

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 2341 MCCALLIE AVE SUITE 402 PO BOX 3549 CHATTANOOGA TN 37404 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00491969 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2011 through 06 / 30 / 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Steven McGraw

Signature of Treasurer Mr. Steven McGraw [Electronically Filed] Date 11 / 21 / 2011

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="25000.00"/>	<input type="text" value="25000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="25000.00"/>	<input type="text" value="25000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3100.00"/>	<input type="text" value="3100.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="21900.00"/>	<input type="text" value="21900.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25000.00	25000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25000.00	25000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	25000.00	25000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	25000.00	25000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25000.00	25000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	100.00	100.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	100.00	100.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	3000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3100.00	3100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3100.00	3100.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25000.00	25000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25000.00	25000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	100.00	100.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	100.00	100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

A. Dr. Jeff Balsler
Full Name (Last, First, Middle Initial)

Mailing Address 1532 Westover Lane

City Chattanooga State TN Zip Code 37405

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2011
Transaction ID : SA11AI.4106

Amount of Each Receipt this Period 1000.00 contribution

B. Dr. Venkata Baredy
Full Name (Last, First, Middle Initial)

Mailing Address 5206 Brigadoon Lane

City Hixson State TN Zip Code 37343

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2011
Transaction ID : SA11AI.4109

Amount of Each Receipt this Period 1000.00 contribution

C. Dr. Doug Barron
Full Name (Last, First, Middle Initial)

Mailing Address 4520 Chestnut Avenue

City Signal Mountain State TN Zip Code 37377

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2011
Transaction ID : SA11AI.4111

Amount of Each Receipt this Period 1000.00 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

A. Dr. David Bartlett
Full Name (Last, First, Middle Initial)
Mailing Address 6510 Waconda Point
City Harrison State TN Zip Code 37341
FEC ID number of contributing federal political committee. **C**
Name of Employer Anesthesiologists Associated Occupation anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 01 / 2011
Transaction ID : SA11AI.4113
Amount of Each Receipt this Period 1000.00
contribution

B. Dr. Phil Davis
Full Name (Last, First, Middle Initial)
Mailing Address 99 Walnut Street Unit 60
City Chattanooga State TN Zip Code 37403
FEC ID number of contributing federal political committee. **C**
Name of Employer Anesthesiologists Associated Occupation anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 01 / 2011
Transaction ID : SA11AI.4117
Amount of Each Receipt this Period 1000.00
contribution

c. Dr. Miller Epps
Full Name (Last, First, Middle Initial)
Mailing Address 930 Scenic Highway
City Lookout Mountain State TN Zip Code 37350
FEC ID number of contributing federal political committee. **C**
Name of Employer Anesthesiologists Associated Occupation anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 01 / 2011
Transaction ID : SA11AI.4119
Amount of Each Receipt this Period 1000.00
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

A. Dr. Bill Falinski
Full Name (Last, First, Middle Initial)

Mailing Address 2 Minnehahda Place

City Chattanooga State TN Zip Code 37405

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2011

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period
 1000.00

contribution

B. Mark Gruwell
Full Name (Last, First, Middle Initial)

Mailing Address 3107 Spring Avenue

City Signal Mountain State TN Zip Code 37377

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2011

Transaction ID : SA11AI.4123

Amount of Each Receipt this Period
 1000.00

contribution

C. Dr. David Hall
Full Name (Last, First, Middle Initial)

Mailing Address 6682 Hunter's Walk

City Hixson State TN Zip Code 37343

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2011

Transaction ID : SA11AI.4125

Amount of Each Receipt this Period
 1000.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

A. Dr. Scott Hill
Full Name (Last, First, Middle Initial)

Mailing Address 1102 Centennial Drive

City Chattanooga	State TN	Zip Code 37405
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FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated	Occupation anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	01	/	2011

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period

1000.00

contribution

B. Dr. Serena Lau
Full Name (Last, First, Middle Initial)

Mailing Address 3038 Enclave Bay Drive

City Chattanooga	State TN	Zip Code 37415
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FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated	Occupation anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	01	/	2011

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period

1000.00

contribution

C. Dr. Robert Mingus
Full Name (Last, First, Middle Initial)

Mailing Address 737 Black Creek Cove

City Chattanooga	State TN	Zip Code 37419
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FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated	Occupation anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	01	/	2011

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

A. Dr. David Musgrave
Full Name (Last, First, Middle Initial)

Mailing Address 5633 Mountain Breeze Drive

City Chattanooga State TN Zip Code 37421

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2011
Transaction ID : SA11AI.4133

Amount of Each Receipt this Period 1000.00 contribution

B. Dr. Robin Oscar
Full Name (Last, First, Middle Initial)

Mailing Address 3467 East Brow Road

City Signal Mountain State TN Zip Code 37377

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2011
Transaction ID : SA11AI.4135

Amount of Each Receipt this Period 1000.00 contribution

C. Dr. Steve Petarra
Full Name (Last, First, Middle Initial)

Mailing Address 3 Stonehaven Drive

City Signal Mountain State TN Zip Code 37377

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2011
Transaction ID : SA11AI.4137

Amount of Each Receipt this Period 1000.00 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

A. Dr. Prabhu Potluri
Full Name (Last, First, Middle Initial)

Mailing Address 9228 Mountain Shade Drive

City Chattanooga	State TN	Zip Code 37421
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FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated	Occupation anesthesiologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		01		2011

Transaction ID : SA11AI.4139

Amount of Each Receipt this Period

1000.00

contribution

B. Dr. Bobby Ray
Full Name (Last, First, Middle Initial)

Mailing Address 6127 Bayswater Lane

City Hixson	State TN	Zip Code 37343
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FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated	Occupation anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		01		2011

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period

1000.00

contribution

C. Dr. Kyle Roach
Full Name (Last, First, Middle Initial)

Mailing Address 1105 West Mississippi Avenue

City Chattanooga	State TN	Zip Code 37405
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FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated	Occupation anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		01		2011

Transaction ID : SA11AI.4143

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

A. Dr. Nathan Schatzman
Full Name (Last, First, Middle Initial)

Mailing Address 315 Apollo Road

City Lookout Mountain State GA Zip Code 30750

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2011
Transaction ID : SA11AI.4145

Amount of Each Receipt this Period
 1000.00
 contribution

B. Dr. Frank Sisko
Full Name (Last, First, Middle Initial)

Mailing Address 4 Carriage Hill

City Signal Mountain State TN Zip Code 37377

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2011
Transaction ID : SA11AI.4147

Amount of Each Receipt this Period
 1000.00
 contribution

C. Dr. Gary Smith
Full Name (Last, First, Middle Initial)

Mailing Address 3040 Laurel Cove Lane

City Signal Mountain State TN Zip Code 37377

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2011
Transaction ID : SA11AI.4149

Amount of Each Receipt this Period
 1000.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

A. Dr. Art Temlock
Full Name (Last, First, Middle Initial)

Mailing Address 1209 Laurel Springs Way

City Signal Mountain State TN Zip Code 37377

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2011
Transaction ID : SA11AI.4151

Amount of Each Receipt this Period 1000.00 contribution

B. Dr. Steve Truelove
Full Name (Last, First, Middle Initial)

Mailing Address 6322 Old Dayton Pike

City Hixson State TN Zip Code 37343

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2011
Transaction ID : SA11AI.4153

Amount of Each Receipt this Period 1000.00 contribution

C. Dr. Chris Yetter
Full Name (Last, First, Middle Initial)

Mailing Address 215 Cherry Street

City Chattanooga State TN Zip Code 37403

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2011
Transaction ID : SA11AI.4155

Amount of Each Receipt this Period 1000.00 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:	PAGE 14 OF 15
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Larry Young

Mailing Address 1717 Valley Forge Drive

City	State	Zip Code
Hixson	TN	37343

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Anesthesiologists Associated	anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2011

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period
 1000.00

contribution

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	25000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 426

City State Zip Code
STEVENSVILLE MD 21666

Purpose of Disbursement
contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2011

Transaction ID : SB23.4175

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bob Corker for Senate

Mailing Address 2012 21st Avenue South

City State Zip Code
Nashville TN 37212

Purpose of Disbursement
contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2011

Transaction ID : SB23.4189

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

3000.00

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

3000.00