA11AI.95552
	SAN DIEGO FEC ID number of contributing federal political committee.	C	92130	Amount of Each Receipt this Period 250.00
	Name of Employer SELF	Occupation	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
– В.	Full Name (Last, First, Middle Initial) WILLIAM HALLOWES			Date of Receipt
	Mailing Address 3216 DUNLAP DR.			01 31 2011
	City	State	Zip Code	Transaction ID: SA11AI.95982
	GAINESVILLE	GA	30506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANES ASSOC GVILLE		HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
с. С.	Full Name (Last, First, Middle Initial) YUSUF HAMEED			Date of Receipt
	Mailing Address 223 LYMAN HALL RD).		M M / D D / Y Y Y Y Y Y Y Y X Y X Y X Y X Y X Y X
	City SAVANNAH	State GA	Zip Code 31410	Transaction ID: SA11AI.95995 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			750.00
	TOTAL This Period (last page this line number			

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 42 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for cor	nmercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	E OF COMMITTEE (In Full) RICAN SOCIETY OF ANESTHESI	OLOGISTS	S POLITICAL ACTION COM	MITTEE
A. MAUF	ame (Last, First, Middle Initial)			Date of Receipt
Mailin	g Address 411 LAUREL #3170			01 07 2011
City		State	Zip Code	Transaction ID: SA11AI.95613
	MOINES	IA	50314	Amount of Each Receipt this Period
	D number of contributing al political committee.	С		250.00
	of Employer CTR ANESTH	Occupation ANESTH	n IESIOLOGIST	
	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	ame (Last, First, Middle Initial) LEY HAUGSTAD			Date of Receipt
Mailin	g Address 9623 42ND AVE.			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.95796
	ASANT PRAIRIE	WI	53158	Amount of Each Receipt this Period
	D number of contributing al political committee.	C		250.00
	of Employer DLEY N HAUGSTAD MD SC	Occupation PHYSICI	n IAN ANESTHESIOLOGIST	
	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	ame (Last, First, Middle Initial)			Date of Receipt
Mailin	g Address 519 WING LN			M M / D D / Y Y Y Y Y Y 1 1 7 2 0 1 1
City <u>SAIN</u>	IT CHARLES	State IL	Zip Code 60174	Transaction ID: SA11AI.95741 Amount of Each Receipt this Period
	D number of contributing al political committee.	C		500.00
Name KANE S. S.0	of Employer E ANESTHESIA ASSOCIATE- C.	Occupation PHYSICI	n IAN-ANESTHESIOLOGIST	
Recei	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTO	TAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 42 (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 pers 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) BRADLEY HINDMAN Mailing Address 26 RITA LYN CT. City IOWA CITY FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF IOWA HOSPIT- ALS & CLINICS Receipt For:	State Zip Code IA 52245 C Occupation ANESTHESIOLOGIST	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALBERT HO	Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Mailing Address 2033 BRANDON C City CHARLOTTE FEC ID number of contributing federal political committee.	State Zip Code NC 28211	Transaction ID: SA11AI.95882 Amount of Each Receipt this Period 1000.00
Name of Employer NORTHEAST ANESTHESIA Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) RICHARD HOFSTRA Mailing Address 29160 KING ARTH	UR CT	Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City WESTLAKE FEC ID number of contributing federal political committee.	State Zip Code OH 44145	Transaction ID: SA11AI.95999 Amount of Each Receipt this Period 250.00
Name of Employer WESTGATE MEDICAL ANESTHES- IOLOGY Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional	l)	1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 42 (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) HOBSON HORNBUCKLE Mailing Address 490 HARRISON RE) State	Zip Code	Date of Receipt M M D D D Y Y Y Y Y Y Y
ROEBUCK FEC ID number of contributing federal political committee.	SC	29376	Amount of Each Receipt this Period 250.00
Name of Employer SPARTANBURG REGIONAL Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		ESIOLOGIST Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) STEPHEN HUTCHINS Mailing Address 501 20TH ST STE 6	606		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.95974
KNOXVILLE FEC ID number of contributing federal political committee.	C	37916	Amount of Each Receipt this Period 250.00
Name of Employer ANES MED ALLI E TN		ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ANTHONY IARUSSI			Date of Receipt
Mailing Address 1438 DYER AVE			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y D D D / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.95665
CINCINNATI FEC ID number of contributing federal political committee.	ОН	45230	Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA GROUP PRACTICE BETHESDA NOR Receipt For:		ESIOLOGIST	
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	.l\		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 20 / 42 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements man	v not be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE			
Full Name (Last, First, Middle Initial) MICHAEL IVERSON			Date of Receipt
Mailing Address 330 CHAPEL LOOP			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.95661
MANDEVILLE	LA	70471	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer WSTAA	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) JOEL JOHNSON			Date of Receipt
Mailing Address 2025 SOUTHERN LIG	GHT 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.95868
LINCOLN	NE	68512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, PC	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) BABAK KHABIRI			Date of Receipt
Mailing Address 1489 BERKSHIRE R	D		M M / D D / Y Y Y Y Y O 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.95695
COLUMBUS	OH	43221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer OHIO STATE DEPT OF ANESTH- ESIOLOGY	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 42 (check only one) X 11a 11b 11c 12 13 14 15 16 1
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	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROGER KINKOR			Date of Receipt
Mailing Address 411 LAUREL ST ST	E 3170		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.95724
DES MOINES	IA	50314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MEDICAL CENTER ANESTHESIO- LOGISTS, PC	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) ELLIOTT KLAIN			Date of Receipt
Mailing Address 2931 N. TENAYA W	AY, SUITE #1	02	M M / D D / Y Y Y Y Y O D D / 2011
City	State	Zip Code	Transaction ID: SA11AI.95988
<u>LAS VEGAS</u>	NV	89128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SUMMIT ANES. CONSULTANTS	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ADAM KOVAC	I		Date of Receipt
Mailing Address 1147 W OHIO ST APT 305			01 14 2011
City	State	Zip Code	Transaction ID: SA11AI.95707
CHICAGO	<u> </u>	60642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer MIDWEST ANESTHESIOLOGY AS- SOCIATES	Occupatio ATTEND	n ING ANESTHESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼	0 0	250.00	
			750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 42 (check only one)
Any information copied from such Reports an 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 osolicit 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) MICHAEL LALICH			Date of Receipt
Mailing Address 1501 S. LAKE GEO	RGE DR.		0 1 3 1 2 0 1 1
City MISHAWAKA	State IN	Zip Code 46545	Transaction ID: SA11AI.95990 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ST. JOSEPH VALLEY ANESTHE- SIA	Occupation ANETHE	n SIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KRISTYNA LANDT			Date of Receipt
Mailing Address 3003 MEDINAH CT			0 1 3 0 2 0 1 1
City ATLANTA	State GA	Zip Code 30341	Transaction ID: SA11AI.95886
FEC ID number of contributing federal political committee.	C	30341	Amount of Each Receipt this Period 250.00
Name of Employer INDEPENDENT CONTRACTOR	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) SEAN LEACH			Date of Receipt
Mailing Address 6410 S. 66TH ST.			01 23 2011
City LINCOLN	State NE	Zip Code 68516	Transaction ID: SA11AI.95809 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, P.C.	Occupation PHYSICI	AN	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 42 (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 personen name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MAXINE LEE Mailing Address 5432 WOODCHUCK City ROANOKE FEC ID number of contributing federal political committee. Name of Employer ACV, INC Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y O 1
Full Name (Last, First, Middle Initial) CHARLES LEVINE Mailing Address 755 OAKWOOD DR. City RED LION FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOCIATES OF YORK, PA Receipt For: Primary General Other (specify)	State Zip Code PA 17356 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 3 0 2 0 1 1 Transaction ID: SA11AI.95895 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) GLORIA LEWIS Mailing Address 501 20TH ST., SUITE City KNOXVILLE FEC ID number of contributing federal political committee. Name of Employer ANES MED ALLI E TN Receipt For: Primary General Other (specify)	State Zip Code TN 37916 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line numbe		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 24 / 42 (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) AMERICAN SOCIETY OF ANESTHE	Statements may not be sold or used by any perse 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) ROGER LOVEN Mailing Address 925 ENGLISH OAK D City BISMARCK FEC ID number of contributing federal political committee. Name of Employer ST. ALEXIUS HEART AND LUNG CLINIC Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y O 1 1 7 2 0 1 1 Transaction ID: SA11AI.95742 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) PENNY LYNCH Mailing Address 501 20TH ST., SUITE City KNOXVILLE FEC ID number of contributing federal political committee. Name of Employer KNOXVILLE ANES GROUP Receipt For: Primary General Other (specify)	State Zip Code TN 37916 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt O 1
Full Name (Last, First, Middle Initial) RANDALL MALCHOW Mailing Address 9137 CONCORD HUI City BRENTWOOD FEC ID number of contributing federal political committee. Name of Employer VANDERBILT UNIVERSITY MED Receipt For: Primary General Other (specify)	NT CIR State Zip Code TN 37027 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M J D D J Z D J Z D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	·	1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate sche for each category on Detailed Summary	of the
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	HESIOLOGISTS POLITICAL ACTI	ON COMMITTEE
. ANITA MALHOTRA		Date of Receipt
Mailing Address 3857 MEADOWBR	OOK BLAD	01 08 2011
City	State Zip Code	Transaction ID: SA11AI.95648
UNIVERSITY HEIGHTS	OH 44118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CLEVELAND CLINIC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
Full Name (Last, First, Middle Initial) JULIUS MAPALAD	I	Date of Receipt
Mailing Address 8418 N COLLEGE	AVE	0 1 3 1 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.95997
INDIANAPOLIS	IN 46240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SOUTHEAST ANESTHESIOLOGY	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
Full Name (Last, First, Middle Initial) BRIAN MCCONNELL		Date of Receipt
Mailing Address 3300 GALLOWS R ANES. DEPT.	D.	0 1 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>FALLS CHURCH</u>	State Zip Code VA 22042	Transaction ID: SA11AI.95603 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer AMERICAN ANESTHESIOLOGY OF VIRGINIA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
SUBTOTAL of Receipts This Page (optional	l)	800.00

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 42 (check only one) X 11a 11b 11c 12 13 14 15 16
or for co	rmation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) ERICAN SOCIETY OF ANESTHE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
COU	Name (Last, First, Middle Initial) RTNEY MCKAY ng Address PO BOX 1076	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
FEC	NESVILLE ID number of contributing al political committee.	GA C	30503	Amount of Each Receipt this Period 250.00
	e of Employer S ASSOC GVILLE ipt For: Primary General Other (specify)		n IESIOLOGIST e Year-to-Date ▼ 250.00	
HOW	Name (Last, First, Middle Initial) ARD MENDEL ng Address 205 RALSTON 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	JNT LAUREL	State NJ	Zip Code 08054	Transaction ID: SA11AI.95903
FEC	ID number of contributing al political committee.	C	00034	Amount of Each Receipt this Period 250.00
OCIA	e of Employer LINGTON ANESTHESIA ASS- ATES ipt For: Primary General Other (specify)	_	n IESIOLOGIST e Year-to-Date ▼ 250.00	
SAMU	Name (Last, First, Middle Initial) JEL MORGOS ng Address 12707 CRESTMOOR	CIR		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.95729
FEC	DSPECT ID number of contributing al political committee.	C	40059	Amount of Each Receipt this Period 250.00
LOG		Occupatio PHYSICI	IAN	
nece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
SUBTO	TAL of Receipts This Page (optional)	1		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 42 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or f	y information copied from such Reports and S for commercial purposes, other than using the	Statements mage 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 ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
∠ A.	Full Name (Last, First, Middle Initial) WILLIAM MURPHY			Date of Receipt
	Mailing Address 10821 WEATHER VA	NE RD		01 26 2011
	City HENRICO	State VA	Zip Code 23238	Transaction ID: SA11AI.95854 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer ANESTHESIA ASSOC. OF RICH- MOND, INC. Receipt For: Primary General		ESIOLOGY e Year-to-Date ▼	1
_	Other (specify)	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) JOSEPH NAPLES Mailing Address 6565 FANNIN ST MC	B452		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.95697
	HOUSTON	TX	77030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer THE METHODIST HOSPITAL	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— c.	Full Name (Last, First, Middle Initial) DANIEL NELSON			Date of Receipt
	Mailing Address 45395 CHOCTA CIRC	CLE		M M / D D / Y Y Y Y Y Y D D D D D D D D D D
	City INDIAN WELLS	State CA	Zip Code 92210	Transaction ID: SA11AI.95543 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	JEE 10	250.00
	Name of Employer RANCHO MIRAGE ANESTHESIA CONSULTANTS	, '	IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)	1		1750.00
т	OTAL This Period (last page this line number	r only)	······	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 42 (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	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DOUGLAS OLIN Mailing Address 5270 VISTA CLUB	RUN		Date of Receipt 0 1 2 9 2 0 1 1
City SANFORD FEC ID number of contributing federal political committee.	State FL	Zip Code 32771	Transaction ID: SA11AI.95881 Amount of Each Receipt this Period 500.00
Name of Employer JLR MEDICAL GROUP Receipt For: Primary General Other (specify)	Occupation MD Aggregate	n Year-to-Date ▼	
Full Name (Last, First, Middle Initial) PARAG PANDYA Mailing Address 210 ROYAL VW			Date of Receipt 0 1 1 8 2 0 1 1
City PITTSFORD FEC ID number of contributing federal political committee.	State NY	Zip Code 14534	Transaction ID: SA11AI.95747 Amount of Each Receipt this Period 500.00
Name of Employer GENEVA GENERAL HOSPITAL Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 500.00]
Full Name (Last, First, Middle Initial) EDWARD PARK Mailing Address 99 NOBSCOT ROA	D		Date of Receipt
City SUDBURY FEC ID number of contributing federal political committee.	State MA	Zip Code 01776	Transaction ID: SA11AI.95598 Amount of Each Receipt this Period 500.00
Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 500.00	
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 29 / 42 (check only one)
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 a solicit 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) MICHAEL PICONE			Date of Receipt
Mailing Address 427 SWAIN CT			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BELLE MEAD	State NJ	Zip Code 08502	Transaction ID: SA11AI.95659 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANES CONSULTANTS OF NJ	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ERIC POURMAND			Date of Receipt
Mailing Address 1040 10TH ST APT	402		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MIAMI BEACH	State FL	Zip Code 33139	Transaction ID: SA11AI.95861
FEC ID number of contributing federal political committee.	C	33139	Amount of Each Receipt this Period 500.00
Name of Employer SHERIDAN HEALTHCORP, INC.	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	 '	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) STEPHANIE RANDALL			Date of Receipt
Mailing Address 6911 VAN DORN S	T STE 2		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LINCOLN	State NE	Zip Code 68506	Transaction ID: SA11AI.95822 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, PC	·	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
			1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 42 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may g the name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANESTI	HESIOLOGISTS	POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DEELLA RAY			Date of Receipt
Mailing Address 127 BAY RIDGE Lo	State	Zip Code	0 1 1 5 2 0 1 1 Transaction ID: SA11AI.95714
HOT SPRINGS	AR	71901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	71301	500.00
Name of Employer MIDSTATE MEDICAL ANES. SE- RVICES	Occupation ANESTHE	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DIANE REYNOLDS			Date of Receipt
Mailing Address 501 20TH ST STE			01 / 31 / 2011
City	State	Zip Code	Transaction ID: SA11AI.95968
KNOXVILLE FEC ID number of contributing federal political committee.	C	37916	Amount of Each Receipt this Period 250.00
Name of Employer ANES MED ALLI E TN	Occupation ANESTHE	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) GARY RING	I		Date of Receipt
Mailing Address 2356 WINGSONG			01 23 7 2011
City	State	Zip Code	Transaction ID: SA11AI.95806
ALLEN	TX	75013	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer GARY RING, M.D.	Occupation PHYSICIA	AN	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional	al)		1000.00

SCHEDULE A (FEC ITEMIZED RECEIPT Any information copied from su	rs uch Reports and Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 42 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
NAME OF COMMITTEE (I	n Full)	Gress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Midd JEFFREY ROBERTS Mailing Address 1700 K			Date of Receipt
City	State	Zip Code	0 1 3 1 2 0 1 1 Transaction ID: SA11AI.95931
KNOXVILLE FEC ID number of contributed federal political committee.	ting C	37922	Amount of Each Receipt this Period 250.00
Name of Employer ANES MED ALLI E TN		ESIOLOGIST	
Receipt For: Primary Ger Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Midd	dle Initial)		Date of Receipt
	ENTANGY RIVER RD STE OF ANES State	Zip Code	0 1 1 4 2 0 1 1 Transaction ID: SA11AI.95709
COLUMBUS	OH_	43212	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	ting		1000.00
Name of Employer OSUMC	Occupatio PHYSICI		
Receipt For: Primary Ger Other (specify) ♥	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Midd	dle Initial)		Date of Receipt
Mailing Address 3414 W	VHEAT ST		01 22 2011
City <u>COLUMBIA</u>	State SC	Zip Code 29205	Transaction ID: SA11AI.95800 Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	ting		250.00
Name of Employer DORN VA MEDICAL CEN	TER Occupatio	n ESIOLOGIST	
Receipt For: Primary Ger 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 32 / 42 (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)	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DANNY SARTORE Mailing Address 4009 SURRY PL. LN.		Date of Receipt
City	State Zip Code	0 1 0 1 2 0 1 1 Transaction ID: SA11AI.95539
SPRINGFIELD FEC ID number of contributing federal political committee.	IL 62711	Amount of Each Receipt this Period 250.00
Name of Employer SANGAMON ASSOCIATED ANEST- HESIOLOGISTS Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) JOSEPH SCHIANODICOLA Mailing Address 218 CENTER ST		Date of Receipt
	Ctata 7in Cada	01 06 2011
City STATEN ISLAND	State Zip Code NY 10306	Transaction ID: SA11AI.95599 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer PARK SLOPE ANESTHESIA ASS- OCIATES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) KENNETH SEARS		Date of Receipt
Mailing Address 110 29TH AVENUE No	ORTH, SUITE 201	01 31 7 2011
City	State Zip Code	Transaction ID: SA11AI.95926
NASHVILLE FEC ID number of contributing federal political committee.	TN 37203	Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
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 33 / 42 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE			
Full Name (Last, First, Middle Initial) JONATHAN SENAL			Date of Receipt
Mailing Address 3752 N WAYNE AVE			01 29 2011
City CHICAGO	State IL	Zip Code 60613	Transaction ID: SA11AI.95877 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00013	300.00
Name of Employer JONATHAN A SENAL SERVICE CORPORATION Receipt For:		n L DOCTOR y Year-to-Date ▼	
Primary ☐ General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) SCOTT SIEGEL	•		Date of Receipt
Mailing Address 18 MELANIE MNR			01 30 7 2011
City	State NJ	Zip Code	Transaction ID: SA11AI.95890
EAST BRUNSWICK FEC ID number of contributing federal political committee.	C	08816	Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA CONSULTANTS OF	Occupation PHYSICI		
NJ Receipt For:	-, '	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) JEAN SIMONSON			Date of Receipt
Mailing Address 924 20TH AVE. CIR.			01 31 2011
City BLAIR	State NE	Zip Code 68008	Transaction ID: SA11AI.95907
FEC ID number of contributing federal political committee.	C	0000	Amount of Each Receipt this Period 500.00
Name of Employer UNIVERSITY OF NEBRASKA ME- DICAL CENTER	- ' '	ESIOLOGIST	
Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 42 (check only one) X 11a 11b 11c 12 13 14 15 16 17 To for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and ad	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DOUGLAS STEWART Mailing Address 1214 RED ROAN LA	ANE		Date of Receipt
City	State	Zip Code	0 1 0 4 2 0 1 1 Transaction ID: SA11AI.95575
LOVELAND	OH	45140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIA ASSOCIATES OF CINCINNATI Receipt For: Primary General Other (specify) ▼		n DING ANESTHESIOLOGIST e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MICHAEL TAHIR			Date of Receipt
Mailing Address 5831 WRIGHT RD			M M / D D / Y Y Y Y Y O 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.95607
NEW ORLEANS	LA	70128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer TULANE UNIVERSITY ANESTHE- SIOLOGY		IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) DAMON TEMPLETON			Date of Receipt
Mailing Address 3507 LAKESTONE	CT.		M M / D D / Y Y Y Y Y Y O D D D D D D D D D D D D D
City MARTINEZ	State GA	Zip Code 30907	Transaction ID: SA11AI.95564 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIA CONSULTANTS OF AUGUSTA, LLC	Occupation PHYSIC		7
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		2000.00

SCHEDULE A (FEC Form 3X)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solic for 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) RIANTHOMAS Malling Address 655 COLEBROOK COURT, NW City ATLANTA FEC ID number of contributing federal political committing General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) RENNETH TUMAN Malling Address 1325 HACKBERRY LANE City State Zip Code WINNETKA IL 60093 Transaction ID: 57 Amount of Each Re FEC ID number of contributing federal political committee. City State Zip Code WINNETKA IL 60093 Transaction ID: 57 Amount of Each Re FEC ID number of contributing federal political committee. City Full Name (Last, First, Middle Initial) RENNETH SUNDONS FULL State Zip Code Name of Employer City Full Name (Last, First, Middle Initial) GREGORY UNRUH Malling Address 21215 W 106TH ST City City State Zip Code ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) GREGORY UNRUH Malling Address 21215 W 106TH ST City City State Zip Code ANESTHESIOLOGIST ASSTHESIOLOGIST ASSTHESIOLOGIST ANESTHESIOLOGIST Amount of Each Re FEC ID number of contributing federal political committee. City City City State Zip Code ANESTHESIOLOGIST ASSTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST Apgregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) City Ci	PAGE 35 / 42 11c
Full Name (Last, First, Middle Initial) RENANTHOMAS Mailing Address 655 COLEBROOK COURT, NW City ATLANTA GA 30327 FEC ID number of contributing federal political committee. Name of Employer Penatrive CON- SULTANTS, LIC Receipt For: Primary General Other (specify) ▼ State Zip Code ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) KENNETH TUMAN Mailing Address 1325 HACKBERRY LANE City WINNETKA IL 60093 FEC ID number of contributing federal political committee. Name of Imployer Research For: Primary General Other (specify) ▼ C Occupation ANESTHESIOLOGIST Amount of Each Re FEC ID number of contributing federal political committee. Name of Imployer Primary General Other (specify) ▼ Date of Receipt Transaction ID: S/ Amount of Each Re Date of Receipt Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) GREGORY UNRUH Mailing Address 21215 W 106TH ST City OLATHE KS 66061 FEC ID number of contributing federal political committee. C Name of Employer C Occupation ANESTHESIOLOGIST Amount of Each Re Date of Receipt OTHER FEC ID number of contributing federal political committee. C Name of Employer UNRUH ARE CID number of contributing federal political committee. C Name of Employer UNRUH ARE CID number of contributing federal political committee. ARE THESIOLOGIST Amount of Each Re OCCUPATION ARE THESIOLOGIST ARE	iting contributions such committee.
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Other (specify) ▼ Full Name (Last, First, Middle Initial) GREGORY UNRUH Mailing Address 21215 W 106TH ST City State Zip Code OLATHE KS 66061 FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY KANSAS MEDICAL CENTER Receipt For: Primary General Date of Receipt M M M / D D D D D D D D D D D D D D D D	
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Name of Employer UNIVERSITY KANSAS MEDICAL CENTER Receipt For: Primary General Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 1000.00	eceipt this Period
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Primary General	
California (opposity)	
SUBTOTAL of Receipts This Page (optional)	1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports a	for each category of the Detailed Summary Pag	ge X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	g the name and address of any political comm	littee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTOPHER WHITSON Mailing Address PO BOX 1076		Date of Receipt
City	State Zip Code	0 1 3 1 2 0 1 1 Transaction ID: SA11AI.95980
GAINESVILLE	GA 30583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANES ASSOC GVILLE	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	00
Full Name (Last, First, Middle Initial) CHARLES WILLIAMS		Date of Receipt
Mailing Address 503 CHESHIRE D	R.	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.95936
KNOXVILLE	TN 37919	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANES MED ALLI E TN	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	00
Full Name (Last, First, Middle Initial) THOMAS WILLIS		Date of Receipt
Mailing Address 209 UNIVERSITY	MNR E	0 1 3 1 2 0 1 1
City HERSHEY	State Zip Code PA 17033	Transaction ID: SA11AI.95970 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MILTON HERSHEY MED CTR	Occupation ANESTHESIA RESIDENT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00
SUBTOTAL of Receipts This Page (option	al)	1000.00

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 42 (check only one) X 11a
or for commerc	n copied from such Reports and St cial purposes, other than using the COMMITTEE (In Full) AN SOCIETY OF ANESTHES	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. MITTEE
City GAINES FEC ID nur federal polit Name of Er ANES ASS Receipt For	dress PO BOX 1076 /ILLE mber of contributing tical committee. mployer SOC GVILLE		Zip Code 30503 n IESIOLOGIST e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / 2 0 1 1 Transaction ID: SA11AI.95984 Amount of Each Receipt this Period 250.00
SARAH WIT Mailing Add City CONCOF FEC ID nur federal polit Name of Er ANESTHE Receipt For	Thress 52 MILLSTONE DRIVERD The state of contributing tical committee. The state of the state	State NH C Occupation ANESTH	Zip Code 03301 n IESIOLOGIST e Year-to-Date ▼	Date of Receipt M M M O 8 2 0 1 1 Transaction ID: SA11AI.95649 Amount of Each Receipt this Period 250.00
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SUBTOTAL (of Receipts This Page (optional)			1500.00
	D : 1/4 :			39850.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 42 (check only one) 11a 11b 11c 12 13 14 15 16 🔀 17					
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	MITTEE							
Α.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO			Date of Receipt					
	Mailing Address 50 S LASALLE			M M / D D / Y Y Y Y Y O D D / 2 0 1 1					
	City	State	Zip Code	Transaction ID: SA17.96022					
	CHICAGO	IL	60675	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		32.39					
	Name of Employer	Occupation	n	INTEREST INCOME					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 32.39						

SUBTOTAL of Receipts This Page (optional)	•	32.39
TOTAL This Period (last page this line number only)	•	32.39

State:

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District:

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SCHEDULE B (FEC Form 3X)		I lica canarata cahadula(c) I			FOR LINE NUMBER: (check only one)					PA	PAGE 39 / 42							
ITEMIZ	ED DIS	BURSEMEN	ITS		category of the Summary Page		X	21b 27		22 28a		23 28b		24 28c		25 29		26 30b
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AMER	IICAN SO	CIETY OF ANES	STHESIOLO	OGISTS F	POLITICAL A	CTIO	N (COMI	MIT.	TEE								
Full Name (Last, First, Middle Initial) NORTHERN TRUST CO									Transaction ID: SB21B.96023 Date of Disbursement 0 1									
Mailing	Address	50 S LASALLE								0 1		3	3 1	L	2	01		
City				State	Zip Code					Amou	unt o	f Each	n Dis	burse	ment	this I	Perio	d
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	e of Disburs NK FEES	ement								L.					129	92.52	<u>,</u>	
Candida	ate Name					1	ateg Typ	ory/ e										
Office S	Sought:	House	Disburser	ment For:		-												
		Senate		Primary	General													
		President		Other (spe	ecify) 🔻													

SUBTOTAL of Disbursements This Page (optional)	•	1292.52
TOTAL This Period (last page this line number only)		1292.52

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b				
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	and address or any political	Committee to son	Cit Contributions from Such Committee				
AMERICAN SOCIETY OF ANESTHESIOLO	OGISTS POLITICAL AC	TION COMMIT	TTEE				
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.96018 Date of Disbursement				
NEW DEMOCRAT COALITON PAC	NEW DEMOCRAT COALITON PAC						
Mailing Address 700 13TH ST NW, STE 60	00		$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 0 & 1 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 6 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$				
	tate Zip Code DC 20005		Amount of Each Disbursement this Period				
Purpose of Disbursement 2011 CONTRIBUTION			2500.00				
Candidate Name		Category/ Type					
President	nent For: 2011 Primary General Other (specify)						
State: District:							
Full Name (Last, First, Middle Initial) PAUL GOSAR FOR CONGRESS			Transaction ID: SB23.96021 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 2222 E CEDAR AVE	Mailing Address 2222 E CEDAR AVE						
	tate Zip Code AZ 86004		Amount of Each Disbursement this Period				
Purpose of Disbursement 2010 GENERAL DEBT RETIREMENT		1000.00					
Candidate Name		Category/ Type					
	nent For: 2010 Primary General Other (specify)						
Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMM			Transaction ID: SB23.96020 Date of Disbursement				
Mailing Address P.O. BOX 8331			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & E \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{smallmatrix} \end{bmatrix} $				
	tate Zip Code CA 94537		Amount of Each Disbursement this Period				
Purpose of Disbursement			1500.00				
Candidate Name		Category/ Type					
	nent For: 2012 Primary General Other (specify)						
SUBTOTAL of Disbursements This Page (optional)			5000.00				
TOTAL This Period (last page this line number only) .							

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Lica canarata canadula(c)	OR LINE NUMBER: PAGE 41 / 42 check only one)	_					
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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) WELCH FOR CONGRESS Mailing Address PO BOX 1682		Transaction ID: SB23.96016 Date of Disbursement O 1 P 2 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
,	State Zip Code VT 05402	Amount of Each Disbursement this Period 5000.00]					
Office Sought: X House Disburser	Тур	9 ,						

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	•	10000.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURE	ES		PAGE 42 / 42 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL TION COMMITTEE	AC-	FEC II	DENTIFICATION NUMBER C00255752
Check if 24-hour notice 48-hour notice Full Name (Last, First, Middle, Initial) of Payee		Date	
THE PUBLIC RESPONSE GROUP INC Mailing Address 12400 S HARLEM AVE 2ND FL NW		Amount	7965.00
City State PALOS HEIGHTS IL Purpose of Expenditure RADIO/PRODUCTION	Zip Code 60463 Category/ Type	Office Sought: X	SE.96014 House State: AL Senate District: 02 Presidential
Name of Federal Candidate supported or Opposed by expendi BOBBY BRIGHT	ture:	Check One: X Disbursement For:	Support Oppose Primary X General
Calendar Year-To-Date Per Election for Office Sought	7965.00	Other (spe 2010	cify) :

(a) SUBTOTAL of Itemized Independent Expenditures	7965.00					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	7965.00					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
THOMAS CONWAY Signature	Date 0 2 1 8 2 0 1 1					