03/18/2011 15:40

Image# 11990313759

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than An A	authorized Committee	Office	Use Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LABE OR TYPE OR PRINT ₩	Example:If typing, type over the lines		
AMERICAN SOCIETY	OF ANESTHESIOLOGISTS PO		<u> </u>	
ADDRESS (number and stree	tt) 520 N. NORTHWEST H	HIGHWAY		
Check if different than previously reported. (ACC)	PARK RIDGE		<u> </u>	60068
2. FEC IDENTIFICATION	NUMBER ₩	CITY 🛕	STATE	ZIPCODE 🛕
C00255752	3.	IS THIS REPORT X NEW (N)	OR AMENDE (A)	D
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Rep July 15 Quarterly Rep October 15 Quarterly Rep January 31 Quarterly Rep January 31 Quarterly Rep July 31 Mid-Y Report(Non-el Year Only) (M Termination R (TER)	port(Q1) (c) 12-Day PRE-Election Report for the port(Q3) port(YE) lear lection IY) Report Re	ection on General (30G)) (M6) Sep 20 (M9	Year Only) Dec 20 (M12 (Non-Election Year Only)
5. Covering Period	02 01 2011	through	02 28 201	1
Type or Print Name of Treas				
Orginatore of Treasurer	ectronically Filed by THOMAS , erroneous, or incomplete informa	CONWAY		2 0 1 1
Office Use	, en onecos, or incomplete imorma	auon may subject the person sign	FE	C FORM 3X Rev. 12/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 186

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

		COLUMN A This Period	COLUMN B
	_	inis Period	Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011		1200707.26
	(b) Cash on Hand at Begining of Reporting Period	1239338.13	
	(c) Total Receipts (from Line 19)	264936.47	322824.86
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1504274.60	1523532.12
	Total Disbursements (from Line 31)	48275.07	67532.59
	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	1455999.53	1455999.53
	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	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

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 186

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

м м 0 2 0 1 м°м 0 2 2 8 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 206185.00 246035.00 (i) Itemized (use Schedule A) 58740.00 76746.00 (ii) Unitemized (iii) TOTAL (add 264925.00 322781.00 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 264925.00 322781.00 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 11.47 43.86 (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), 264936.47 322824.86 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts

264936.47

322824.86

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 186

	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		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	2275.07	3567.59
	Expenditures(c) Total Operating Expenditures	22/3.07	3307.39
	(add 21(a)(i), (a)(ii) and (b))	2275.07	3567.59
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	46000.00	56000.00
24.	Independent Expenditure	0.00	7965.00
5.	(use Schedule E)		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(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
9.	Other Disbursements	0.00	0.00
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i edelai Silaie	2.22	
	(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	0.00	0.00
	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))	48275.07	67532.59
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	48275.07	67532.59

DETAILED SUMMARY PAGE

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	264925.00	322781.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	264925.00	322781.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2275.07	3567.59
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2275.07	3567.59

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
1	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MMITTEE
A.	Full Name (Last, First, Middle Initial) JANET ACARREGUI Mailing Address 1550 BOYSON RD.			Date of Receipt
	City	State	Zip Code	0 2 2 5 2 0 1 1 Transaction ID: SA11AI.97743
	HIAWATHA	IA	52233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer LINN COUNTY ANESTH	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) DAVID ACKERMAN	-		Date of Receipt
	Mailing Address 1207 ASHMOORE C	l .		02 23 2011
	COLUMN	State	Zip Code	Transaction ID: SA11AI.97571
	SOUTHLAKE FEC ID number of contributing federal political committee.	C	76092	Amount of Each Receipt this Period 250.00
	Name of Employer PINNACLE PARTNERS	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
с. С.	Full Name (Last, First, Middle Initial) ROBERT ADDLEMAN			Date of Receipt
	Mailing Address 514 CORNWALL CT			M M / D D / Y Y Y Y Y Y D D / 2 2 1 1 1
	City CARMEL	State IN	Zip Code 46032	Transaction ID: SA11AI.97500 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer NORTHSIDE ANESTH SERV	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		750.00
İ	TOTAL This Period (last page this line number	r only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) RISHIMANI ADSUMELLI Mailing Address 17 PHAETONS DR City MELVILLE FEC ID number of contributing federal political committee. Name of Employer SUNY-HSC @ STONYBROOK ANE-S. DEPT. Receipt For:		Zip Code 11747 n ESIOLOGIST Year-to-Date	Date of Receipt M M
	Primary General Other (specify) Full Name (Last, First, Middle Initial) VIRGIL AIROLA Mailing Address 3841 W. LOCUST City	State	250.00 Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	FRESNO FEC ID number of contributing federal political committee. Name of Employer PED ANES ASSOC Receipt For: Primary General Other (specify)	CA C Occupation PHYSICI Aggregate	93711	Amount of Each Receipt this Period 250.00
	Full Name (Last, First, Middle Initial) A. NISAR AKBAR Mailing Address 10140 N VINTAGE CT City MEQUON FEC ID number of contributing federal political committee.	State WI	Zip Code 53092	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	Occupation PHYSICI		
s	SUBTOTAL of Receipts This Page (optional)	I		750.00

or fo	or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal person	o solicit contributions from such committee.
. <u>/</u> <u>.</u>	Full Name (Last, First, Middle Initial) SETH AKST	SIOLOGISTS POLITICAL ACTION COM	MITTEE
۱	SETH AKST		
ı	Mailing Address 4609 NORWOOD DR		Date of Receipt
			02 16 2011
	City	State Zip Code	Transaction ID: SA11AI.97155
_	CHEVY CHASE	MD 20815	Amount of Each Receipt this Period
	FEC ID number of contributing dederal political committee.	C	250.00
<u>1</u> 1	Name of Employer MEDICAL FACULTY ASSOCIATES	Occupation PHYSICIAN	
Ī	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
	Full Name (Last, First, Middle Initial) SHAHRIAR ALIKHANI	<u>I</u>	Date of Receipt
1	Mailing Address 27601 FORBES RD S	TE 45	02 09 2011
	City	State Zip Code	Transaction ID: SA11AI.96495
_	LAGUNA NIGUEL	CA 92677	Amount of Each Receipt this Period
	FEC ID number of contributing dederal political committee.	C	400.00
<u>1</u>	Name of Employer MOBISURG, INC.	Occupation ANESTHESIOLOGIST	
F	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	
	Full Name (Last, First, Middle Initial) GRAY ALLEN		Date of Receipt
1	Mailing Address 22 CAMINO ARCO IF	IIS	02 01 2011
	City	State Zip Code	Transaction ID: SA11AI.96166
-	MADRID	NM 87010	Amount of Each Receipt this Period
	FEC ID number of contributing dederal political committee.	C	125.00
<u> </u>	Name of Employer ALBUQUERQUE VETERANS HOSP- ITAL	Occupation ANESTHESIOLOGIST	
F	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
SII	BTOTAL of Receipts This Page (optional) .		775.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 186 (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) IDI ALLEN Mailing Address P.O. BOX 337			Date of Receipt
City MONTVALE	State NJ	Zip Code 07645	Transaction ID: SA11AI.97535 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer HAAPA Receipt For:	'	n ESIOLOGIST Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) PETER ALLEN Mailing Address P.O. BOX 496			Date of Receipt
City	State	Zip Code	0 2 1 3 2 0 1 1 Transaction ID: SA11Al.96865
ROSS FEC ID number of contributing federal political committee.	CA	94957	Amount of Each Receipt this Period 250.00
Name of Employer ACM	Occupation PHYSICI		_
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) FRANCISCO ALVAREZ-GIL			Date of Receipt
Mailing Address 3661 S MIAMI AVE	STE 504		02 07 2011
City <u>MIAMI</u>	State FL	Zip Code 33133	Transaction ID: SA11AI.96294 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer BISCAYNE ANESTHESIA GROUP	Occupation PHYSICI		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	1)		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 186 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANES	ng the name and add	lress of any political committee to	
Full Name (Last, First, Middle Initial) ERIC AMADOR Mailing Address 5323 ORCHARD	PARK LN		Date of Receipt
City SANTA BARBARA FEC ID number of contributing	State CA	Zip Code 93111	Transaction ID: SA11AI.96252 Amount of Each Receipt this Period
rederal political committee. Name of Employer AMGSB		ESIOLOGIST	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JACK ANDERSON Mailing Address 7149 WYNLAKES	S BLVD		Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.96846
MONTGOMERY FEC ID number of contributing federal political committee.	C	36117	Amount of Each Receipt this Period 500.00
Name of Employer THE MONTGOMERY SURGICAL CENTER Receipt For:		n ESIOLOGIST Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) JACK ANDERSON Mailing Address 7149 WYNLAKES	S BLVD		Date of Receipt
City	State	Zip Code	0 2 2 2 2 0 1 1 Transaction ID: SA11AI.97392
MONTGOMERY	AL	36117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		-500.00
Name of Employer CONTRIB REFUND Receipt For:	- '	ESIOLOGIST	
Primary General Other (specify)	Aggregate	Year-to-Date ▼ -500.00	
SUBTOTAL of Receipts This Page (option	nal)		250.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for	information copied from such Reports and S r commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	AME OF COMMITTEE (In Full) MERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
A. <u>M</u>	ull Name (Last, First, Middle Initial) IARK ANDERSON			Date of Receipt
_	lailing Address 837 N. LAKE SYBELIA			02 08 7 2011
	ity MAITLAND	State FL	Zip Code 32751	Transaction ID: SA11AI.96445 Amount of Each Receipt this Period
FI	EC ID number of contributing deral political committee.	C	OL7 OL	500.00
N JI	ame of Employer LR MEDICAL GROUP	Occupation PHYSIC		
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
B. <u>T</u>	ull Name (Last, First, Middle Initial) HOMAS ANDREWS			Date of Receipt
IVI	lailing Address 1821 ALAQUA DR.			02 23 / 2311
	ity ONGWOOD	State FL	Zip Code 32779	Transaction ID: SA11AI.97562
- Fi	EC ID number of contributing ederal political committee.	C	32/19	Amount of Each Receipt this Period 500.00
<u>N</u>	ame of Employer LR MEDICAL GROUP, MAITLA- ID, FLORIDA	Occupation PHYSIC		
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	ull Name (Last, First, Middle Initial) EVIN ANGERT			Date of Receipt
М	lailing Address 1294 RICHMOND RD.			02 16 2011
	ity	State	Zip Code	Transaction ID: SA11AI.97154
FI	VINTER PARK EC ID number of contributing ederal political committee.	FL C	32789	Amount of Each Receipt this Period 500.00
N JI	ame of Employer LR MEDICAL GROUP	Occupatio ANESTH	n HESIOLOGIST	
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
SUE	BTOTAL of Receipts This Page (optional)			1500.00
	FAL This Period (last page this line number			

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 186 (check only one) X 11a
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any perso sing the name and address of any political committee to STHESIOLOGISTS POLITICAL ACTION COMI	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	STRESIOLOGISTS FOLITICAL ACTION COIN	
Mailing Address 823 COUNTRY	CLUB DR	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.97483
MOUNT LEBANON	PA 15228	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer UPMC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) GEORGE EDDIE ASH	I	Date of Receipt
Mailing Address P.O. BOX 8305		02 24 2011
City <u>GADSDEN</u>	State Zip Code AL 35902	Transaction ID: SA11AI.97647 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer ANESTHESIA ASSOC.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) BYRON ASHMORE	I	Date of Receipt
Mailing Address 15 CHERAS CT		02 28 7 2011
City PENSACOLA	State Zip Code FL 32505	Transaction ID: SA11AI.98081 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF	Occupation PHYSICIAN	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (opti	ional)	1900.00

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 186 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any person g the name and address 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 ANEST	HESIOLOGISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) E. ATHERTON		Date of Receipt
Mailing Address 1729 GRIFFIN GA	TE RD.	02 28 2011
City	State Zip Code	Transaction ID: SA11AI.98041
LOUISVILLE	KY 40205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer ANESTHESIA CONSULTANT ENT- ERPRISES	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) CHARLES AUSTGEN		Date of Receipt
Mailing Address 10805 CLUB POIN	NT DR	02 25 2011
City	State Zip Code	Transaction ID: SA11AI.97863
FISHERS	IN 46037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANES CONSUL INDPLS	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) BRUCE BAIRD		Date of Receipt
Mailing Address 4871 CHRISTENS	EN DR	0 2 0 8 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.96426
LITTLETON	CO 80123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS, P.A.	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 186 (check only one) X 11a
Any information copied from such Reports and Stor 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	POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) MARK BAKER			Date of Receipt
Mailing Address 4998 REYNOLDS LN.			02 28 7 2011
City	State	Zip Code	Transaction ID: SA11AI.97976
BIRMINGHAM	AL	35242	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIA RESOURCES MGT, INC.	Occupation ANESTHE	ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) N. KURT BAKER-WATSON	1		Date of Receipt
Mailing Address 3403 MINITO CT			02 14 2011
City	State	Zip Code	Transaction ID: SA11AI.97051
NAPERVILLE	<u>IL</u>	60564	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer LOYOLA UNIV MED CTR	Occupation ANESTHE	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JAMES BARATTA			Date of Receipt
Mailing Address 19 THISTLE LN.			0 2 0 8 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.96374
WARREN	NJ	07059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer MIDDLESEX SURGERY CENTER	Occupation ANESTHE	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		1250.00

,	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 186		
	TEMIZED RECEIPTS		for each category of the	(check only one)		
	I EIVIIZED RECEIP 13		Detailed Summary 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	ements may me and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
<u> </u>	NAME OF COMMITTEE (In Full)					
	AMERICAN SOCIETY OF ANESTHESIO	LOGISTS	S POLITICAL ACTION COM	MITTEE		
∠ A .	Full Name (Last, First, Middle Initial) LEAH BARON			Date of Receipt		
	Mailing Address 48 CARDINAL RIDGE RD)		0 2 1 5 2 0 1 1		
	City	State	Zip Code	Transaction ID: SA11AI.97138		
	MEDFORD	NJ	08055	Amount of Each Receipt this Period		
				7 tillouit of East Hoosipt till Tollou		
	FEC ID number of contributing federal political committee.	C		250.00		
		Occupation PHYSICI	n AN , ANESTHESIOLOGIST			
	Receipt For:		e Year-to-Date ▼	-		
	Primary General	Aggregate		1		
	Other (specify) ▼		250.00			
				'		
- В.	Full Name (Last, First, Middle Initial) STUART BASS			Date of Receipt		
	Mailing Address P.O. BOX 1447			M M / D D / Y Y Y Y		
	The state of the s			02 25 2011		
	City	State	Zip Code	Transaction ID: SA11AI.97781		
	SCOTTSDALE	AZ	85252	Amount of Each Receipt this Period		
	FEC ID number of contributing			050.00		
	federal political committee.	C		250.00		
		Occupation ANESTH	n IESIOLOGIST			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	33 -3		1		
	Other (specify) 🔻		250.00			
с.	Full Name (Last, First, Middle Initial) JOHN BASTULLI			Date of Receipt		
	Mailing Address 19816 SHELBURNE RD			0 2 1 1 2 0 1 1		
	City	State	Zip Code	Transaction ID: SA11AI.96819		
	SHAKER HEIGHTS	OH	44118	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
		<u></u> _				
	CLEVELAND ANES GRD	Occupation ANESTH	n IESIOLOGIST			
	Receipt For:		e Year-to-Date ▼			
	Primary General	3394.0		1		
	Other (specify) ▼		250.00			
				'		
Γ	<u> </u>					
	SUBTOTAL of Receipts This Page (optional)		-	750.00		
L	JUDITAL of necelpts Tris Page (optional)		·····			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 186 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) JENNIFER BAXTER Mailing Address 3218 BROOKLAWN C	_		Date of Receipt
		1		02 11 2011
	CHEVY CHASE	State MD	Zip Code	Transaction ID: SA11AI.96801
	CHEVY CHASE FEC ID number of contributing federal political committee.	C	20815	Amount of Each Receipt this Period 500.00
	Name of Employer CERTIFIED ANES SERV	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) JOHN BEARD Mailing Address 3333 VICTORIA AVE			Date of Receipt
	Mailing Address 3333 VICTORIA AVE			02 28 2011
	City	State	Zip Code	Transaction ID: SA11AI.97941
	<u>LAFAYETTE</u>	CA	94549	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer EAST BAY ANESTH	Occupation ANESTH	on HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		250.00	
C.	Full Name (Last, First, Middle Initial) ROSEMARY BEARNSON			Date of Receipt
	Mailing Address 740 E 550 S			0 2 2 4 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.97682
	OREM FEC ID number of contributing federal political committee.	C	84097	Amount of Each Receipt this Period
	Name of Employer UTAH SOC OF ANESTH	Occupation	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1750.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than u	ts and Statements may not be sold or used by any perso using the name and address of any political committee to	solicit contributions from such committee.
AMERICAN SOCIETY OF ANE	STHESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) WILLIAM BECK		Date of Receipt
Mailing Address 1833 TUSCANY	Y AVE.	02 14 2011
City	State Zip Code	Transaction ID: SA11AI.97032
SPRINGDALE	AR 72764	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer NORTHWEST ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. DAVID BECKER		Date of Receipt
Mailing Address 4327 E. NORTH	H LANE	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.97788
PHOENIX	AZ 85028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer METRO ANES CONSUL	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JAMES BEESON		Date of Receipt
Mailing Address 7821 METCALF	E RD.	0 2 1 4 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.96918
THOMASVILLE	GA 31792	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation ANESTHESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (op	tional)	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 18 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TIMOTHY BEESON Mailing Address 3715 SAPPHIRE DF City MARTINEZ FEC ID number of contributing federal political committee. Name of Employer BDT ANESTHESIA ASSOC Receipt For: Primary General Other (specify)	State Zip Code GA 30907 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DANIELLE BELMORE Mailing Address 6632 WHISPERING City PLANO FEC ID number of contributing federal political committee.	WOODS CT State Zip Code TX 75024	Date of Receipt M M D D 2 2 2 2 0 1 1
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) JOHN BENTLEY Mailing Address 5949 N CAMINO DE City	State Zip Code	Date of Receipt 0 2 1 6 2 0 1 1 Transaction ID: SA11AI.97184
TUCSON FEC ID number of contributing federal political committee.	AZ 85718	Amount of Each Receipt this Period 600.00
Name of Employer JOHN BENTLEY MD PC Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional)		2100.00

SCHEDULE A (FEC FO	for	e separate schedule(s) each category of the stailed Summary Page	FOR LINE NUMBER: PAGE 19 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other t	nan using the 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 Ir			
MATTHEW BERBERICH Mailing Address 833 TIMBE	R RIDGE CT		Date of Receipt 0 2 2 2 2 2 1 1
City NEPTUNE		Zip Code 07753	Transaction ID: SA11AI.97523
FEC ID number of contributing federal political committee.	C	01705	Amount of Each Receipt this Period 250.00
Name of Employer JERSEY SHORE UNIVERSITY MEDICAL CENTER Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIC Aggregate Year	to-Date ▼ 250.00	7
Full Name (Last, First, Middle Ir	tial)	0 0 0 0 0	Date of Receipt
			02 17 2011
City FARGO		Zip Code 58104	Transaction ID: SA11AI.97224 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30104	250.00
Name of Employer SANFORD HEALTH	Occupation ANESTHESIC	OI OGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-		
Full Name (Last, First, Middle Ir	tial)		Date of Receipt
Mailing Address 1380 DAHI APT 601	L ROAD		02 01 2011
City		Zip Code	Transaction ID: SA11AI.96175
BROOKLYN FEC ID number of contributing federal political committee.	C	11204	Amount of Each Receipt this Period 250.00
Name of Employer PARK SLOPE ANESTHESIA A OCIATES	SS- Occupation ANESTHESIC	DLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year	to-Date ▼ 250.00	
SUBTOTAL of Receipts This Pag	e (optional)		750.00

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,	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 186		
	ITEMIZED RECEIPTS		for each category of the	(check only one)		
	I EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
Г				13 14 15 16 17		
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	AMERICAN SOCIETY OF ANESTHESION	OLOGIST	S POLITICAL ACTION COM	MITTEE		
Α.	Full Name (Last, First, Middle Initial) DOUGLAS BEZ			Date of Receipt		
	Mailing Address 3597 OTSEGO DR.			02 01 2011		
	City	State	Zip Code	Transaction ID: SA11AI.96120		
	OKEMOS	MI	48864	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		125.00		
	Name of Employer LANSING ANES.	Occupatio ANESTH	on HESIOLOGIST			
	Receipt For:	Aggregate	e Year-to-Date			
	Primary General			1		
	Other (specify) ▼		250.00			
В.	Full Name (Last, First, Middle Initial) MANOJ BHATT			Date of Receipt		
	Mailing Address 1034 WOODBURN RD			02 14 2011		
	City	State	Zip Code	Transaction ID: SA11AI.96961		
	<u>SPARTANBURG</u>	SC	29302	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer CRESCENT ANESTHESIA	Occupation ANESTH	n HESIOLOGIST			
	Receipt For:	Aggregate	e Year-to-Date			
	Primary General Other (specify) ▼		250.00			
-	Full Name (Last, First, Middle Initial)			Pulse (Pare) to		
C.	Michael Bigelow Mailing Address 334 W. BLITHEDALE A	VE.		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.97216		
	MILL VALLEY	CA	94941	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		500.00		
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	n HESIOLOGIST			
	Receipt For:		e Year-to-Date 🔻	7		
	Primary General Other (specify) ▼		500.00			
	SUBTOTAL of Receipts This Page (optional)			875.00		
Ļ	22_13112 0. 1.000.p.0 1110 1 ago (optional)					

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 186 (check only one) X 11a
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) PETER BILLHARZ			Date of Receipt
Mailing Address 300 S. ARLINGTO	N AVENUE State	Zip Code	02 23 2011
RENO	NV NV	89501	Transaction ID: SA11AI.97598 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS OF RENO	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) WENDY BINSTOCK			Date of Receipt
Mailing Address 1122 W MONTANA	A ST		0 2
City	State	Zip Code	Transaction ID: SA11AI.96114
CHICAGO	<u>IL</u>	60614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSICA		
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	249.00	
Full Name (Last, First, Middle Initial) WENDY BINSTOCK			Date of Receipt
Mailing Address 1122 W MONTANA	A ST		0 2 0 1 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.96161
CHICAGO FEC ID number of contributing federal political committee.	C	60614	Amount of Each Receipt this Period 83.00
Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSICA		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 332.00	
SUBTOTAL of Receipts This Page (optional	al)		1166.00
TOTAL This Period (last page this line num	<u> </u>	<u> </u>	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 186 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	g the name and addr	ess of any political committee to	solicit contributions from such committee.
AMERICAN SOCIETY OF ANEST	HESIOLOGISTS	POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) RAVI BISSESSAR			Date of Receipt
Mailing Address 291 SOUTHHALL	LANE		02 01 2011
City	State	Zip Code	Transaction ID: SA11AI.96170
MAITLAND	FL	32751	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer JLR MEDICAL GROUP	Occupation PHYSICIA	N	
Receipt For: Primary General Other (specify) ▼	Aggregate \	∕ear-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) THOMAS BLACKWELL			Date of Receipt
Mailing Address 2109 CYPRESS H	OLLOW CT		02 16 2011
City	State	Zip Code	Transaction ID: SA11AI.97158
STATESBORO	GA	30458	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer EAST GEORGIA REGIONAL MED- ICAL CENTER	Occupation ANESTHE	SIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) A. KIRK BODARY			Date of Receipt
Mailing Address 588 ELEANOR RD	D.		02 28 2011
City	State	Zip Code	Transaction ID: SA11AI.98043
VICTOR	NY	14564	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF	Occupation ANESTHE	SIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
Full Name (Last, First, Middle Initial) TERRENCE BOGARD Mailing Address 5020 KNOB VIEW TRI	L		Date of Receipt 0 2 1 4 2 0 1 1
City WINSTON SALEM	State NC	Zip Code 27104	Transaction ID: SA11AI.96980 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer WAKE FOREST UNIV SCH OF MED ANES DEPT Receipt For: Primary General Other (specify)		ESIOLOGIST Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) KAREN BOLAND Mailing Address 13110 W 60TH ST S			Date of Receipt M
City SAND SPRINGS FEC ID number of contributing	State OK	Zip Code 74063	Transaction ID: SA11AI.97136 Amount of Each Receipt this Period
name of Employer KAREN BOLAND PLLC	Occupation ANFSTH	n ESIOLOGIST	500.00
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) KEVIN BORDERS			Date of Receipt
Mailing Address 1521 RAINBOW DR		7: 0 1	02 24 2011
City GADSDEN	State AL	Zip Code 35901	Transaction ID: SA11AI.97652 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer ANESTHESIA ASSOCIATES	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 186 (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) MICHAEL BORKOWSKI Mailing Address 52423 GLENMORE	CT.		Date of Receipt
City GRANGER	State IN	Zip Code 46530	Transaction ID: SA11AI.96463 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, P.C. Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) DOUGLAS BORROMEO Mailing Address 7 SAINT JOHNS DE	RIVE		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.97807
ALLEGANY	NY	14706	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SO TIER ANESTH	- ' '	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CARLOS BOTERO			Date of Receipt
Mailing Address PO BOX 1942			02 14 2011
City	State	Zip Code	Transaction ID: SA11AI.97025
VALRICO FEC ID number of contributing federal political committee.	C	33595	Amount of Each Receipt this Period 250.00
Name of Employer THE PAIN CARE CENTER	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	·)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25/186 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) CHRISTINE BOTKIN			Date of Receipt
Mailing Address 4723 LEPRECHAU	N LN		02 25 2011
City CEDAR RAPIDS	State IA	Zip Code 52411	Transaction ID: SA11AI.97746 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	J2411	250.00
Name of Employer LINN COUNTY ANESTH	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) LISA BOWERS			Date of Receipt
Mailing Address 1470 PLACE PICAR	RDY		0 2 2 2 2 2 1 1
City WINTER PARK	State FL	Zip Code 32789	Transaction ID: SA11AI.97499
FEC ID number of contributing federal political committee.	C	32703	Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ARTHUR BOYKIN			Date of Receipt
Mailing Address 4400 SKYVIEW DF	?		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SOUTHSIDE	State AL	Zip Code 35907	Transaction ID: SA11AI.97641 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33307	2000.00
Name of Employer ANESTHESIA ASSOCIATES, P A.	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00	
			2500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per- the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS POLITICAL ACTION COI	MMITTEE
Full Name (Last, First, Middle Initial) PETER BRANDRUP		Date of Receipt
Mailing Address 720 WILLOW GLEN	N DR	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.96362
EL PASO FEC ID number of contributing federal political committee.	TX 79922	Amount of Each Receipt this Period 250.00
Name of Employer WILLIAM BEAUMONT ARMY MED- ICAL CTR, DEP Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DAVID BREWSTER		Date of Receipt
Mailing Address 15 JOCELYN PL.		02 08 2011
City WALNUT CREEK	State Zip Code CA 94597	Transaction ID: SA11AI.96449 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer KAISER WALNUT CREEK ANES. DEPT.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MICHAEL BROWN		Date of Receipt
Mailing Address 3626 SOUTH 334TI	H STREET	02 11 2011
City FEDERAL WAY	State Zip Code WA 98001	Transaction ID: SA11AI.96826 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer RAINIER ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1000.00

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В.

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 186 (check only one)
ITEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
AMERICAN SOCIETY OF ANESTHES	IOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial)			
BART BRUNS			Date of Receipt
Mailing Address 145 ECHO CANYON L	N.		02 15 2011
City	State	Zip Code	Transaction ID: SA11AI.97068
ROSEBURG	OR	97470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ROSEBURG ANESTHESIOLOGY	Occupatio	n	
SPECIALISTS, P	PHYSICI	AN	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		250.00	
			1
Full Name (Last, First, Middle Initial) DAVID BRYANT			Date of Receipt
Mailing Address 13601 PRESTON RD S	STF 900W		M M / D D / Y Y Y Y
			02 27 2011
City	State	Zip Code	Transaction ID: SA11AI.97914
DALLAS	TX	75240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer PINNACLE ANES. CONSULTANTS	Occupatio PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial)			2. (2.)
STEPHEN BRZICA Mailing Address 7120 KENMARE DR.			Date of Receipt
Maining Address 7 120 KENNIARE DR.			02 14 2011
City	State	Zip Code	Transaction ID: SA11AI.96995
BLOOMINGTON	MN	55438	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF	Occupatio	n IESIOLOGIST	
Receipt For:		Year-to-Date ▼	
Primary General	1.55.09410		1
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional)			1500.00

TOTAL This Period (last page this line number only)

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) KATHRYN BUCSHON Mailing Address 10211 LINCOLN AVE. City NEWBURGH FEC ID number of contributing federal political committee.		Zip Code 47630	Date of Receipt M M M
	Name of Employer DEACONESS HOSP Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) RUSSELL BUESING Mailing Address 7987 S CLAYTON CIF	R		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.97669
	CENTENNIAL	CO	80122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer SOUTH DENVER ANES	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) JAMES BURDICK Mailing Address 6349 WOODLAND DE	R.		Date of Receipt 0 2 2 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.97359
	EAST AMHERST FEC ID number of contributing federal political committee.	C	14051	Amount of Each Receipt this Period 500.00
	Name of Employer AMAS	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
S	SUBTOTAL of Receipts This Page (optional)			1150.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 186 (check only one) X
Any information copied from su or for commercial purposes, ot	her than using the name and ad	y 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.
AMERICAN SOCIETY	OF ANESTHESIOLOGIST	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Midd FREDERICK BURGESS Mailing Address 569 FR	,		Date of Receipt 0 2 0 9 2 0 1 1
City NORTH PROVIDENCE	State RI	Zip Code 02911	Transaction ID: SA11AI.96459 Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	c C		250.00
Name of Employer VETERANS HEALTH ADN ATION		IAN	
Receipt For: Primary Ger Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Midd	,		Date of Receipt
Mailing Address 3655 Bo	ORDER CREEK COURT		02 09 2011
City	State	Zip Code	Transaction ID: SA11AI.96522
DENVER	NC NC	28037	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.			250.00
Name of Employer SOUTHEAST ANESTHES CONSULTANTS		IAN	
Receipt For: Primary Ger Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Midd ERIC BUSCH	lle Initial)		Date of Receipt
Mailing Address 12685 N	NW 76TH ST		0 2 1 8 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.97303
PARKLAND FEC ID number of contribut federal political committee.	ing FL	33076	Amount of Each Receipt this Period 250.00
Name of Employer PINNACLE ANESTHESIA	Occupation ANESTH	n HESIOLOGIST	
Receipt For: Primary Ger Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUPTOTAL of Possints This	Page (optional)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 186 (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 g the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LEIGHAN BYE Mailing Address 9027 HOLLIDAY D City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer IU SCHL OF MED	OR. State Zip Code IN 46260 C Occupation ANESTHESIOLOGIST	Date of Receipt M M
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) RICHARD CAFFREY Mailing Address 6744 GOLF CLUB	DR	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.96617
LONGMONT	CO 80503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer BOULDER COMMUNITY HOSPITAL ANES. DEPT. Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) MARK CANNELLA Mailing Address 165 ROSEHILL DF	R W	Date of Receipt 0 2 2 3 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.97615
TALLAHASSEE	FL 32312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTHESIOLOGY ASSOCIATES OF TALLAHASS Receipt For:	Occupation ANESTHESIOLOGIST	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 186 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) JAMES CARLIN			Date of Receipt
Mailing Address 7826 E TORIN ST			02 14 2011
City LONG BEACH	State CA	Zip Code 90808	Transaction ID: SA11AI.96894 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SOUTHERN CALIFORNIA PERMA- NENTE MED GRO	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JAMES CARLSON	l l		Date of Receipt
Mailing Address 8385 VALLEY TARN	N DRIVE NE		0 2 1 2 Y Y Y Y Y
City ATLANTA	State GA	Zip Code 30350	Transaction ID: SA11AI.96857 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) STEPHEN CARLSON			Date of Receipt
Mailing Address 3030 BRIARWOOD	DR		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ALLEGANY	State NY	Zip Code 14706	Transaction ID: SA11AI.97074 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11100	250.00
Name of Employer SOUTHERN TIER ANESTHESIOL- OGISTS, PC	Occupation PHYSICI	AN	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
	<u> </u>		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 186 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and addre	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PAUL CARRELL Mailing Address 3101 TORO CANY	ON RD		Date of Receipt
City AUSTIN FEC ID number of contributing	State TX	Zip Code 78746	Transaction ID: SA11AI.96361 Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify) ▼	Occupation ANESTHE	SIOLOGIST /ear-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) JOSEPH CARTER Mailing Address 101 ROCKINGHAI	M RD.		Date of Receipt 0 2 0 1 1
City GREENVILLE	State SC	Zip Code 29607	Transaction ID: SA11AI.97531 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer PALMETTO ANESTH Receipt For: Primary General Other (specify) ▼	ANESTHE	SIOLOGIST /ear-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) AARON CATES Mailing Address 3325 NW 173RD S	T		Date of Receipt
City	State	Zip Code	0 2 1 1 2 0 1 1 Transaction ID: SA11AI.96686
EDMOND FEC ID number of contributing federal political committee.	OK C	73012	Amount of Each Receipt this Period 250.00
Name of Employer NORTHWEST ANESTHESIA	Occupation ANESTHE	SIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers g the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COM	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) C. LABRON CHAMBERS Mailing Address 3117 CUTCHIN DE City CHARLOTTE FEC ID number of contributing federal political committee. Name of Employer AMERICAN ANESTH Receipt For:	State Zip Code NC 28210 C Occupation PHYSICIAN Aggregate Year-to-Date	Date of Receipt M M D D 2 0 1 1 Transaction ID: SA11AI.96834 Amount of Each Receipt this Period 250.00
Primary General Other (specify) Full Name (Last, First, Middle Initial) DONN CHAMBERS	250.00	Date of Receipt
City ATLANTA FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA, P Receipt For:	SP. ANESTHESIA DEPT. E DUNWOODY ROAD NE State Zip Code GA 30342 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Transaction ID: SA11AI.97345 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) TAPOSH CHATTERJEE Mailing Address 614 S. OLD RANC City	SH RD. State Zip Code	Date of Receipt M M
ARCADIA FEC ID number of contributing federal political committee.	CA 91007	Amount of Each Receipt this Period 250.00
Name of Employer TAPOSH CHATTERJEE M.D APC Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	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 34 / 186 (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 ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARY CHERNOFF Mailing Address 14905 W. 82ND TER	RR.		Date of Receipt
City LENEXA	State KS	Zip Code 66215	Transaction ID: SA11AI.97894 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	n	250.00
Name of Employer ANESTHESIOLOGY, CHARTERED Receipt For: Primary General Other (specify)	ANESTH	ESIOLOGIST e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) SAMUEL CHERRY Mailing Address 149 LUCERNE BLV	D		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.96029
BIRMINGHAM	AL	35209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer BIRMINGHAM VA MEDICAL CEN- TER Receipt For:		n ESIOLOGIST e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	250.00	
Full Name (Last, First, Middle Initial) MARLENE CHUA Mailing Address 2502 QUAIL CHASE	- 07		Date of Receipt
Mailing Address 2502 QUAIL CHASE			02 22 2011
City SELLERSBURG	State IN	Zip Code 47172	Transaction ID: SA11AI.97458
FEC ID number of contributing federal political committee.	C	4/1/2	Amount of Each Receipt this Period 250.00
Name of Employer ANES. ASSOC. OF CLARK COU- NTY Receipt For:	·	ESIOLOGIST	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))		625.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports an	for each category of the Detailed Summary Page d Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 35 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	the name and address of any political committee to	
Full Name (Last, First, Middle Initial) TYLER CHURCH Mailing Address 18678 E ASHRIDGI	E DR	Date of Receipt
City	State Zip Code	0 2 2 8 2 0 1 1 Transaction ID: SA11Al.98029
QUEEN CREEK FEC ID number of contributing federal political committee.	AZ 85242	Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. WILLIAM CIESLA		Date of Receipt
Mailing Address PO BOX 1587		0 2 1 5 2 0 1 1
City MILLERSVILLE	State Zip Code MD 21108	Transaction ID: SA11AI.97084 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SEVERN ANESTHESIA SERVICE- S, PA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. JAMES CLARKE		Date of Receipt
Mailing Address 1223 COMMERCE	DR STE 1	02 10 2011
City MOUNTAIN HOME	State Zip Code AR 72653	Transaction ID: SA11AI.96527 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) >	1500.00

Any information copied from such Reports and Statements may not be seld or used by any person for the purpose of deliciting contributions of for commendate plurposes, 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) STEVEN COGGISIS Mailing Address 9042 N. POINT DR. City State Zip Code BAYTOWN TX 77550 FEC ID number of contributing federal political committee. Name of Employer SELF ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) HENRY COLA Mailing Address 16891 MARINA BAY DR City State Zip Code HUNTINGTON BEACH CA 92849 FEC ID number of contributing federal political committee. C State Zip Code HUNTINGTON BEACH CA 92849 FEC ID number of contributing federal political committee. C State Zip Code HUNTINGTON BEACH CA 92849 Fell Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Richards Occupation PHYSICIAN Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ FILL Name (Last, First, Middle Initial) Richards Occupation PHYSICIAN Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ PHYSICIAN Receipt For: PHYSICIAN Aggregate Year-to-Date ▼ PHYSICIAN Receipt For: PHYSICIAN Aggregate Year-to-Date ▼ PHYSICIAN Receipt For: PHYSICIAN Aggregate Year-to-Date ▼ Date of Receipt bits Period Date of Receipt	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 186 (check only one)
Full Name (Last, First, Middle Initial) STEVEN COGGINS Mailing Address 9042 N. PQINT DR. City State Zip Code BAYTOWN TX 77520 FEC ID number of contributing federal political committee. Name of Employer Self Answer State Sta	or for commercial purposes, other than using the	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
HENRY COLA Mailing Address 16891 MARINA BAY DR City State Zip Code HUNTINGTON BEACH CA 92649 FEC ID number of contributing federal political committee. Name of Employer SELF Primary General Other (specify) ▼ City State Zip Code PHYSICIAN Aggregate Year-to-Date ▼ City State Zip Code PHYSICIAN Aggregate Year-to-Date ▼ City State Zip Code NJ 07931 FEC ID number of contributing federal political committee. City State Zip Code NJ 07931 FEC ID number of contributing federal political committee. Name of Employer SELF PHYSICIAN Aggregate Year-to-Date ▼ City State Zip Code NJ 07931 FEC ID number of contributing federal political committee. C State Zip Code NJ 07931 Fec ID number of contributing federal political committee. Name of Employer ANESTHESIA CONSULTANTS OF NJ. LLC Primary General Other (specify) ▼ C State Zip Code NJ 07931 Fec ID number of contributing federal political committee. C State Zip Code NJ 07931 Fec ID number of contributing federal political committee. C State Zip Code NJ 07931 Fec ID number of contributing federal political committee. C State Zip Code NJ 07931 Fec ID number of contributing federal political committee. C State Zip Code NJ 07931 Fec ID number of contributing federal political committee. C State Zip Code NJ 05 7 2 0 1.1 Transaction ID: SA11AI.96227 Amount of Each Receipt this Period Fec ID number of contributing federal political committee. Name of Employer ANESTHESIA CONSULTANTS OF NJ. LLC Primary General Other (specify) ▼ State Zip Code NJ 05 05 000	Full Name (Last, First, Middle Initial) STEVEN COGGINS Mailing Address 9042 N. POINT DR. City BAYTOWN FEC ID number of contributing federal political committee. Name of Employer SELF Receipt For: Primary General	State TX C Occupation	Zip Code 77520 on HESIOLOGIST e Year-to-Date ▼	Date of Receipt 0 2 2 8 2 0 1 1 Transaction ID: SA11AI.98049
RICHARD COLAVITA Mailing Address 94 ANNIN RD City State Zip Code FAR HILLS NJ 07931 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA CONSULTANTS OF NJ. LLC Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O D D O D O D O D O D O D O D O D	HENRY COLA Mailing Address 16891 MARINA BAY D City HUNTINGTON BEACH FEC ID number of contributing federal political committee. Name of Employer SELF Receipt For: Primary General	State CA C Occupation PHYSIC	92649 on IAN e Year-to-Date ▼	0 2 0 7 2 0 1 1 Transaction ID: SA11AI.96328
1050.00	RICHARD COLAVITA Mailing Address 94 ANNIN RD City FAR HILLS FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA CONSULTANTS OF NJ. LLC Receipt For: Primary General	NJ C Occupation PHYSIC	07931 on IAN e Year-to-Date ▼	0 2 0 5 2 0 1 1 Transaction ID: SA11AI.96227
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional))	1250.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 186 (check only one) X
A oi	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
٧.	Full Name (Last, First, Middle Initial) MARK COLLINS			Date of Receipt
	Mailing Address 6455 APPLE ORCHA	ARD LN.		02 / 07 / 2011
	City ROCHESTER HILLS	State MI	Zip Code 48306	Transaction ID: SA11AI.96302 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer LAKESIDE ANESTHESIA ASSOC.	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) RONALD COLLINS			Date of Receipt
	Mailing Address 201 GOVERNORS D	0 2 1 7 2 0 1 1		
	City	State	Zip Code	Transaction ID: SA11AI.97259
	HUNTSVILLE FEC ID number of contributing federal political committee.	C	35801	Amount of Each Receipt this Period 1000.00
	Name of Employer T.V.P.C	Occupation M. D.	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial) MICHAEL CONLEY			Date of Receipt
	Mailing Address 3585 NORTH 440 WEST			0 2 2 4 2 0 1 1
	City PROVO	State UT	Zip Code	Transaction ID: SA11AI.97684
	FEC ID number of contributing federal political committee.	C	84604	Amount of Each Receipt this Period 500.00
	Name of Employer UTAH SOC OF ANESTH	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 186 (check only one) X	
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	THESIOLOGISTS POLITICAL ACTION COM	IMITTEE	
Full Name (Last, First, Middle Initial) LOIS CONNOLLY Mailing Address N27W22185 TIM	BERWOOD I N	Date of Receipt	
City	State Zip Code	0 2 1 1 2 0 1 1 Transaction ID: SA11AI.96805	
WAUKESHA	WI 53186	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer MED COLL OF WI	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) LEBRON COOPER		Date of Receipt	
Mailing Address 1757 NE 35TH S	Т	M M / D D / Y Y Y Y Y D D D / 2011	
City	State Zip Code	Transaction ID: SA11AI.96105	
OAKLAND PARK	FL 33334	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	125.00	
Name of Employer UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	1	
Full Name (Last, First, Middle Initial)		Date of Receipt	
	ANDREW COTTINGHAM Mailing Address 800 W ARBROOK BLVD STE 120		
City ARLINGTON	State Zip Code TX 76015	Transaction ID: SA11AI.97568 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer PINNACLE ANES CONSULTANTS ADVANCED PAI	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optic	nal)	875.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 186 (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) STEPHEN COTTON Mailing Address 3906 EATON DR.			Date of Receipt 0 2 0 5 2 0 1 1
City ROCKFORD	State IL	Zip Code 61114	Transaction ID: SA11AI.96234 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer ROCKFORD HEALTH SYSTEM	Occupation	n	250.00
ROCKFORD HEALTH SYSTEM Receipt For: Primary General Other (specify)	PHYSICI		
Full Name (Last, First, Middle Initial) MARVIN COVRIG Mailing Address 2305 CORNERSTO	Date of Receipt 0 2 0 1 1		
City	State	Zip Code	Transaction ID: SA11AI.97831
MODESTO FEC ID number of contributing federal political committee.	CA	95355	Amount of Each Receipt this Period 1000.00
Name of Employer SELF-EMPLOYED		ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) HARRY COZEN			Date of Receipt
Mailing Address 2644 LAKEWOOD I	Mailing Address 2644 LAKEWOOD PLACE		
City WESTLAKE VILLAGE	State CA	Zip Code 91361	Transaction ID: SA11AI.97672 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31001	250.00
Name of Employer OAK TREE SURGICAL CENTER	_ , '	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			1500.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee to a solution of the solution of	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KENNETH CRANE Mailing Address 12891 S. 150 E. City CLINTON FEC ID number of contributing federal political committee. Name of Employer UNION HOSPITAL Receipt For: Primary General Other (specify)	State Zip Code IN 47842 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) JULIE CRISPIN Mailing Address 30 E. HIGHPOINT RI City STUART FEC ID number of contributing federal political committee. Name of Employer ATLANTIC COAST ANES Receipt For: Primary General Other (specify)	D. State Zip Code FL 34996 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) ROBERT CROSS Mailing Address 34969 SE SKOGAN City SANDY FEC ID number of contributing federal political committee. Name of Employer OHSU Receipt For: Primary General Other (specify)	State Zip Code OR 97055 C Occupation PHYSICIAN Aggregate Year-to-Date 1000.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1750.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 11a 11b 11b 13	PAGE 41 / 186 11c 12 15 16 17
or fo	information copied from such Reports and strommercial purposes, other than using the IAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of solicitin solicit contributions from su	a contributions
\	AMERICAN SOCIETY OF ANESTHE ull Name (Last, First, Middle Initial) DAVID CRUMLEY	SIOLOGISTS	S POLITICAL ACTION COM	Date of Receipt	
Ċ	Mailing Address 1550 BOYSON RD Sity HIAWATHA	State IA	Zip Code 52233	Transaction ID: SA1 Amount of Each Rece	
F	EC ID number of contributing ederal political committee.	C	32200	Amount of Lacif Nece	500.00
_	lame of Employer INN COUNTY ANESTH Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 500.00		
3. <u>c</u>	ull Name (Last, First, Middle Initial) PRLANDO CRUZ Mailing Address 437 YORK ST			Date of Receipt	2011
	oity DLEAN	State NY	Zip Code 14760	Transaction ID: SA1 Amount of Each Rece	1AI.97970
	EC ID number of contributing ederal political committee.	C			250.00
N S	lame of Employer SOUTHERN TIER ANES	Occupatio ANESTH	n HESIOLOGIST		
F	eceipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00]	
. <u>L</u>	Full Name (Last, First, Middle Initial) LASZLO CSERNAK Mailing Address 2509 E CHERRYWOOD PL			Date of Receipt	2011
	ity CHANDLER	State AZ	Zip Code 85249	Transaction ID: SA1 Amount of Each Rece	
F	EC ID number of contributing ederal political committee.	C		Amount of Each Floor	500.00
<u> </u>	lame of Employer INESTHESIA RESOURCES	Occupation ANESTH	n HESIOLOGIST		
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
SUI	BTOTAL of Receipts This Page (optional) .	•)		1250.00
то	FAL This Period (last page this line number	r only)			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and 3	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and ad	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTOPHER CUCITI Mailing Address 6911 VAN DORN, SU	IITE # 2		Date of Receipt M
City	State	Zip Code	Transaction ID: SA11AI.96263
LINCOLN FEC ID number of contributing federal political committee.	C	68506	Amount of Each Receipt this Period 500.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, PC Receipt For: Primary General Other (specify) ▼		n IESIOLOGIST e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) MARK DAGOSTINO Mailing Address 8714 WOOLWORTH	AVE		Date of Receipt
City OMAHA FEC ID number of contributing	State NE	Zip Code 68124	Transaction ID: SA11AI.97546 Amount of Each Receipt this Period 500.00
Name of Employer NEBRASKA METHODIST HOSPIT- AL Receipt For:	Occupatio ANESTH	n IESIOLOGIST e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) C. WILLIAM DALY			Date of Receipt
Mailing Address 5501 CHERLYN DR			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City NEW ORLEANS	State LA	Zip Code 70124	Transaction ID: SA11AI.97735 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70124	250.00
Name of Employer SELF-EMPLOYED	Occupatio	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	- 	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .			1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persor g the name and address of any political committee to some the solution of	solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) KRISTOPHER DAVIGNON Mailing Address 86 WOODBURY S	ST	Date of Receipt		
		02 11 2011		
City PROVIDENCE	State Zip Code RI 02906	Transaction ID: SA11AI.96830 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer PROVIDENCE ANESTH	Occupation ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) JAD DAVIS				
Mailing Address 2319 WOODWAY	02 07 2011			
City ROUND ROCK	State Zip Code TX 78681	Transaction ID: SA11AI.96365 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) JAMES DEMEESTER		Date of Receipt		
Mailing Address 795 ARLINGTON	BLVD	02 22 2011		
City ANN ARBOR	State Zip Code MI 48104	Transaction ID: SA11AI.97388		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00		
Name of Employer ANESTHESIA ASSOCIATES OF ANN ARBOR	Occupation ANESTHESIOLOGIST]		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (option	al)	1000.00		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each	parate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 44 / 186 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and address of an	y political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) STEVEN DENTZ Mailing Address 2828 CHICAGO A City MINNEAPOLIS FEC ID number of contributing federal political committee. Name of Employer NORTHWEST ANESTHESIA, P.A.	VE S STE 300 State Zip C MN 5540 C Occupation ANESTHESIOLOG	7	Date of Receipt M M M
Receipt For: Primary General Other (specify)	Aggregate Year-to-D	ate ▼ 500.00	
Full Name (Last, First, Middle Initial) PIYUSH DESAI Mailing Address 2930 CREEK BEN City	D DR State Zip C		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
TROY FEC ID number of contributing federal political committee. Name of Employer BOTSFORD HOSPITAL DEPT.	MI 4809	8	Transaction ID: SA11AI.96861 Amount of Each Receipt this Period 1000.00
OF ANESTHESIA Receipt For: Primary General Other (specify)	ANETHESILOGIS Aggregate Year-to-D		
Full Name (Last, First, Middle Initial) PIYUSH DESAI Mailing Address 2930 CREEK BEN	D DR		Date of Receipt 0 2 1 4 2 0 1 1
City TROY FEC ID number of contributing federal political committee.	State Zip C MI 4809		Transaction ID: SA11AI.97031 Amount of Each Receipt this Period -1000.00
Name of Employer DR WANTED ONLY \$100	Occupation ANESTHESIOLOG	GIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ -1000.00	
SUBTOTAL of Receipts This Page (option	al)		500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS POLITICAL ACTION COM	MITTEE	
Full Name (Last, First, Middle Initial) ROBERT DESIMONE		Date of Receipt	
Mailing Address 7 ELLERHAUSEN I		02 22 2011	
City MONTVILLE	State Zip Code NJ 07045	Transaction ID: SA11AI.97390 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer MORRIS ANESTHESIA GROUP	Occupation ANESTHESIOLOGISTS		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) ROBERT DEVINE	_	Date of Receipt	
Mailing Address 20412 W. 93RD ST			
City LENEXA	State Zip Code KS 66220	Transaction ID: SA11AI.96198	
FEC ID number of contributing federal political committee.	C 60220	Amount of Each Receipt this Period 250.00	
Name of Employer ANESTHESIOLOGY CHARTERED	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) LAURA DEW		Date of Receipt	
Mailing Address 3009 CASON ST		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City HOUSTON	State Zip Code TX 77005	Transaction ID: SA11AI.97857	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00	
Name of Employer GHA	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional	l)	1750.00	
	ber only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 186 (check only one) X 11a
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) LAURA DEWITT Mailing Address 986 NORTH ROYAL	et et		Date of Receipt
	Walling Address 900 NONTH NOTAL	31.		02 21 2011
	City	State	Zip Code	Transaction ID: SA11AI.97363
	ALEXANDRIA	VA	22314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer FAIR OAKS ANES ASSOC	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
_ В.	Full Name (Last, First, Middle Initial) JAMES DIAL			Date of Receipt
	Mailing Address PO BOX 8305			02 24 2011
	City	State	Zip Code	Transaction ID: SA11AI.97651
	GADSDEN	AL	35902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer ANESTHESIA ASSOCIATES, P A.		IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
с. С.	Full Name (Last, First, Middle Initial) ANDREW DICK	•		Date of Receipt
	Mailing Address 1148 HAMPTON CT	02 / 11 / 2011		
	City SEYMOUR	State IN	Zip Code	Transaction ID: SA11AI.96811
	FEC ID number of contributing federal political committee.	C	47274	Amount of Each Receipt this Period 500.00
	Name of Employer SCHNECK MEDICAL CENTER AN- ESTHESIOLOGY		IESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2500.00
	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 186 (check only one) X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any perso g the name and address of any political committee to THESIOLOGISTS POLITICAL ACTION COMI	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROSS DICKSTEIN Mailing Address P.O. BOX 2044 City SILVERTHORNE FEC ID number of contributing federal political committee. Name of Employer PEAK ONE PAIN & SPINE Receipt For: Primary General Other (specify)	State Zip Code CO 80498 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) JERRY DIEHR Mailing Address 4111 W AZEELE S City TAMPA FEC ID number of contributing federal political committee. Name of Employer		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FLORIDA ANESTH Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
DOHN DINGER Mailing Address 246 CEDAR HEIG City DUNCANSVILLE FEC ID number of contributing	State Zip Code PA 16635	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer SPRING COVE MED SER	Occupation PHYSICIAN	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1500.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 186 (check only one) X
Any in or for o	formation copied from such Reports and Si commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) MERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	IMITTEE
A. <u>C</u> H	ll Name (Last, First, Middle Initial) IRISTOPHER DOBSON			Date of Receipt
	iling Address 567 ESTATES PL.			02 / 19 / 2011
Cit _y	y DNGWOOD	State FL	Zip Code 32779	Transaction ID: SA11AI.97315 Amount of Each Receipt this Period
FE	C ID number of contributing leral political committee.	C		500.00
Na JL	me of Employer R MEDICAL GROUP	Occupatio ANESTH	n HESIOLOGIST	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
B. <u>JO</u>	ll Name (Last, First, Middle Initial) HN DOMBROWSKI			Date of Receipt
Ма	iling Address 5123 WATSON ST NW	02 10 2 2011		
Cit	•	State	Zip Code	Transaction ID: SA11AI.96598
FE	ASHINGTON C ID number of contributing leral political committee.	C	20016	Amount of Each Receipt this Period 600.00
Na SE	me of Employer :LF-EMPLOYED	Occupatio ANESTH	n HESIOLOGIST	
Re	ceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 600.00	
	II Name (Last, First, Middle Initial)			Date of Receipt
Ma	iling Address 3150 WOODWALK DF	R. SE #3401		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	y FLANTA	State GA	Zip Code 30339	Transaction ID: SA11AI.97939 Amount of Each Receipt this Period
FE	C ID number of contributing leral political committee.	C	30009	250.00
Na PF	me of Employer ROGRESSIVE ANES	Occupatio ANESTH	n HESIOLOGIST	
Re	ceipt For: Primary General Other (specify) ▼	-	e Year-to-Date ▼ 250.00	
SUBT	FOTAL of Receipts This Page (optional)			1350.00
	AL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49/186 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) JEFFREY DOYLE			Date of Receipt
Mailing Address 16 HOWES PINEV	IEW DR.		02 25 2011
City OGDENSBURG	State NY	Zip Code 13669	Transaction ID: SA11AI.97731 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer NORTH CONTRY ANES	Occupation ANESTH	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) GREG DRAGON	I		Date of Receipt
Mailing Address 18 CRESTVIEW DR	R.		0 2 2 4 2 0 1 1
City OCEAN VIEW	State NJ	Zip Code 08230	Transaction ID: SA11AI.97657
FEC ID number of contributing federal political committee.	C	1 1 1 1 1	Amount of Each Receipt this Period 250.00
Name of Employer CAPE ANESTHESIA	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CATHERINE DREXLER			Date of Receipt
Mailing Address 2100 E NOCK ST			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MILWAUKEE	State WI	Zip Code 53207	Transaction ID: SA11AI.96411 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50207	500.00
Name of Employer MEDICAL COLLEGE OF WISCON- SIN	Occupation ANESTH	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional			1250.00

City		CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Date of Receipt State	Ar	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	o solicit contributions from such committee.
OMAHA NE 68164 FEC ID number of contributing federal political committee. Name of Employer Civic State Civic S	<u>/_</u> A.	DENISE DRVOL Mailing Address 3330 N. 129TH CIRCL		Zin Code	0 2 2 8 Y Y Y Y Y
Receipt For:		OMAHA FEC ID number of contributing	NE	·	Amount of Each Receipt this Period
Mailing Address PO BOX 356540 City State Zip Code WA 98195 FEG ID number of contributing federal political committee. Name of Employer UNIVERSITY OF WASHINGTON PHYSICIAN Receipt For: Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) ARTHUR DUNCAN Mailing Address 1951 APPLE BLOSSOM DR. City State Zip Code Transaction ID: SA11AI.96975 FLOYDS KNOBS IN 47119 FEC ID number of contributing federal political committee. C Name of Employer South Apple BLOSSOM DR. City State Zip Code IN 47119 FEC ID number of contributing federal political committee. C Name of Employer SOUTHERN INDIANA ANES. CONSULTANTS Receipt For: Aggregate Year-to-Date ▼ Name of Employer SOUTHERN INDIANA ANES. CONSULTANTS Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00		Receipt For: Primary General	ANESTH	HESIOLOGIST e Year-to-Date ▼	
SEATTLE WA 98195 FEC ID number of contributing federal political committee. C Name of Employer SOUTHERN INDIANA ANES. CO-NSULTANTS Receipt For: Primary General Other (specify) ▼ Name of Employer SOUTHERN INDIANA ANES. CO-NSULTANTS Receipt For: Aggregate Year-to-Date ▼ C Transaction ID: SA11AI.96793 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: SA11AI.96793 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.96793 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.96975 Transaction ID: SA11AI.96975 Amount of Each Receipt this Period Transaction ID: SA11AI.96975 Amount of Each Receipt this Period Transaction ID: SA11AI.96975 Amount of Each Receipt this Period 250.00	3.	PETER DUNBAR			M " M / D " D / Y " Y " Y " Y
Name of Employer UNIVERSITY OF WASHINGTON Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Parimary General Other (specify) ▼ Date of Receipt Date of Receipt M M M O D D D O D D D D D D D D D D D D		SEATTLE FEC ID number of contributing	WA	•	Transaction ID: SA11AI.96793 Amount of Each Receipt this Period
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ARTHUR DUNCAN Mailing Address 1951 APPLE BLOSSOM DR. City State Zip Code FLOYDS KNOBS IN 47119 FEC ID number of contributing federal political committee. Name of Employer SOUTHERN INDIANA ANES. CO-NSULTANTS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00			Occupation		1000.00
ARTHUR DUNCAN Mailing Address 1951 APPLE BLOSSOM DR. City State Zip Code FLOYDS KNOBS IN 47119 FEC ID number of contributing federal political committee. Name of Employer SOUTHERN INDIANA ANES. CO-NSULTANTS Receipt For: Primary General Other (specify) ARTHUR DUNCAN Date of Receipt Transaction ID: SA11AI.96975 Amount of Each Receipt this Period 250.00		Primary General	Aggregate	1 1 1 1 1 1 1	
City State Zip Code Transaction ID: SA11AI.96975 FLOYDS KNOBS IN 47119 FEC ID number of contributing federal political committee. C		ARTHUR DUNCAN	M DR.		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer SOUTHERN INDIANA ANES. CONSULTANTS Receipt For: Primary General Other (specify) Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00		•		•	Transaction ID: SA11AI.96975
NSULTANTS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		FEC ID number of contributing		4/119	
Primary General Other (specify) ▼ 250.00		NSULTANTS	ANESTH	HESIOLOGIST	
		Primary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)	s	SUBTOTAL of Receipts This Page (optional)			1450.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 186 (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	tatements ma name and ad	ny not be sold or used by any persoldress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
۸.	Full Name (Last, First, Middle Initial) MICHAEL DUPUY			Date of Receipt
	Mailing Address 214 W MORTEN AVE			02 28 2011
	City	State	Zip Code	Transaction ID: SA11AI.97953
	PHOENIX	AZ	85021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer VALLEY ANES. CONSULTANTS	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ 3.	Full Name (Last, First, Middle Initial) GARETH EBERLE			Date of Receipt
-	Mailing Address 7380 KINNIKINNICK D	PR.		0 2 2 8 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.98097
	ROSCOE	<u> </u>	61073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ROCKFORD HEALTH PHYSICIANS	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
-).	Full Name (Last, First, Middle Initial) WILLIAM ECKHARDT			Date of Receipt
	Mailing Address 1850 N. CENTRAL AV	E., STE. 16	600	02 25 7 2011
	City PHOENIX	State AZ	Zip Code 85004	Transaction ID: SA11AI.97772 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer VALLEY ANES CONSUL	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
⊢	,			_

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 186 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) JESSE EHRENCLOU		Date of Receipt
Mailing Address 1410 BLANDING ST		02 / 12 / 2011
City COLUMBIA	State Zip Code SC 29201	Transaction ID: SA11AI.96852 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer CRITICAL HEALTH SYSTEMS OF SC Receipt For: Primary General	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	500.00	
Mailing Address P.O. BOX 71325		Date of Receipt 0 2 2 8 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.98011
SAN JUAN FEC ID number of contributing federal political committee.	PR 00936	Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) CHARLES ELLIOTT		Date of Receipt
Mailing Address PO BOX 1584		0 2 1 0 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.96543
DECATUR FEC ID number of contributing federal political committee.	AL 35602	Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIA SERVICES OF DE- CATUR, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line numb	per only)	

;	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 53 / 186
	TEMIZED RECEIPTS		for each category of the	(check only one)
	I EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
г				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	ay not be sold or used by any persoldress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
 	NAME OF COMMITTEE (In Full)	7.14.110 4.14 44	and the second s	
	AMERICAN SOCIETY OF ANESTHES	SIOI OGIST	S POLITICAL ACTION COM	IMITTEE
	AMENIOAN GOOIETT OF ANEOTHER	SIOLOGIOT	OT OLITIOAL ACTION CON	
Α.	Full Name (Last, First, Middle Initial) MICHAEL ELLIOTT			Date of Receipt
	Mailing Address 10120 GRANDE SHO	RES WAY		0 2 2 4 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.97677
	KNOXVILLE	TN	37922	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	on HESIOLOGIST	
	Receipt For:		e Year-to-Date ▼	\dashv
	Primary General	Aygregati	e rear-to-Date V	1
	Other (specify)		250.00	
				1
- В.	Full Name (Last, First, Middle Initial) MARK ELLIS			Date of Receipt
	Mailing Address 1972 MARYLAND AVI	Ξ.		M M / D D / Y Y Y Y
				02 11 2011
	City	State	Zip Code	Transaction ID: SA11AI.96787
	<u>CHARLOTTE</u>	NC	28209	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.	0		
	Name of Employer NORTHEAST ANESTHESIOLOGY	Occupation		
			HESIOLOGIST	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		500.00	
	and (epony) V		0 0 0 0 0 0 0	4
с. С.	Full Name (Last, First, Middle Initial) GREGORY ENDERS	1		Date of Receipt
J .	Mailing Address 206 WINDLAKE DR.			M M / D D / Y Y Y Y
				02 22 2011
	City	State	Zip Code	Transaction ID: SA11AI.97477
	SENECA	SC	29672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTHESIOLOGY CONSULTANTS	Occupation		1
	Receipt For:	PHYSIC		-
	Primary General	Aggregate	e Year-to-Date ▼	7
	Other (specify)		250.00	
		0 0		4
Γ		1		
	SUBTOTAL of Receipts This Page (optional)			1000.00
L	= = = = = = = = = = = = = = = = = = =			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 186 (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	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) DUANE ERBAUGH			Date of Receipt
	Mailing Address 18825 GUNN HWY		7: 0 1	02 28 2011
	City ODESSA	State FL	Zip Code 33556	Transaction ID: SA11AI.97977 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer HEARTLAND QUALITY ANES	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
– В.	Full Name (Last, First, Middle Initial) CYNTHIA ESPANOLA	<u> </u>		Date of Receipt
	Mailing Address 29 DEER RUN RD.			02 14 2011
	City	State	Zip Code	Transaction ID: SA11AI.96936
	KINGSTON FEC ID number of contributing federal political committee.	C	02364	Amount of Each Receipt this Period 250.00
	Name of Employer ANESTH ASSOC OF MA	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) STEVEN EYLER			Date of Receipt
	Mailing Address 10152 SW WINDWO	OD WAY		0 2 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City PORTLAND	State OR	Zip Code 97225	Transaction ID: SA11AI.96341 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF	Occupation MANAGI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1500.00
	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 55 / 186 (check only one) X
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	y 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.
	AMERICAN SOCIETY OF ANESTHE	ESIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) GEORGE FANT			Date of Receipt
	Mailing Address P.O. BOX 8305	Obsta	7'- 0-1-	02 24 2011
	City GADSDEN	State AL	Zip Code 35902	Transaction ID: SA11AI.97645 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTHESIA ASSOC	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ В.	Full Name (Last, First, Middle Initial) JON FARLEY			Date of Receipt
	Mailing Address 4401 MASTHEAD ST	ΓNE STE 120)	0 2 0 6 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.96244
	ALBUQUERQUE	NM	87109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer OPHTHALMIC ANESTHESIA SER- VICES, PC	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		250.00	
с. С.	Full Name (Last, First, Middle Initial) RHESA FARMER			Date of Receipt
	Mailing Address 5370 E. CAMINO FR	ANCISCO SO	AZC	02 24 2011
	City TUCSON	State AZ	Zip Code 85718	Transaction ID: SA11AI.97633
	FEC ID number of contributing federal political committee.	C	65716	Amount of Each Receipt this Period 500.00
	Name of Employer SO AZ ANESTHESIA	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1250.00
 	TOTAL This Period (last page this line number		•	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 186 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd 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 o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) PAUL FELLENBAUM			Date of Receipt
Mailing Address 12 STONINGHAM	DRIVE		02 14 2011
City WARREN	State NJ	Zip Code 07059	Transaction ID: SA11AI.97063 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIA CONSULTANTS OF NJ	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ALEXANDER FELLER	I		Date of Receipt
Mailing Address 2114 W. CHARLES	STON		02 14 2011
City CHICAGO	State IL	Zip Code 60647	Transaction ID: SA11AI.97036
FEC ID number of contributing federal political committee.	C	00047	Amount of Each Receipt this Period 400.00
Name of Employer MD2X SC	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) LISA FERGUSON			Date of Receipt
Mailing Address 4111 HERITAGE T	RL		0 2 1 1 2 0 1 1
City TERRE HAUTE	State IN	Zip Code 47803	Transaction ID: SA11AI.96770 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	+7000	1000.00
Name of Employer SELF	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	al)		1900.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 186 (check only one) X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person the name and address of any political committee to the state of the s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	THESIOLOGISTS POLITICAL ACTION COMIN	WIIIEE
. VICTOR FERGUSON Mailing Address 4111 HERITAGE	TRL	Date of Receipt
0::	7.0.1	02 11 2011
City	State Zip Code IN 47803	Transaction ID: SA11AI.96756
TERRE HAUTE FEC ID number of contributing federal political committee.	IN 47803	Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) JAVIER FISCHER	I	Date of Receipt
Mailing Address 6260 E. POWERS	S AVE.	0 2 2 3 2 0 1 1
City GREENWOOD VILLAGE	State Zip Code CO 80111	Transaction ID: SA11AI.97582 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) JAN FISHER	L	Date of Receipt
Mailing Address 2213 STATE ROA	AD, 225 EAST	0 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BATTLE GROUND	State Zip Code IN 47920	Transaction ID: SA11AI.97488 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1550.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 186 (check only one) X 11a 11b 11c 12
	Any information copied from such Reports and Stat or for commercial purposes, other than using the na	ements may not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee
•	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC		
Α.	Full Name (Last, First, Middle Initial) MICHAEL FITZPATRICK		Date of Receipt
	Mailing Address 1928 APPLE BLOSSOM	DR	02 / 22 / 2011
	City FLOYDS KNOBS	State Zip Code IN 47119	Transaction ID: SA11AI.97456 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 47113	250.00
	Name of Employer ANES ASSOC CLARK CTY	Occupation ANESTHESIOLOGIST	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) JAMES FLECK		Date of Receipt
	Mailing Address 10800 E. CACTUS RD, #		02 / 25 / Y Y Y Y Y
	City SCOTTSDALE	State Zip Code AZ 85259	Transaction ID: SA11AI.97770 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer VALLEY ANTHESIOLOGY CONSU- LTANTS	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
с.	Full Name (Last, First, Middle Initial) EUGENE FLEWELLEN		Date of Receipt
0.	Mailing Address 6404 VILLAGE SPRING	S DR	0 2 1 5 2 0 1 1
	City PLANO	State Zip Code TX 75024	Transaction ID: SA11AI.97096 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)		1150.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 186 (check only one) X
7	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
A.	Full Name (Last, First, Middle Initial) BARRY FOLEY Mailing Address P.O. BOX 940127			Date of Receipt
	City	State	Zip Code	0 2 2 6 2 0 1 1 Transaction ID: SA11AI.97881
	MAITLAND	FL	32794	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer JLR MEDICAL GROUP	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) TROY FORD			Date of Receipt
	Mailing Address 1236 E ELIZABETH S	ST STE 1		02 28 2011
	City	State	Zip Code	Transaction ID: SA11AI.98033
	FORT COLLINS FEC ID number of contributing federal political committee.	CO	80524	Amount of Each Receipt this Period 500.00
	Name of Employer NORTHERN COLORADO ANES. PROF. CONT.	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ c.	Full Name (Last, First, Middle Initial) ROBERT FORTE			Date of Receipt
	Mailing Address 1820 ROTHBURY CT			0 2 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City FORT WAYNE	State IN	Zip Code	Transaction ID: SA11AI.97237
	FEC ID number of contributing federal political committee.	C	46804	Amount of Each Receipt this Period 250.00
	Name of Employer ASSOC ANES FT WAYNE	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1250.00
卜	TOTAL This Period (last page this line number			

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 186 (check only one) X
Any information copied from or for commercial purposes, NAME OF COMMITTEE		ay not be sold or used by any personderess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
		TS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Mi	,		Date of Receipt
City	STONE BROOK CIR. State	Zip Code	0 2 1 7 2 0 1 1 Transaction ID: SA11AI.97227
ASHLAND	OH	44805	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			250.00
Name of Employer ASHLAND ANESTH	Occupat ANEST	ion HESIOLOGIST	
Receipt For: Primary Other (specify) ▼		te Year-to-Date ▼ 250.00	
Full Name (Last, First, Mi	iddle Initial)		Date of Receipt
Mailing Address P.O.	BOX 8305		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.97644
GADSDEN	AL.	35902	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			500.00
Name of Employer ANESTHESIA ASSOC	Occupat ANEST	ion HESIOLOGIST	
Receipt For: Primary G	Aggrega	te Year-to-Date ▼	
Other (specify)	Refletal	500.00	
Full Name (Last, First, Mi WILLIAM FUNDERBURG	iddle Initial)		Date of Receipt
Mailing Address 910 F	ROCKY HILLS CV. N.		02 28 2011
City	State	Zip Code	Transaction ID: SA11AI.97930
CORDOVA	TN	38018	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			500.00
Name of Employer METROPOLITAN ANES	ALLI Occupat ANEST	ion HESIOLOGIST	
Receipt For: Primary Other (specify) ▼	Aggrega	te Year-to-Date ▼ 500.00	
CURTOTAL of Descints Th	nis Page (optional)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 186 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) FRANCISCO FURTADO			Date of Receipt
Mailing Address PO BOX 387			02 18 2011
City	State	Zip Code	Transaction ID: SA11AI.97278
LEWISBURG	PA	17837	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer NOVA ANES PROF	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MARIBEL GALIANO-GOLL			Date of Receipt
Mailing Address 22725 N. ELEANOR C	Т.		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.97668
KILDEER	<u>IL</u>	60047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MED CTR ANESTH	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DONALD GALLIGAN			Date of Receipt
Mailing Address 894 S. PARKGLEN PL.			02 22 2011
City	State	Zip Code	Transaction ID: SA11AI.97411
ANAHEIM HILLS	CA	92808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer FULLERTON ANES ASSOC	Occupatio PHYSIC		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any perso g the name and address of any political committee to	on for the purpose of soliciting contributions
1	HESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) RICHARD GALLO Mailing Address P.O. BOX 8305		Date of Receipt
City	State Zip Code	0 2 2 4 2 0 1 1 Transaction ID: SA11AI.97650
GADSDEN	AL 35999	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer ANESTHESIA ASSOC	Occupation ANESTHESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) CHRISTIAN GARAYCOCHEA		Date of Receipt
Mailing Address 5005 EDGEWOOD	D DR UNIT 309	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.97686
PROVO	UT 84604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer MOUNTAIN WEST ANES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) EDGARDO GARCIA		Date of Receipt
Mailing Address 3040 WOLF RIDG		02 / 22 / 2011
City	State Zip Code	Transaction ID: SA11AI.97460
NEW ALBANY FEC ID number of contributing federal political committee.	IN 47150	Amount of Each Receipt this Period 250.00
Name of Employer ANES ASSOC CLARK CTY	Occupation ANESTHESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	2550.00
	nber only)	

SCHEDULI ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 16
or for commercia	l purposes, other than using the DMMITTEE (In Full)	name and ad	y not be sold or used by any person dress of any political committee to S POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
City TAMPA FEC ID numb federal politica Name of Emp ALL CHILDR PHYSICIANS Receipt For:	per of contributing al committee.	State FL C Occupatio ANESTH	Zip Code 33609 n IESIOLOGIST e Year-to-Date ▼	Date of Receipt O 2
Full Name (La	specify) ▼ ast, First, Middle Initial)	0 0	500.00	Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
Name of Emp SO DENVER Receipt For:	per of contributing all committee.		Zip Code 80111 n IESIOLOGIST 2 Year-to-Date ▼ 250.00	Transaction ID: SA11AI.97054 Amount of Each Receipt this Period 250.00
Full Name (La BRADLEY GA' Mailing Addre City OKLAHOM	ss 611 N.W. 15TH ST.	State OK	Zip Code 73103	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Emp SELF Receipt For:	al committee.		n IESIOLOGIST e Year-to-Date ▼	1000.00
SUBTOTAL of	Receipts This Page (optional)	<u> </u>		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 64 / 186 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant statements and address of any political committee to	on for the purpose of soliciting contributions
	ESIOLOGISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) GREGORY GAY Mailing Address 1316 COMFORT RE).	Date of Receipt 0 2 1 1 2 0 1 1
City AUGUSTA	State Zip Code GA 30909	Transaction ID: SA11AI.96729 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KIM GEELAN	OLUTE MOOD	Date of Receipt
Mailing Address 120 NW 14TH AVE.	, SUITE #300	02 03 2011
City	State Zip Code	Transaction ID: SA11AI.96191
PORTLAND FEC ID number of contributing federal political committee.	OR 97209	Amount of Each Receipt this Period 500.00
Name of Employer OREGON ANESTHESIOLOGY GRO- UP, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) JAMES GEPHART		Date of Receipt
Mailing Address 7466 SKYVIEW TRL	-	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.96184
ROSCOE FEC ID number of contributing federal political committee.	IL 61073	Amount of Each Receipt this Period 250.00
Name of Employer ROCKFORD MEMORIAL HOSPITAL	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	·	1000.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 65 / 186 (check only one) X 11a 11b 11c 12	
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements ma	v not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES				
∠ A .	Full Name (Last, First, Middle Initial) STEVEN GERSCHULTZ			Date of Receipt	
	Mailing Address 3602 COURTSIDE CIR	?		0 2 0 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.96325	
	HUNTINGTON BEACH	CA	92649	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		
- В.	Full Name (Last, First, Middle Initial) JOHN GIUSTOZZI			Date of Receipt	
-	Mailing Address 130 TREETOPS DR			M M / D D / Y Y Y Y Y Y O D D / 2 D 1 D	
	City	State	Zip Code	Transaction ID: SA11AI.96581	
	STATE COLLEGE	PA	16801	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer CENTRE COUNTY ANESTHESIA, PC	Occupation ANESTH	n IESIOLOGIST		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
- C.	Full Name (Last, First, Middle Initial) RICHARD GNAEDINGER			Date of Receipt	
	Mailing Address 3565 W JOHNSON RD)		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.96916	
	LA PORTE	IN	46350	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer ANESTHESIA ASSOC. OF LAPO- RTE, PC	Occupation ANESTH	n HESIOLOGIST		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Primary ☐ General Other (specify) ▼		250.00		
	SUBTOTAL of Receipts This Page (optional)			750.00	
_ F					

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso g the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COMI	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JAMES GODWIN Mailing Address P.O. BOX 8006 City WICHITA FALLS FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For:	State Zip Code TX 76307 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL GOLLOTTO Mailing Address 108 N LAKESIDE I	500.00 DR E	Date of Receipt
City MEDFORD FEC ID number of contributing federal political committee. Name of Employer MID ATLANTIC ANESTHESIA ASSOC. Receipt For: Primary General	State Zip Code NJ 08055 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Transaction ID: SA11AI.96318 Amount of Each Receipt this Period 250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) MARIA GOMEZ Mailing Address 617 E. DESERT P.		Date of Receipt 0 2 1 0 2 2 0 1 1
City PHOENIX FEC ID number of contributing federal political committee.	State Zip Code AZ 85020	Transaction ID: SA11AI.96656 Amount of Each Receipt this Period 250.00
Name of Employer VALLEY ANESTHESIOLOGY CON- SULTANTS, LTD Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (option	al)	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 67 / 186 (check only one) X	
	ion copied from such Reports and sercial purposes, other than using the FCOMMITTEE (In Full)	Statements ma e name and ad	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.
\	CAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
MA EVEL	e (Last, First, Middle Initial) YN GONZALEZ-ABOLA			Date of Receipt
Mailing Ad	ddress 410 VALLEYVIEW DF	3		02 13 2011
City		State	Zip Code	Transaction ID: SA11AI.96871
<u>JEFFEF</u>	RSON HILLS	PA	15025	Amount of Each Receipt this Period
	umber of contributing olitical committee.	C		250.00
Name of E UNIVERS PHYSICI	Employer SITY OF PITTSBURGH ANS	Occupation ANESTH	n HESIOLOGIST	
Receipt F		Aggregate	e Year-to-Date ▼	
	nary General er (specify) ▼	0 0	250.00	
	e (Last, First, Middle Initial) EENSPAN			Date of Receipt
Mailing Ad	ddress 6 OAK RIDGE CT			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.97491
<u>ARMON</u>	<u>IK</u>	NY	10504	Amount of Each Receipt this Period
	umber of contributing olitical committee.	C		400.00
Name of E SELF	Employer	Occupation ANESTH	n HESIOLOGIST	
	or: nary General er (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name	e (Last, First, Middle Initial)			Date of Receipt
Mailing Ad	ddress 3180 RIDGEWAY RD			0 2 2 8 2 0 1 1
City		State	Zip Code	Transaction ID: SA11AI.97989
DAYTO		OH	45419	Amount of Each Receipt this Period
	umber of contributing olitical committee.	C		250.00
Name of E KETTER CIATES	Employer ING ANESTHESIA ASSO-	Occupation ANESTH	n HESIOLOGIST	
Receipt F		Aggregate	e Year-to-Date ▼	
	nary General er (specify) ▼		250.00	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 186 (check only one) X 11a
4	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
A.	Full Name (Last, First, Middle Initial) FRANCISCO GRINBERG			Date of Receipt
	Mailing Address 149 EDSON HILL RC	AD #6		02 25 7 2011
	City STOWE	State VT	Zip Code 05672	Transaction ID: SA11AI.97753 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer UNIVERSITY OF VERMONT	Occupation MD ANE	n STHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) ALBERT GROS			Date of Receipt
	Mailing Address P.O. BOX 459			02 22 2011
	City OPELOUSAS	State LA	Zip Code 70571	Transaction ID: SA11AI.97533 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70071	1000.00
	Name of Employer ANES ASSOCA OPELOUSAS	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ C.	Full Name (Last, First, Middle Initial) STEVEN GROSS	1		Date of Receipt
	Mailing Address PO BOX 8305			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City GADSDEN	State AL	Zip Code 35902	Transaction ID: SA11AI.97643 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00002	500.00
	Name of Employer ANESTHESIA ASSOC	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1750.00
卜	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69/186 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) LAURO GUADERRAMA			Date of Receipt
Mailing Address 1651 RANCHO GL	JADALUPE TRL	. NW	0 2 2 8 2 0 1 1
City ALBUQUERQUE	State NM	Zip Code 87107	Transaction ID: SA11AI.98053 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer SELF	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DAVID GUARNIERI			Date of Receipt
Mailing Address 9820 E THOMPSC	N PEAK PARK	WAY	0 2 2 8 2 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.97963
SCOTTSDALE FEC ID number of contributing federal political committee.	C	85255	Amount of Each Receipt this Period 500.00
Name of Employer VALLEY ANES. CONSULT	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) KATHLEEN GUARNIERI			Date of Receipt
Mailing Address 9820 E THOMPSC	N PEAK PARK	WAY	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SCOTTSDALE	State AZ	Zip Code 85255	Transaction ID: SA11AI.97961 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00200	500.00
Name of Employer VALLEY ANES. CONSULT	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	ı		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 186 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may he name and add	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 ANESTHI	ESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) BENJAMIN GUSLITS			Date of Receipt
Mailing Address 6272 BROMLEY CT			02 111 2011
City	State	Zip Code	Transaction ID: SA11AI.96817
WEST BLOOMFIELD	MI	48322	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANES ASSOC ANN ARBOR	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) KEVIN HAIM	<u> </u>		Date of Receipt
Mailing Address 125 GAY THOMPSC	ON DR		02 / 11 / 2011
City	State	Zip Code	Transaction ID: SA11AI.96710
CANTON	GA	30115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer NORTHSIDE CHEROKEE ANES. CONSULT.	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) BRIAN HALL			Date of Receipt
Mailing Address 2620-H EAST BARN	IETT RD.		0 2 1 1 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.96809
MEDFORD	OR	97504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANES ASSOC MEDFORD	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			1150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE /1 / 186 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) WILLIAM HALLOWES			Date of Receipt
Mailing Address 3216 DUNLAP DR.			02 23 2011
City GAINESVILLE	State GA	Zip Code 30506	Transaction ID: SA11AI.97580 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30300	250.00
Name of Employer ANES ASSOC GVILLE	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) FORREST HAMON	I		Date of Receipt
Mailing Address 1625 E NORTHERN	N AVE #102		02
City PHOENIX	State AZ	Zip Code 85020	Transaction ID: SA11AI.97959 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	- 	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) KEVIN HAMPEL			Date of Receipt
Mailing Address 2113 S. PIN OAK D	R.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SPRINGFIELD	State MO	Zip Code 65809	Transaction ID: SA11AI.96831
FEC ID number of contributing federal political committee.	C	03009	Amount of Each Receipt this Period 250.00
Name of Employer OZARK ANESTHESIA ASSOCIAT- ES	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number	per only)	·	

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for con	nmercial purposes, other than using the r	atements may	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OF COMMITTEE (In Full) RICAN SOCIETY OF ANESTHESI	OLOGISTS	S POLITICAL ACTION COM	IMITTEE
ERIC	ame (Last, First, Middle Initial) HANSON			Date of Receipt
Mailin	g Address 655 21ST AVE., N.W.			02 28 2011
City		State	Zip Code	Transaction ID: SA11AI.98075
<u>HICK</u>	ORY	NC	28601	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		250.00
	of Employer DUR ANESTHESIA ASSOC	Occupatio ANESTH	n IESIOLOGIST	
	ot For: Primary ☐ General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
	L ame (Last, First, Middle Initial) HARMAN			Date of Receipt
	g Address 1550 BOYSON ROAD			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.97728
	VATHA	IA	52233	Amount of Each Receipt this Period
federa	D number of contributing I political committee.	C		500.00
Name LCA,	of Employer PC	Occupatio ANESTH	n IESIOLOGIST	
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
	ame (Last, First, Middle Initial) AEL HARMELIN			Date of Receipt
Mailin	g Address 1346 SHADY LN			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>TAM</u>	AQUA	State PA	Zip Code 18252	Transaction ID: SA11AI.97736 Amount of Each Receipt this Period
	D number of contributing I political committee.	C		250.00
Name NAP	of Employer	Occupatio ANESTH	n IESIOLOGIST	7
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
SUBTO	FAL 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 73 / 186 (check only one) X
	Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLO	e and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) MARY HARRIS Mailing Address 10030 RUSTLELEAF		Date of Receipt 0 2 1 4 2 0 1 1
	DALLAS	State Zip Code TX 75238	Transaction ID: SA11AI.96964 Amount of Each Receipt this Period
	federal political committee. Name of Employer PEDIATRIC ANESTH ASSOC A	ccupation NESTHESIOLOGIST ggregate Year-to-Date	250.00
- B.	Other (specify) ▼ Full Name (Last, First, Middle Initial) BECHARA HATOUM Mailing Address 5570 HARLESTON DR.	250.00	Date of Receipt
	LYNDHURST Constitution	State Zip Code OH 44124	0 2 0 9 2 0 1 1 Transaction ID: SA11AI.96524 Amount of Each Receipt this Period 250.00
	CLEVELAND CLINIC FOUNDATI-	ccupation D ggregate Year-to-Date ▼ 250.00	
С.	Full Name (Last, First, Middle Initial) JOY HAWKINS Mailing Address 12631 E 17TH AVE, MS 82	03	Date of Receipt M
	•	State Zip Code CO 80045	Transaction ID: SA11AI.96815 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	UNIVERSITY OF COLORADO A	ccupation NESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	ggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE /4 / 186 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements mand he name and add	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.
AMERICAN SOCIETY OF ANESTHI	ESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) FRANCIS M HAYES Mailing Address 150 RIVER BROW [DRIVE		Date of Receipt 0 2 2 4 2 0 1 1
City GADSDEN	State AL	Zip Code 35901	Transaction ID: SA11AI.97649 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIA ASSOC		ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) LARS HELGESON Mailing Address 702 SUMMER HILL	RD.		Date of Receipt 0 2 1 1 2 0 1 1
City MADISON	State CT	Zip Code 06443	Transaction ID: SA11AI.96803 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer YALE	Occupatio PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) LD HERZOG			Date of Receipt
Mailing Address 3010 HATLEY DR.			02 08 2011
City AUSTIN	State TX	Zip Code 78746	Transaction ID: SA11AI.96414 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP Receipt For:	- 	n ESIOLOGIST e Year-to-Date ▼	
Primary General Other (specify) ▼	, iggi ogate	500.00	
SUBTOTAL of Receipts This Page (optional)			1500.00
TOTAL This Period (last page this line numb	er only))	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 186 (check only one) X		
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	o solicit contributions from such committee.		
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS POLITICAL ACTION COM	IMITTEE		
Full Name (Last, First, Middle Initial) HEATH HIGGINS Mailing Address 12125 CARDINAL I		Date of Receipt		
Mailing Address 12125 CARDINAL L		02 17 2011		
City EDMOND	State Zip Code OK 73013	Transaction ID: SA11AI.97253		
FEC ID number of contributing federal political committee.	C /3013	Amount of Each Receipt this Period 250.00		
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) NANCY HIGH		Date of Receipt		
Mailing Address 1390 LAKE JOSEPH	Mailing Address 1390 LAKE JOSEPHINE DR.			
City	State Zip Code	Transaction ID: SA11AI.96476		
SEBRING FEC ID number of contributing federal political committee.	FL 33875	Amount of Each Receipt this Period 1000.00		
Name of Employer HEARTLAND QUALITY ANESTHE- SIA PROFESSIO	Occupation ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]		
Full Name (Last, First, Middle Initial) BRUCE HINSHAW		Date of Receipt		
Mailing Address 120 NW 14TH AVE	Mailing Address 120 NW 14TH AVE STE 300			
City	State Zip Code	Transaction ID: SA11AI.96796		
PORTLAND FEC ID number of contributing federal political committee.	OR 97209	Amount of Each Receipt this Period 250.00		
Name of Employer OAG	Occupation ANESTHESIOLOGIST	7		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional)	·	1500.00		
TOTAL This Period (last page this line numb	·			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 186 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL HOGER Mailing Address 6003 MACON CT SE City HUNTSVILLE FEC ID number of contributing federal political committee. Name of Employer COMPREHENSIVE ANESTHESIA SERVICES Receipt For: Primary General Other (specify)		Zip Code 35802 n IESIOLOGIST Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 1 4 2 0 1 1 Transaction ID: SA11AI.97055 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) GLEN HOLLEY Mailing Address 2104 PENINSULA DF City FLOWER MOUND FEC ID number of contributing federal political committee. Name of Employer PINNACLE ANESTHESIA CONSULTANTS Receipt For: Primary General Other (specify)	State TX C Occupatio ANESTH	Zip Code 75022 n IESIOLOGIST e Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y Y O 2 1 1 4 Transaction ID: SA11AI.96886 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) SCOTT HOPE Mailing Address 3287 GREENSBORO City HIGHLANDS RANCH FEC ID number of contributing federal political committee. Name of Employer SOUTH DENVER ANESTH Receipt For: Primary General Other (specify)	State CO C Occupatio ANESTH	Zip Code 80129 n IESIOLOGIST e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 0 2 0 1 1 Transaction ID: SA11Al.96407 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number		•	1500.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	for	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 77 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such R or for commercial purposes, other the NAME OF COMMITTEE (In Ful AMERICAN SOCIETY OF A	an using the 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 Ini			Date of Receipt
	IALLA DRIVE		02 22 2011
City NOBLESVILLE		Zip Code 46060	Transaction ID: SA11AI.97502
FEC ID number of contributing federal political committee.	C	4000	Amount of Each Receipt this Period 250.00
Name of Employer NORTHSIDE ANESTHESIA SE ICES	ANESTHESIC		
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 250.00	
Full Name (Last, First, Middle In	, 		Date of Receipt
Mailing Address 104 ROCK	CREEK DR.		02 15 2011
City		Zip Code	Transaction ID: SA11AI.97091
GREENVILLE	SC :	29605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PALMETTO ANESTHESIA ASS IATES	ANESTHESIC		
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 250.00	
Full Name (Last, First, Middle In	ial)		Date of Receipt
Mailing Address 2901 WADI	AVE		0 2 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State 2	Zip Code	Transaction ID: SA11AI.96367
AUSTIN	TX	78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer AUSTIN ANESTHESIOLOGY OUP	ANESTRESIC		
Receipt For: Primary General Other (specify) ▼	Aggregate Year	to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page	(optional)		1000.00

SCHEDULE A	(FEC Form 3X) CEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only one)
NAME OF COMMI	TTEE (In Full)		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, Find JOHN HSU	rst, Middle Initial) 17532 MARENGO DR. GHTS contributing mittee.	State Zip Code CA 91748 Cupation NESTHESIOLOGIST	Date of Receipt Date of Receipt Date of Rec
Receipt For: Primary Other (specif	General	ggregate Year-to-Date ▼ 250.00	
	7216 OSPREY CIR		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.96688
EDMOND FEC ID number of federal political con	contributing	OK 73012	Amount of Each Receipt this Period 250.00
Name of Employer NW ANESTHESIA	O A	ccupation NESTHESIOLOGIST	
Receipt For: Primary Other (specif	General	ggregate Year-to-Date ▼ 250.00	
Full Name (Last, Fi	rst, Middle Initial)		Date of Receipt
Mailing Address	6035 WORTHINGTON RO	02 10 7 2011	
City WESTERVILLE		State Zip Code OH 43082	Transaction ID: SA11AI.96653 Amount of Each Receipt this Period
FEC ID number of federal political con			250.00
Name of Employer COA INC.		ccupation NESTHESIOLOGIST	
Receipt For: Primary Other (specif	General	ggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Recei	nte This Page (ontinnal)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 186 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	HESIOLOGISTS POLITICAL ACTION CON	//MITTEE
ERIC IGLER Mailing Address 2177 RIVER VALL	EY LANE	Date of Receipt 0 2 1 6 2 0 1 1
City SAN ANGELO	State Zip Code TX 76904	Transaction ID: SA11AI.97197 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SHANNON HOSPITAL	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KENNETH IMANAKA		Date of Receipt
Mailing Address 1100 BLACK WOC	DD PL.	0 2 1 5 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.97079
MODESTO FEC ID number of contributing federal political committee.	CA 95355	Amount of Each Receipt this Period 250.00
Name of Employer GOULD MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOSEPH IRRERA		Date of Receipt
Mailing Address 11 WOODROW R	D.	0 2 1 1 2 0 1 1
City BATAVIA	State Zip Code NY 14020	Transaction ID: SA11AI.96679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PARKSIDE ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option)	al)	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 80 / 186 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	 y not be sold or used by any perso dress of any political committee to	13 14 15 16 1 16 1 17 1 18 1 19 1 19 1 19 1 19 1 19 1 19
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE .
Full Name (Last, First, Middle Initial) MARK ISAACSON			Date of Receipt
Mailing Address PO BOX 2320			02 / 28 / 2011
City	State	Zip Code	Transaction ID: SA11AI.97979
MONTEREY	CA	93942	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) JOHN JENKINS			Date of Receipt
Mailing Address 3232 BLENHEIM WAY	Y		0 2 1 1 2 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.96690
LEXINGTON	KY	40503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer COMMONWEALTH ANESTHESIA	Occupatio PHYSIC		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ERIK JENSEN			Date of Receipt
Mailing Address 39 DEER RUN			M M / D D / Y Y Y Y Y O D D / Y D D D D D D D D D D D D D D D D
City	State	Zip Code	Transaction ID: SA11AI.96556
ORCHARD PARK	NY	14127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ERIE COUNTY MEDICAL CENTER ANES. DEPT.	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)		.	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 186 (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 solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) JAMES JETER			Date of Receipt
Mailing Address 303 CYPRESS COV	/E		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 FLORENCE	State AL	Zip Code 35634	Transaction ID: SA11AI.96229 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer ANESTHESIA MEDICAL CONSUL- TANTS. LLC	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) MICHAEL JOHNSEN			Date of Receipt
Mailing Address 6624 PASILLA RD. N.E.			0 2 0 8 7 2 0 1 1
City RIO RANCHO	State NM	Zip Code 87144	Transaction ID: SA11AI.96437
FEC ID number of contributing federal political committee.	C	67144	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		_
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ADAM JOHNSON			Date of Receipt
Mailing Address 2810 N SWAN RD STE 100			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TUCSON	State AZ	Zip Code 85712	Transaction ID: SA11AI.97794 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03712	250.00
Name of Employer OLD PUEBLO ANESTHESIA	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
			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 82 / 186 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any perso dress of any political committee to	
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) STEVEN JOHNSON			Date of Receipt
Mailing Address 1122 TOLER PL.			02 28 2011
City	State	Zip Code	Transaction ID: SA11AI.97942
NORFOLK FEC ID number of contributing federal political committee.	C	23503	Amount of Each Receipt this Period 250.00
Name of Employer ATLANTIC ANESTHESIA	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) RUSSELL JORGENSEN			Date of Receipt
Mailing Address 8102 E. MCDOWELL F STE 2A	RD.		02 20 20 2011
City SCOTTSDALE	State AZ	Zip Code 85257	Transaction ID: SA11AI.97328 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer CANYON STATE ANESTHESIOLO- GISTS	Occupatio PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DAVID JOSEPHSON			Date of Receipt
Mailing Address 805 GOLF VIEW CT.			0 2 1 4 2 0 1 1
City DACULA	State GA	Zip Code 30019	Transaction ID: SA11AI.97049
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 500.00
Name of Employer GWINNETT ANES SER	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 186 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe 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) ZEEV KAIN	ESIOLOGISTS POLITICAL ACTION COM	Date of Receipt
Mailing Address 47 SHADY LN City IRVINE	State Zip Code CA 92603	0 2 2 8 2 0 1 1 Transaction ID: SA11AI.97935
FEC ID number of contributing federal political committee.	CA 92603	Amount of Each Receipt this Period 500.00
Name of Employer UCI Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) SUSAN KAPLAN Mailing Address 1231 GULPH CREE	K DR.	Date of Receipt 0 2 2 8 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.98015
FEC ID number of contributing federal political committee.	PA 19087 C	Amount of Each Receipt this Period 250.00
Name of Employer MCP-HAHNEMANN UNIVERSITY DEPT. OF ANES Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ONA KAREIVA		Date of Receipt
Mailing Address 6547 PEACHBLOSS	02 22 2011	
City <u>E</u> ASTON	State Zip Code MD 21601	Transaction ID: SA11AI.97417 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer TIDEWATER ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL 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 84 / 186 (check only one) X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any persor g the name and address of any political committee to	13 14 15 16 1 n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL ACTION COMM	MITTEE
Full Name (Last, First, Middle Initial) PRAVIN KARIA		Date of Receipt
Mailing Address 6918 WYNDHAM	0 2 2 2 2 2 1 1	
City	State Zip Code	Transaction ID: SA11AI.97457
PROSPECT	KY 40059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANES ASSOC CLARK	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JEREMY KATZ	Date of Receipt	
Mailing Address 5401 SW BEACH	02 15 2011	
City	State Zip Code	Transaction ID: SA11AI.97083
SEATTLE	WA 98116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AUBURN ANESTHESIA ASSOCIA- TES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOHN KEATING		Date of Receipt
Mailing Address 514 W PUEBLO S	T FL 2	0 2 0 3 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.96202
SANTA BARBARA	CA 93105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANESTHESIA MED GRP OF SAN- TA BARBARA	Occupation PRACTICE MANAGER	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	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 85 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11	
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any persor the name and address of any political committee to	n for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)	HESIOLOGISTS POLITICAL ACTION COMM		
Full Name (Last, First, Middle Initial) RAYMOND SCOTT KELLEY		Date of Receipt	
Mailing Address 5 ZAMIA PL.			
City	State Zip Code	Transaction ID: SA11AI.97424	
PALM COAST	FL 32164	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer ANES ASSOC N FL	Occupation ANESTHESIOLOGIST	1	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) SACHIN KHETERPAL	Date of Receipt		
Mailing Address 2091 AUTUMN HILI	0 2 1 2 2 0 1 1		
City	State Zip Code	Transaction ID: SA11AI.96853	
ANN ARBOR	MI 48103	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer UNIVERSITY OF MICHIGAN DE- PARTMENT OF A Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date		
Primary General Other (specify) ▼	1000.00		
Full Name (Last, First, Middle Initial) ABRAHAM KIANI		Date of Receipt	
Mailing Address 30 FAIRBANKS ST	E 100	02 01 2011	
City IRVINE	State Zip Code CA 92618	Transaction ID: SA11AI.96177 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer MASIMO LABS	Occupation ANESTHESIOLOGIST	1	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional	l) >	2250.00	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 86 / 186
	ITEMIZED RECEIPTS		for each category of the	(check only one)
	TI LIVIIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHESI	OLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) RAY KIEFER	Date of Receipt		
	Mailing Address 410 MID OAK DR	0 2 2 1 2 0 1 1		
	City	State	Zip Code	Transaction ID: SA11AI.97358
	MUSKEGON	MI	49445	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer LAKESHORE ANES SER	Occupatio	n IESIOLOGIST	
	Receipt For:		e Year-to-Date ▼	
	Primary General	199.194		1
	Other (specify) ▼		250.00	
_				
В.	Full Name (Last, First, Middle Initial) KATHRYN KILLMAN			Date of Receipt
	Mailing Address 3600 CENTRAL AVE	0 2 2 4 2 0 1 1		
	City	State	Zip Code	Transaction ID: SA11AI.97708
	NASHVILLE	TN	37205	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer ANESTHESIA MEDICAL GROUP	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General	33 - 3		
	Other (specify)	0 0	250.00	
с. С.	Full Name (Last, First, Middle Initial) R. BEN KING			Date of Receipt
.	Mailing Address 520 AZALEA LN			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.97200
	FLORENCE	SC	29501	Amount of Each Receipt this Period
	FEC ID number of contributing		20001	
	federal political committee.	C		500.00
	Name of Employer MED ANES CONSULT	Occupatio	n IESIOLOGIST	
	Receipt For:	-	e Year-to-Date ▼	
	Primary General	33 34.0		1
	Other (specify)		500.00	
ſ	<u> </u>			
	SUBTOTAL of Receipts This Page (optional)		.	1000.00
L	(*******		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11	
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions	
AMERICAN SOCIETY OF ANES	THESIOLOGISTS POLITICAL ACTION COM	MITTEE	
Full Name (Last, First, Middle Initial) KEVIN KINKEAD Mailing Address 1776 MCCONNEI	LL DR.	Date of Receipt 0 2 0 1 2 0 1 1	
City WILLIAMSPORT	State Zip Code PA 17701	Transaction ID: SA11AI.96140 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	208.00	
Name of Employer ANESTHESIA ASSOCIATES OF WILLIAMSPORT Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 212.00		
Full Name (Last, First, Middle Initial) SANDRA KINSELLA Mailing Address 6047 BROKENHU	· · · · · · · · · · · · · · · · · · ·		
City INDIANAPOLIS	State Zip Code IN 46220	Transaction ID: SA11AI.96214 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	1000.00	
Name of Employer IUMC	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]	
Full Name (Last, First, Middle Initial) GERALD KIRK Mailing Address 12543 GLENDUR	GAN DR.	Date of Receipt 0 2 1 1 1 2 0 1 1	
City CARMEL	State Zip Code IN 46032	Transaction ID: SA11AI.96799 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer NORTHSIDE ANESTHESIA	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (option	nal)	1708.00	
TOTAL This Period (last page this line nu	mber only)		

			_		
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	2 Separate sorteduc(s)		FOR LINE NUMBER: PAGE 88 / 186 (check only one)		
HEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 15 16 17		
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MITTEE 		
Full Name (Last, First, Middle Initial) A. OLEN KITCHINGS					
Mailing Address 4303 HIGH BLUFF CI	Mailing Address 4303 HIGH BLUFF CIR				
City	State	Zip Code	Transaction ID: SA11AI.96997		
<u>TEMPLE</u>	TX	76502	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		400.00		
Name of Employer SCOTT WHITE CLINIC	Occupation ANESTH	n HESIOLOGIST			
Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
Other (specify) ▼		400.00			
Full Name (Last, First, Middle Initial) B. JAMES KLAMIK					
Mailing Address 1225 ORCHARD LN.	Mailing Address 1225 ORCHARD LN.				
City	State	Zip Code	Transaction ID: SA11AI.96720		
ELM GROVE	WI	53122	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer SELF-EMPLOYED	Occupation PHYSIC				
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼	0 0	250.00			
Full Name (Last, First, Middle Initial) C. KEVIN KLEINHOMER			Date of Receipt		
Mailing Address 1919 W 12 MILE RD			0 2 1 0 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.96640		
ROYAL OAK	MI	48073	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer NORTHLAND ANESTHESIA ASSO- CIATES, PC	Occupation ANESTH	n HESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and address of any	or used by any person political committee to so	for the purpose of soliciting contributions plicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITIC		
		AL ACTION COMM	TTEE
Full Name (Last, First, Middle Initial) RICHARD KLEMENTAVICIUS			Date of Receipt
Mailing Address 617 BAY CLIFFS RD			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Coo	de	Transaction ID: SA11Al.97698
GULF BREEZE	FL 32561		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN		
Receipt For:	Aggregate Year-to-Dat	e ▼	
Primary General Other (specify) ▼	0 0 0 0	250.00	
Full Name (Last, First, Middle Initial) ANDREW KNIGHT	1		Date of Receipt
Mailing Address 224 CHEVAL LN.			M M / D D / Y Y Y Y Y O D 1 B 2 D 1 D
City	State Zip Coo	de	Transaction ID: SA11AI.97283
WALNUT CREEK	CA 94596		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MACMGI	Occupation ANESTHESIOLOG	IST	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Dat	250.00	
Full Name (Last, First, Middle Initial) JEFFREY KOEPP	1		Date of Receipt
Mailing Address 1236 E ELIZABETH S SUITE 1	T		M M / D D / Y Y Y Y Y Y O D D / 2 0 1 1
City	State Zip Coo	de	Transaction ID: SA11AI.96360
FORT COLLINS	CO 80524		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer NCAP	Occupation ANESTHESIOLOG	IST	
Receipt For:	Aggregate Year-to-Dat	e ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persign the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARY-JANE KOHM Mailing Address 3032 ST. JOHNS A City JACKSONVILLE FEC ID number of contributing federal political committee. Name of Employer GROOVOR CLINIC Receipt For: Primary General	AVE. State Zip Code FL 32205 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) COURTNEY KOSHAR Mailing Address 1625 E NORTHER City PHOENIX FEC ID number of contributing federal political committee.		Date of Receipt M M M
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) DAVID KRAFTSOW Mailing Address 1301 ANGLEWOO City	State Zip Code	Date of Receipt 0 2
BIRMINGHAM FEC ID number of contributing federal political committee.	AL 35216	Amount of Each Receipt this Period 250.00
Name of Employer SOUTHERN PERIOPERATIVE SV- C'S Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option:	al)	1500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 702 BARNHILL DR., Ro City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer RILEY HOSPITAL FOR CHILDR-EN Receipt For:	State IN C Occupation PHYSICI		Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: SA11AI.96249 Amount of Each Receipt this Period 250.00
– B.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) USHA KRISHNAMURTHY Mailing Address 57 VIOLA DR		250.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City GLEN COVE FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)		Zip Code 11542 n IESIOLOGIST e Year-to-Date ▼ 250.00	Transaction ID: SA11AI.96466 Amount of Each Receipt this Period 250.00
_ C.	Full Name (Last, First, Middle Initial) MICHAEL KRUCZEK Mailing Address 13918 BLUFFMONT City SAN ANTONIO FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State TX C Occupatio PHYSICI Aggregate		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)			900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 186 (check only one) X 11a			
or for commercial purposes, other than using	nd Statements may not be sold or used by any person g the name and address 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 ANEST	HESIOLOGISTS POLITICAL ACTION COM	IMITTEE			
Full Name (Last, First, Middle Initial) ROBERT KUZEL	, , ,				
Mailing Address 4111 N DRINKWA	Mailing Address 4111 N DRINKWATER BLVD APT F310				
City	State Zip Code	Transaction ID: SA11AI.97780			
SCOTTSDALE FEC ID number of contributing federal political committee.	AZ 85251	Amount of Each Receipt this Period 500.00			
Name of Employer VALLEY ANESTHESIA CONSULT- ANTS	Occupation ANESTHESIOLOGIST				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	500.00]			
Full Name (Last, First, Middle Initial) JON KUZMIC					
Mailing Address 1001 W 10TH ST	Mailing Address 1001 W 10TH ST # FM400				
City	State Zip Code	0 2 1 1 2 0 1 1 Transaction ID: SA11Al.96781			
INDIANAPOLIS	IN 46202	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer IN UNIV MED CTR-WISHARD MEM HOSP	Occupation ANESTHESIOLOGIST				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	250.00]			
Full Name (Last, First, Middle Initial) HUNG-CHI KWOK		Date of Receipt			
Mailing Address 2732 MUIR WOOI	Mailing Address 2732 MUIR WOODS DR., SE				
City	State Zip Code	Transaction ID: SA11Al.96854			
HAMPTON COVE	AL 35763	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	175.00			
Name of Employer ALABAMA ANES. OF HUNTSVIL- LE, LLC	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00				
SUBTOTAL of Receipts This Page (option	al)	925.00			
TOTAL This Period (last page this line pur	nber only)				

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports an	for each category of the Detailed Summary Page d Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 93 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	the name and address of any political committee to	
Full Name (Last, First, Middle Initial) A. STEPHEN LABARGE Mailing Address 7551 WILLIAM PEN	IN PLACE	Date of Receipt
City INDIANAPOLIS	State Zip Code IN 46256	0 2 1 1 2 0 1 1 Transaction ID: SA11AI.96765 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ASSOC IN ANESTH Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate real-to-Date \$ 500.00	
Full Name (Last, First, Middle Initial) JOHN LA GORIO Mailing Address 1543 FOREST PAR	K RD	Date of Receipt
City NORTON SHORES	State Zip Code MI 49441	Transaction ID: SA11AI.96230 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer LAKESHORE ANESTHESIA SERV- ICES Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) RANDY LANCE	1	Date of Receipt
Mailing Address 6433 PEBBLE POIN City	ITE CT. State Zip Code	02 17 2011
<u>NEWBURGH</u>	IN 47630	Transaction ID: SA11AI.97248 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANESTHESIA GROUP ASSOCIAT- ES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 186 (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	tatements ma name and ad	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.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
∠ A .	Full Name (Last, First, Middle Initial) TANNER LANG	Date of Receipt		
	Mailing Address N3292 FEATHER RIDO	02 28 7 2011		
	City APPLETON	State WI	Zip Code 54913	Transaction ID: SA11AI.98035 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer AAA ANESTHESIA	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
– В.	Full Name (Last, First, Middle Initial) JAMES LANGDON			Date of Receipt
	Mailing Address PO BOX 51947 MEDICAL CENTER	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City State KNOXVILLE TN		Zip Code 37950	Transaction ID: SA11AI.97454 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	500.00
	Name of Employer UNIVERSITY OF TENNESSEE	Occupation PHYSIC		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00]
_ C.	Full Name (Last, First, Middle Initial) STEVEN LANSING	l		Date of Receipt
	Mailing Address 5215 N. COUNTY RD. 775 W			0 2 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City MUNCIE	State IN	Zip Code 47304	Transaction ID: SA11AI.97240 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	47004	250.00
	Name of Employer DELAWARE CTY ANES	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than usin	and Statements may not be sold or used by any per g the name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) PATRICK LAWLER		Date of Receipt
Mailing Address 1301 W RALPH R	02 10 2011	
City SIOUX FALLS	State Zip Code SD 57108	Transaction ID: SA11AI.96596 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MCKENNAN HOSPITAL	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) BRIAN LEE		Date of Receipt
Mailing Address 2750 HOLLYVIEW	0 2 1 4 2 0 1 1	
City	State Zip Code	Transaction ID: SA11AI.96881
LOS ANGELES FEC ID number of contributing federal political committee.	CA 90068	Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JONATHAN LEE		Date of Receipt
Mailing Address 8140 N MO PAC E	M M / D D / Y Y Y Y Y O D D / 2011	
City AUSTIN	State Zip Code TX 78759	Transaction ID: SA11AI.96600
FEC ID number of contributing federal political committee.	TX 78759	Amount of Each Receipt this Period 500.00
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
OUDTOTAL of Descripto This Descriptor	nal)	1500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 186 (check only one) X 11a 11b 11c 12
	Any information copied from such Reports and Si	tatements ma	y not be sold or used by any perso	n for the purpose of soliciting contributions
	or for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) MARC LEIB	Date of Receipt		
	Mailing Address P.O. BOX 44527			02 25 2011
	City	State	Zip Code	Transaction ID: SA11AI.97767
	PHOENIX	AZ	85064	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer STATE OF ARIZONA	Occupation PHYSIC		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼	0 0	250.00	
- В.	Full Name (Last, First, Middle Initial) CINDY LELAND	Date of Receipt		
	Mailing Address 4901 KNOLLWOOD C	0 2 1 0 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.96642
	VALPARAISO	<u>IN</u>	46383	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PORTER HOSPITAL. VALPARAI- SO IN	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
– C.	Full Name (Last, First, Middle Initial) JONATHAN LEVELLE			Date of Receipt
o .	Mailing Address 1091 KNOX RIDGE			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.96804
	ATHENS	GA	30606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MCAA, P.C.	Occupatio	n IESIOLOGIST	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
Γ				1000 00
L	SUBTOTAL of Receipts This Page (optional)		······	1000.00

ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97/186 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI			
Full Name (Last, First, Middle Initial) MARC LEVI			Date of Receipt
Mailing Address 1113 GREENWOO	DD RIDGE 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 BEL AIR	State MD	Zip Code 21014	Transaction ID: SA11AI.96833 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer NO CHESAPEAKE ANES	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) HONG LI			Date of Receipt
Mailing Address 6708 PALM AVE			0 2 1 1 1 2 0 1 1
City FAIR OAKS	State CA	Zip Code 95628	Transaction ID: SA11AI.96677
FEC ID number of contributing federal political committee.	C	93020	Amount of Each Receipt this Period 250.00
Name of Employer METROPOLITAN ANESTHESIOLO- GY CONSULTANT	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOE LIN			Date of Receipt
Mailing Address 4814 MAPLE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BELLAIRE	State TX	Zip Code 77401	Transaction ID: SA11AI.98004 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77401	500.00
Name of Employer SELF	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 500.00	
			1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports an	for each category of the Detailed Summary Page d Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 98 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. MICHAEL LIPSON Mailing Address 342 2ND ST E		Date of Receipt
City	State Zip Code CA 95476	0 2 0 1 2 0 1 1 Transaction ID: SA11AI.96172
SONOMA FEC ID number of contributing federal political committee.	CA 95476	Amount of Each Receipt this Period 250.00
Name of Employer MICHAEL E. LIPSON, MD.	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. GREGG LOBEL		Date of Receipt
Mailing Address 22 DONNYBROOK		02 / 28 / 2011
City <u>DEMAREST</u>	State Zip Code NJ 07627	Transaction ID: SA11AI.97938 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NORTHERN VALLEY ANES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. RICHARD LODISE		Date of Receipt
Mailing Address 1780 W WESLEY F	RD NW	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City ATLANTA	State Zip Code GA 30327	Transaction ID: SA11AI.97625 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer RIVERDALE ANES. ASSOC.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l) >	1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 186 (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) NANCY LOEFFLER Mailing Address 3726 LAKEVIEW DI	R.		Date of Receipt 0 2 1 7 2 0 1 1
City TALLAHASSEE FEC ID number of contributing	State FL	Zip Code 32310	Transaction ID: SA11AI.97229 Amount of Each Receipt this Period 1000.00
Name of Employer ANESTHESIOLOGY ASSOCIATES OF TALLAHASS Receipt For: Primary General Other (specify) ▼	Occupation ANESTH	n ESIOLOGIST 9 Year-to-Date ▼	
Full Name (Last, First, Middle Initial) SUSAN LOGHMANPOUR Mailing Address 601 22ND ST			Date of Receipt 0 2 1 8 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.97300
HUNTINGTON BEACH	CA	92648	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) WAI TAK LOH	I		Date of Receipt
Mailing Address 11808 S. EQUESTF	RIAN TRAIL		02 28 2011
City PHOENIX	State AZ	Zip Code 85044	Transaction ID: SA11AI.97957 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03044	250.00
Name of Employer METRO ANES CONSUL	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 186 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and ad	Idress of any political committee to	o solicit contributions from such committee.
. ∠ 	Full Name (Last, First, Middle Initial) ROBERT LONDON	, o c c c c c c c c c c c c c c c c c c		Date of Receipt
	Mailing Address 1252 WELLINGTON T			02 08 2011
	City MAITLAND	State FL	Zip Code 32751	Transaction ID: SA11AI.96382
	FEC ID number of contributing federal political committee.	C	32/31	Amount of Each Receipt this Period 500.00
	Name of Employer JLR MEDICAL GROUP	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) MICHAEL LOPEZ Mailing Address 2810 N SWAN RD STE	I		Date of Receipt
				02 25 2011
	City TUCSON	State AZ	Zip Code 85712	Transaction ID: SA11AI.97758
	FEC ID number of contributing federal political committee.	C	63712	Amount of Each Receipt this Period 500.00
	Name of Employer OLD PUEBLO ANESTHESIA	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_ ;.	Full Name (Last, First, Middle Initial) JOHN LORDAN			Date of Receipt
	Mailing Address 2910 BRANDYWINE S	WN T8		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City WASHINGTON	State DC	Zip Code 20008	Transaction ID: SA11AI.96909
	FEC ID number of contributing federal political committee.	C	20008	Amount of Each Receipt this Period 250.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
f	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 186 (check only one) X
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 add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTOPHER LOWE Mailing Address 800 E DAWSON S	Т		Date of Receipt
City TYLER FEC ID number of contributing	State TX	Zip Code 75701	Transaction ID: SA11AI.96447 Amount of Each Receipt this Period 500.00
Name of Employer MOTHER FRANCES HOSPITAL ANESTHESIOLOGY Receipt For: Primary General Other (specify) ▼	- ' '	n ESIOLOGIST Year-to-Date ▼	
Full Name (Last, First, Middle Initial) PHILIP LUBRANO Mailing Address 5125 NORTH BRAI	NCH DR.		Date of Receipt 0 2 2 8 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.98038
FORT WORTH	TX	76132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer NORTHSTAR ANESTHESIA PA		ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) PHILIP LUND	•		Date of Receipt
Mailing Address 5441 SW VIEW PC	DINT TERRACE		02 25 25 2011
City	State	Zip Code	Transaction ID: SA11AI.97868
PORTLAND FEC ID number of contributing federal political committee.	OR	97239	Amount of Each Receipt this Period 250.00
Name of Employer OHSU	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		1000.00

,	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 102/186
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X 11a
_				13 14 15 16 17
	Any information copied from such Reports and Stator for commercial purposes, other than using the na	tements may ame and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHESIC	OLOGISTS	POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) ADELE LYNAGH			Date of Receipt
	Mailing Address 113 GREEN LEAF LN.			0 2 1 4 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.97038
	EASLEY	SC	29642	Amount of Each Receipt this Period
		-		
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PAA	Occupation ANESTH	n ESIOLOGIST	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	7 iggi ogalo		1
	Other (specify) ▼		250.00	
- В.	Full Name (Last, First, Middle Initial) MICHAEL MANALO			Date of Receipt
	Mailing Address 6560 HIGH DR.			M M / D D / Y Y Y Y
				02 25 2011
	City	State	Zip Code	Transaction ID: SA11AI.97832
	MISSION HILLS	KS	66208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MIDWEST ANES ASSOC	Occupation ANESTH	n ESIOLOGIST	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	7 iggi ogalo		1
	Other (specify) ▼		500.00	
с.	Full Name (Last, First, Middle Initial) GERARD MANECKE			Date of Receipt
	Mailing Address 4040 SUNSET RD			0 2 D / 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.97364
	SAN DIEGO	CA	92103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UCSD	Occupation PHYSICI.		
	Receipt For:		Year-to-Date ▼	1
	Primary General	33 -3		1
	Other (specify)		250.00	
Γ				
	SUBTOTAL of Receipts This Page (optional)			1000.00
- 1	· ·		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	Statements may not be sold or used by any per ne name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SCOTT MARGOLIES Mailing Address 3916 GLENWOOD A City BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer SOUTHERN PERIOPERATIVE SE-RVICES Receipt For: Primary General Other (specify)	State Zip Code AL 35222 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) SCOTT MARGOLIES Mailing Address 3916 GLENWOOD A City BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer SOUTHERN PERIOPERATIVE SERVICES Receipt For: Primary General Other (specify)	State Zip Code AL 35222 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) JOHN MARSHALL Mailing Address 5 BRIDGEWATER C City RENO FEC ID number of contributing federal political committee. Name of Employer ASSOC ANES RENO Receipt For: Primary General Other (specify)	OURT State Zip Code NV 89509 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 186 (check only one) X
or for commercial purposes NAME OF COMMITTE	s, other than using the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, I JONATHAN MARTIN Mailing Address 22 N	Middle Initial)	Zip Code	Date of Receipt 0 2 25 2011 Transaction ID: SA11AI.97800
OREM FEC ID number of cont federal political committed	UT ributing	84097	Amount of Each Receipt this Period 250.00
Name of Employer MOUNTAIN WEST AN Receipt For: Primary Other (specify)	ANESTE	on HESIOLOGIST e Year-to-Date ▼ 250.00	
Full Name (Last, First, I LEO MARTIN Mailing Address 444	Middle Initial) 1 E. MCDOWELL RD#101		Date of Receipt 0 2 2 8 2 0 1 1
City PHOENIX	State AZ	Zip Code 85008	Transaction ID: SA11AI.97955 Amount of Each Receipt this Period
FEC ID number of cont federal political committ Name of Employer		on	1000.00
Name of Employer SELF-EMPLOYED Receipt For: Primary Other (specify)	PHYSIC		
Full Name (Last, First, I EDWIN MATHEWS Mailing Address 725	Middle Initial) AMERICAN WAY		Date of Receipt 0 2 1 6 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.97160
WAUKESHA FEC ID number of cont federal political committ		53188	Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation ANESTH	on HESIOLOGIST	
Receipt For: Primary Other (specify) ▼	General	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts	This Page (optional))	1500.00
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 105 / 186 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any personderss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) STEVEN MAVES			Date of Receipt
Mailing Address 10050 DEER RUN CIF	₹		02 17 2011
City	State	Zip Code	Transaction ID: SA11AI.97239
FISHERS	IN	46037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer COMMUNITY ANESTH	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		250.00	
Full Name (Last, First, Middle Initial) STEVEN MAXWELL	1		Date of Receipt
Mailing Address 90 RAPP RD			02 10 2011
City	State	Zip Code	Transaction ID: SA11AI.96532
VALATIE	NY	12184	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		350.00
Name of Employer STEVEN J. MAXWELL, D.O., PLLC	Occupation PHYSIC		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00]
Full Name (Last, First, Middle Initial) PETER MAZZARA			Date of Receipt
Mailing Address PO BOX 2906			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.96267
WEST LAFAYETTE	IN	47996	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer SEF	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)	1		1000.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 1	
C C	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	ress of any political committee to	o solicit contributions from such committee.	
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	POLITICAL ACTION COM	MITTEE	
	Full Name (Last, First, Middle Initial) BRADLEY MCALLISTER			Date of Receipt	
	Mailing Address 6608 OLD MILL CIR.			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City	State	Zip Code	Transaction ID: SA11AI.97688	
	SALT LAKE CITY	UT	84121	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer UTAH SOC OF ANESTH	Occupation ANESTHI	ESIOLOGIST		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00		
_	Full Name (Last, First, Middle Initial) RICHARD MCCORMICK			Date of Receipt	
	Mailing Address 1011 GNARLAND OA	ailing Address 1011 GNARLAND OAK CT.			
	City	State	Zip Code	Transaction ID: SA11AI.98077	
	ATHENS	GA	30606	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer MCAA	Occupation PHYSICIA			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
_	Full Name (Last, First, Middle Initial) MICHAEL MCCUTCHON			Date of Receipt	
	Mailing Address 203 JACKSON PL.			0 2 1 4 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.97034	
	CORPUS CHRISTI	TX	78411	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer GULF SHORE ANESTH	Occupation PHYSICI/	AN		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
	SUBTOTAL of Receipts This Page (optional) .	1		800.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 186 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DAWN MCGINNIS Mailing Address 3007 E. SQUAW PEAI City PHOENIX FEC ID number of contributing federal political committee. Name of Employer PARK CENTRAL ANESTHESIOLO- GISTS LTD. Receipt For: Primary General	State AZ C Occupatio ANESTH	ESIOLOGIST e Year-to-Date ▼	Date of Receipt M M M / D D M / 2 0 1 1 Transaction ID: SA11AI.96433 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) JAMES MCGRATH Mailing Address 5101 S. WILLOW SPF City LA GRANGE FEC ID number of contributing federal political committee.	RINGS RD. State IL C	Zip Code 60525	Date of Receipt O 2 O 3 Transaction ID: SA11AI.96209 Amount of Each Receipt this Period 250.00
Name of Employer LAGRANGE MEMORIAL HOSPITAL Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) TERENCE MEALMAN	Occupation PHYSICI Aggregate		Date of Receipt
Mailing Address 4534 E QUARTZ MTN City PARADISE VALLEY FEC ID number of contributing federal political committee. Name of Employer VALLEY ANES CONSUL	State AZ C Occupatio		Transaction ID: SA11AI.97763 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify)	. '	ESIOLOGIST e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		•	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 108 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions
	IESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) GLORIMAR MEDINA-RIVERA Mailing Address 5656 KELLEY ST		Date of Receipt 0 2 0 9 2 0 1 1
City HOUSTON	State Zip Code TX 77026	Transaction ID: SA11AI.96517 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer LBJ GENERAL HOSPITAL ANES- THESIOLOGY Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) KEITH METZ Mailing Address 963 PURITAN	-	Date of Receipt
City BIRMINGHAM	State Zip Code MI 48009	7
FEC ID number of contributing federal political committee.	C 40009	Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation PHYSICIAN	7
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MATTHEW MILLER Mailing Address 5331 BELLAIRE DF	R.	Date of Receipt 0 2 1 8 2 0 1 1
City NEW ORLEANS	State Zip Code LA 70124	Transaction ID: SA11AI.97274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line numb	per only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 186 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
1 \	ESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) WARREN MILLS Mailing Address 178 BURTON PL		Date of Receipt 0 2 0 3 2 0 1 1
City STATESVILLE	State Zip Code NC 28625	Transaction ID: SA11AI.96199
FEC ID number of contributing federal political committee.	NC 28625	Amount of Each Receipt this Period 250.00
Name of Employer IREDELL ANESTHESIA ASSOCI- ATES, P.A. Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) JULIAN MIRMAN Mailing Address 220 S. CITRUS		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.96965
LOS ANGELES FEC ID number of contributing federal political committee.	CA 90036	Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CHANDER MISHRA		Date of Receipt
Mailing Address 217 MILL XING W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City COLLEYVILLE	State Zip Code TX 76034	Transaction ID: SA11AI.97931 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NORTHSTAR ANES PA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
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 110 / 186 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DANIEL MITCHELL			Date of Receipt
Mailing Address 3426 W 164TH TER		7'- 0-1	02 / 16 / 2011
City	State KS	Zip Code	Transaction ID: SA11AI.97213
STILWELL FEC ID number of contributing federal political committee.	C	66085	Amount of Each Receipt this Period 500.00
Name of Employer MIDWEST ANESTHESIA ASSOCI-	Occupation	n	
ATES	MD		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) JASON MITCHELL			Date of Receipt
Mailing Address 1748 PRIMROSE LA	ANE		M M / D D / Y Y Y Y Y O D D / 2 D 1 1
City	State	Zip Code	Transaction ID: SA11AI.97060
GLENVIEW	<u> </u>	60026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer NORTHSHORE UNIVERSITY HEA- LTHSYSTEM	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ROBERT MITCHELL			Date of Receipt
Mailing Address 101 DATES DR.			02 23 7 2011
City	State	Zip Code	Transaction ID: SA11AI.97611
ITHACA	NY	14850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
			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 111 / 186 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	 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.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) ALAN MIZUTANI			Date of Receipt
Mailing Address P.O. BOX 3396			02 / 14 / 2011
City	State	Zip Code	Transaction ID: SA11AI.96887
ANAHEIM	CA	92803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSIC		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) DAVID MOCK	•		Date of Receipt
Mailing Address 1660 WENDY WAY			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.97703
RENO	NV	89509	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ASSOCIATED ANES. OF RENO	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) RUTH MOES			Date of Receipt
Mailing Address 1856 22ND AVE., N.I	E.		0 2 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.98085
ROCHESTER	MN	55906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer WINONA HEALTH	Occupation PHYSIC		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any perso g the name and address of any political committee to THESIOLOGISTS POLITICAL ACTION COMI	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTIAN MONSON	TIESIOEOGISTS I CEITICAE ACTION COIVII	Date of Receipt
Mailing Address 1821 MALIBU DR		02 22 2011
City	State Zip Code	Transaction ID: SA11AI.97525
IDAHO FALLS	ID 83404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer INTERMOUNTAIN ANESTHESIA, PA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) OLIVER MONTOYA		Date of Receipt
Mailing Address 4326 SANCTUARY	Y BLUFF LANE	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.97916
LOUISVILLE	KY 40241	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTHESIOLOGY ASSOC.OF CLARK COUNTY	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) THOMAS MOORE		Date of Receipt
Mailing Address 1748 VESTWOOD	HILLS DR.	0 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City VESTAVIA HILLS	State Zip Code AL 35216	Transaction ID: SA11AI.96165 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer UNIVERSITY OF ALABAMA SCH- OOL OF MEDICI	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	875.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 186 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ARUN MOORJANI Mailing Address 291 SOUTHHALL L DEPT OF ANESTHI City MAITLAND FEC ID number of contributing federal political committee.		Date of Receipt M M
Name of Employer JLR MEDICAL GROUP Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) CARLOS MORENO Mailing Address P.O. BOX 548 City CENTREVILLE FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED	State Zip Code MI 49032 C Occupation ANESTHESIOLOGIST	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) WYN MORTIMER Mailing Address 982 HOOD RD. City FAYETTEVILLE FEC ID number of contributing federal political committee. Name of Employer AMERICAN ANESTHESIOLOGY OF GEORGIA Receipt For: Primary General Other (specify)	State Zip Code GA 30214 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M D D 2 0 1 1 Transaction ID: SA11AI.97062 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional	l)	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 186 (check only one) X
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 add	lress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GARY MORTON Mailing Address 720 BLUEBONNET	LN		Date of Receipt 0 2 0 3 2 0 1 1
City TEMPLE FEC ID number of contributing federal political committee.	State TX	Zip Code 76502	Transaction ID: SA11AI.96197 Amount of Each Receipt this Period 250.00
Name of Employer SCOTT AND WHITE CLINIC Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) WILLIAM MOSS Mailing Address 3142 ROCK PARK	DR		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City FORT COLLINS FEC ID number of contributing federal political committee.	State CO	Zip Code 80528	Transaction ID: SA11AI.97209 Amount of Each Receipt this Period 500.00
Name of Employer NORTHERN CO ANESTH. PROF. CONSULTANTS Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 500.00]
Full Name (Last, First, Middle Initial) JOHN MRACHEK Mailing Address 4520 W. WOODLL	AND RD.		Date of Receipt
City EDINA FEC ID number of contributing federal political committee.	State MN	Zip Code 55424	Transaction ID: SA11AI.97855 Amount of Each Receipt this Period 1000.00
Name of Employer NORTHWEST ANESTH	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	al)	_	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	HESIOLOGISTS POLITICAL ACTION COM	Date of Receipt
Mailing Address 41 WOODSHIRE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City OTTUMWA	State Zip Code IA 52501	Transaction ID: SA11AI.97699 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer OTTUMWA ANES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DODD MULLICAN Mailing Address 4216 OVERLOOK	DD	Date of Receipt
Mailing Address 4216 OVERLOOK	. DR	02 04 2011
City BIRMINGHAM	State Zip Code AL 35222	Transaction ID: SA11AI.96210
FEC ID number of contributing federal political committee.	C 33222	Amount of Each Receipt this Period 1000.00
Name of Employer ANESTHESIA RESOURCES MANA- GEMENT	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) MIHAI MURARESCU		Date of Receipt
Mailing Address 3224 PALO PKW	(02 08 2011
City	State Zip Code	Transaction ID: SA11AI.96391
BOULDER FEC ID number of contributing federal political committee.	CO 80301	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Dags (entire	nal)	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 116 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions
	ESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) ANDREW MURPHY Mailing Address 5 OLD LANDMARK	DR.	Date of Receipt
City ROCHESTER	State Zip Code NY 14618	0 2 2 2 2 0 1 1 Transaction ID: SA11Al.97429
FEC ID number of contributing federal political committee.	C 14010	Amount of Each Receipt this Period 250.00
Name of Employer WESTSIDE ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) GERALD MURPHY		Date of Receipt
Mailing Address 3826 DEXHAM RD.		0 2 0 8 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.96420
ROWLETT	TX 75088	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SDA	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) SCOTT MURTHA		Date of Receipt
Mailing Address 216 BEVER LN., S.E	<u>.</u>	02 25 2011
City	State Zip Code	Transaction ID: SA11AI.97726
CEDAR RAPIDS FEC ID number of contributing federal political committee.	IA 52403	Amount of Each Receipt this Period 250.00
Name of Employer LINN COUNTY ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	750.00
TOTAL This Period (last page this line numb	er 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 117 / 186 (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	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KELLY MYERS Mailing Address 1119 E. LONE PEA City DRAPER FEC ID number of contributing federal political committee. Name of Employer UTAH SOC OF ANESTH Receipt For:	State UT C Occupation ANESTH	Zip Code 84020 1 ESIOLOGIST Year-to-Date ▼	Date of Receipt M M 2 4 2 0 1 1 Transaction ID: SA11AI.97690 Amount of Each Receipt this Period 1000.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) NORAH NAUGHTON Mailing Address 4270 PLYMOUTH F City ANN ARBOR	RD State	Zip Code 48109	Date of Receipt O 2 O 1 Transaction ID: SA11AI.96046 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer UNIV OF MICHIGAN- EAST ANN ARBOR SURG Receipt For: Primary General Other (specify)	Occupation ANESTH		125.00
Full Name (Last, First, Middle Initial) TODD NELSON Mailing Address 10019 EDGEWOOD City TOMBALL FEC ID number of contributing federal political committee.	State TX	Zip Code 77375	Date of Receipt M M
Name of Employer NORTHWEST ANESTHESIOLOGY AND PAIN SERV Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)		1375.00

TEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER: PAGE 118 / 186 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	r not be sold or used by any perso dress of any political committee to	
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) CELESTINO NENINGER			Date of Receipt
Mailing Address 2605 S. BEACH DR.			02 15 2011
City	State	Zip Code	Transaction ID: SA11AI.97109
TAMPA	FL	33629	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer METRO ANES. CONSULTANTS, P.A.	Occupation	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) DANNY NGO			Date of Receipt
Mailing Address 6647 REGENTS PARK	CDR.		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.96218
ZIONSVILLE	IN	46077	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SOUTHEAST ANESTHESIOLOGIS- TS	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) LUU NGUYEN			Date of Receipt
Mailing Address 9024 FORT CRAIG DF	₹.		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.96990
BURKE	VA	22015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer MEDICAL FACULTY ASSOCIATES	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate scl for each category Detailed Summar			FOR LINE NUMBER: PAGE 119 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and Stor 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	SIOLOGIS IS F	OLITICAL ACTION COM	MIIIEE
Full Name (Last, First, Middle Initial) JEFFREY NICHOLS			Date of Receipt
Mailing Address 2636 NE 96TH AVE			M M / D D / Y Y Y Y Y Y Y Z D 1 1
City	State	Zip Code	Transaction ID: SA11AI.97462
ANKENY	IA	50021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer OMA, PC	Occupation ANESTHES	SIOLOGIST	
Receipt For:		ear-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) JOE NICHOLS	<u> </u>		Date of Receipt
Mailing Address 3902 E RANCHO 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.97778
PARADISE VALLEY	AZ	85253	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer VALLEY ANESTHESIOLOGY CON-	Occupation ANESTHES	SIOLOGIST	
SULTANTS Receipt For:		ear-to-Date V	
Primary General Other (specify)	33 13	500.00	
Full Name (Last, First, Middle Initial) DAVID NIETO			Date of Receipt
Mailing Address 9013 CEDAR BLUFFS	DR		M M / D D / Y Y Y Y Y O D D / 2 D 1 1
City	State	Zip Code	Transaction ID: SA11AI.96700
NORTH RICHLAND HIL	TX	76180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer PINNACLE	Occupation ANESTHES	SIOLOGIST	
Receipt For: Primary General Other (specify) ▼		ear-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	ı		1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 186 (check only one) X 11a
or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) WILLIAM NORDLIE		Date of Receipt
Mailing Address 12067 N 135TH W		02 28 7 2011
City SCOTTSDALE	State Zip Code AZ 85259	Transaction ID: SA11AI.97917 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 33233	500.00
Name of Employer VALLEY ANES. CONSULTANTS, LTD.	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DOUGLAS NORTON Mailing Address 1912 LOMBARDY A	AVE	Date of Receipt
		02 24 2011
City NASHVILLE	State Zip Code TN 37215	Transaction ID: SA11AI.97706 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer ANESTHESIA MEDICAL GROUP	Occupation PHYSICIAN	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) MICHAEL NOUD		Date of Receipt
Mailing Address KALISPELL REGIC 310 SUNNYVIEW L	NAL MEDICAL CENTER ANE	M M / D D / Y Y Y Y Y Y Y Y 1 1 1 2 0 1 1
City KALISPELL	State Zip Code MT 59901	Transaction ID: SA11AI.96783 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NORTHERN ROCKIES ANESRTHE- SIA CONSULTAN	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona	l)	1350.00
	ber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 186 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	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
Full Name (Last, First, Middle Initial) PATRICK O'NEIL			Date of Receipt
Mailing Address 7357 U.S. 52, S.			02 10 2011
City LAFAYETTE	State IN	Zip Code 47905	Transaction ID: SA11AI.96638 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SELF	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) RONALD OBERFOELL			Date of Receipt
Mailing Address 1407 CASTLEHILL D	PR		0 2 2 8 2 2 0 1 1
City ROCKFORD	State IL	Zip Code 61107	Transaction ID: SA11AI.98047 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ROCKFORD MEMORIAL HOSPITAL	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ROBERT ODELL			Date of Receipt
Mailing Address 9632 GRAND ISLE L	N		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LAS VEGAS	State NV	Zip Code 89144	Transaction ID: SA11AI.97664 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03144	250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
			1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 122 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	he name and address of any p	olitical committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MATTHEW OLDROYD Mailing Address 155 HILLSIDE RD City	State Zip Code		Date of Receipt 0 2 1 6 2 0 1 1 Transaction ID: SA11AI.97188
SOUTHERN PINES FEC ID number of contributing federal political committee.	NC 28387		Amount of Each Receipt this Period 250.00
Name of Employer PINEHURST ANESTHESIA ASSO- C. PA Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIS Aggregate Year-to-Date		
Full Name (Last, First, Middle Initial) BABATUNJI OMOTOSO Mailing Address 25 DYNE RD.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: SA11AI.97297
OCEAN TOWNSHIP FEC ID number of contributing federal political committee.	NJ 07712	* *	Amount of Each Receipt this Period 250.00
Name of Employer ATLANTIC COAST GASTROENTE- MOLOGY Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIS Aggregate Year-to-Date		1
Full Name (Last, First, Middle Initial) LUIS OROSCO		0 0 0 0	Date of Receipt
Mailing Address 7900 FANNIN ST S			02 14 2011
City HOUSTON	State Zip Code TX 77054		Transaction ID: SA11AI.97065 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SELF	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
SUBTOTAL of Receipts This Page (optional			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COMP	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) IRENE OSBORN Mailing Address 61 CARROLL ST City BRONX FEC ID number of contributing federal political committee. Name of Employer MT. SINAI MEDICAL CENTER DEPT OF ANEST Receipt For: Primary General	State Zip Code NY 10464 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) JOSE OSSA-CONCHA Mailing Address 14003 HICKORY RII City LOUISVILLE		Date of Receipt O 2 O 4 Transaction ID: SA11AI.96212 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) TERESA OTTO Mailing Address 2522 IRVING PL City BILLINGS FEC ID number of contributing federal political committee. Name of Employer BILLINGS ANESTH	State Zip Code MT 59102 C Occupation ANESTHESIOLOGIST	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 250.00	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page Statements may not be sold or used by any po	FOR LINE NUMBER: PAGE 124 / 186 (check only one) X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHI	ne name and address of any political committe	
Full Name (Last, First, Middle Initial) PHILIP OWEN Mailing Address 5130 HUNTERS CH.	ASE RD.	Date of Receipt
City	State Zip Code	0 2 0 9 2 0 1 1 Transaction ID: SA11AI.96468
LAS CRUCES FEC ID number of contributing federal political committee.	NM 88011	Amount of Each Receipt this Period 500.00
Name of Employer MESILLA VALLEY ANESTHESIO- LOGY, P.C. Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) STEVEN OZER Mailing Address 9564 E CHARTER C	AK DRIVE	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City SCOTTSDALE	State Zip Code AZ 85260	Transaction ID: SA11AI.97965 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer VALLEY ANES. CONSULT	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. WENDY PABICH		Date of Receipt
Mailing Address 403 18TH AVE E	Charles 7:10 Charles	0 2 2 5 2 0 1 1
City <u>SEATTLE</u>	State Zip Code WA 98112	Transaction ID: SA11AI.97734 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PHYSICIANS ANESTHESIA SER- VICE, INC., P	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

ITEMI Any info	EDULE A (FEC Form 3X) ZED RECEIPTS rmation copied from such Reports and Stat	ements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 186 (check only one) X
or for co	mmercial purposes, other than using the na E OF COMMITTEE (In Full) ERICAN SOCIETY OF ANESTHESIC	ame and add	dress of any political committee to	solicit contributions from such committee.
A. sco	Name (Last, First, Middle Initial) TT PACIFIC ng Address 37 ELLSWORTH DR			Date of Receipt
City	0. 2220	State	Zip Code	0 2 1 1 2 0 1 1 Transaction ID: SA11AI.96673
-	RREN	NJ	07059	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		250.00
	e of Employer	Occupation PHYSICI		
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial)			Date of Receipt
-	ng Address P.O. BOX 365			M M / D D / Y Y Y Y Y Y Y Y Y Z Q 1 1
City RICI	HLAND	State MI	Zip Code 49083	Transaction ID: SA11AI.97660 Amount of Each Receipt this Period
FEC	ID number of contributing al political committee.	C	1 1 1 1 1	500.00
Name KAL	e of Employer AMAZOO ANESTH	Occupation ANESTH	n IESIOLOGIST	
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Name (Last, First, Middle Initial) PALERMO			Date of Receipt
Mailir	ng Address PO BOX 565845			0 2 1 6 Y Y Y Y Y Y
City <u>MIA</u>	MI	State FL	Zip Code 33256	Transaction ID: SA11AI.97180 Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		250.00
<u>ER N</u>	e of Employer STHESIA ASSOC OF GREAT- /IIAMI	Occupation PHYSICI	AN	
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTO	TAL of Receipts This Page (optional)			1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 186 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using the	Statements mane name and add	y not be sold or used by any perso dress of any political committee to	
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGIST	S POLITICAL ACTION COM	MITTEE
	Full Name (Last, First, Middle Initial) FRANK PALMROSE			Date of Receipt
	Mailing Address 1001 SW CORONAL		7:a Code	0 2 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City PORTLAND	State OR	Zip Code 97219	Transaction ID: SA11AI.97830 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer OAG	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) PETER PANZICA			Date of Receipt
	Mailing Address 66 COUNTRY CLUB	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City	State	Zip Code	Transaction ID: SA11AI.97936
	IPSWICH	MA	01938	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer BETH ISRAEL DEACONESS MED CTR	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) FRANK PARKER			Date of Receipt
	Mailing Address 6052 E. CORTEZ DF	?		0 2 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.97638
	SCOTTSDALE	AZ	85254	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer SELF-EMPLOYED	- ' '	IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		1750.00

formation copied from such Reports and Scommercial purposes, other than using the ME OF COMMITTEE (In Full) MERICAN SOCIETY OF ANESTHE II Name (Last, First, Middle Initial) JKESH PATEL JILLIAN SOCIETY W. DR. M.L.K., AND STAN STAN STAN STAN STAN STAN STAN STAN	e name and add	ress of any political committee to POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee. IMITTEE Date of Receipt 0 2 2 4 2 0 1 1
MERICAN SOCIETY OF ANESTHE II Name (Last, First, Middle Initial) UKESH PATEL illing Address 2727 W. DR. M.L.K., y MMPA C ID number of contributing	JR., BLVD.	Zip Code	Date of Receipt
JKESH PATEL Jiling Address 2727 W. DR. M.L.K., JY AMPA C ID number of contributing	State	·	M M / D D / Y Y Y Y
y MPA C ID number of contributing	State	·	02 24 2011
MPA C ID number of contributing		·	044441.07004
C ID number of contributing		33607	Transaction ID: SA11AI.97661 Amount of Each Receipt this Period
	C		250.00
me of Employer LLENNIUM ANES. CARE, P	'		
ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
ll Name (Last, First, Middle Initial) MIR PATEL			Date of Receipt
iling Address 1509 STONE POST (CT		02 11 2011
у	State	Zip Code	Transaction ID: SA11AI.96825
EL AIR	<u>MD</u>	21015	Amount of Each Receipt this Period
C ID number of contributing leral political committee.	C		250.00
me of Employer DRTHERN CHESAPEAKE ANEST- SIA ASSOC			
ceipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 250.00	
ll Name (Last, First, Middle Initial) MIR PATEL			Date of Receipt
iling Address 1301 W LAMBERT LN	N APT 9205		0 2 1 8 2 0 1 1
y	State	Zip Code	Transaction ID: SA11AI.97293
C ID number of contributing leral political committee.	C	85737	Amount of Each Receipt this Period 250.00
me of Employer RO VALLEY ANESTHESIA, PL-			
ceipt For:			
Primary General Other (specify) ▼		250.00]
FOTAL of Receipts This Page (optional) .	1	h	750.00
	ceipt For: Primary General Other (specify) ▼ I Name (Last, First, Middle Initial) MIR PATEL illing Address 1509 STONE POST (Y EL AIR C ID number of contributing leral political committee. me of Employer PRTHERN CHESAPEAKE ANEST- SIA ASSOC ceipt For: Primary General Other (specify) ▼ I Name (Last, First, Middle Initial) MIR PATEL illing Address 1301 W LAMBERT LI Y RO VALLEY C ID number of contributing leral political committee. me of Employer RO VALLEY ANESTHESIA, PL- ceipt For: Primary General Other (specify) ▼	Ceipt For: Primary General Other (specify) ▼ I Name (Last, First, Middle Initial) MIR PATEL illing Address 1509 STONE POST CT State EL AIR C ID number of contributing eral political committee. MRTHERN CHESAPEAKE ANEST- SIA ASSOC Ceipt For: Primary General Other (specify) ▼ I Name (Last, First, Middle Initial) MIR PATEL illing Address 1301 W LAMBERT LN APT 9205 State AZ C ID number of contributing eral political committee. C ID number of contributing eral political committee. C ID number of contributing eral political committee. MR O VALLEY C ID number of contributing eral political committee. C ID number of contributing eral political committee. MR O VALLEY C ID number of contributing eral political committee. MR O VALLEY C ID number of contributing eral political committee. MR O VALLEY C ID number of contributing eral political committee. MR O VALLEY ARESTHESIA, PL- Ceipt For: Primary General Other (specify) ▼ Aggregate	Ceipt For: Primary General Other (specify) ▼ I Name (Last, First, Middle Initial) MIR PATEL Illing Address 1509 STONE POST CT State Zip Code MD 21015 C ID number of contributing eral political committee. ME of Employer State Sta

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 186 (check only one) X
NAME OF COMMITTEE (I	In Full)	ay 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.
Full Name (Last, First, Mide CHERYL PATTERSON		or our one notion ook	Date of Receipt
Mailing Address 972 MC	C DONALD 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.96313
NORTHVILLE FEC ID number of contributed federal political committee.	iting MI	48167	Amount of Each Receipt this Period 250.00
Name of Employer ANN ARBOR ANESTHES C. Receipt For:	ANESTE	HESIOLOGIST	
	neral	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Mide JOEL PAYABYAB	dle Initial)		Date of Receipt
Mailing Address 5294 V	ISTA CLUB RUN		0 2 1 6 2 0 1 1
City SANFORD	State FL	Zip Code 32771	Transaction ID: SA11AI.97205 Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	ting		500.00
Name of Employer JLR MEDCIAL GROUP	Occupation ANESTH	on HESIOLOGIST	
Receipt For: Primary Ge Other (specify) ▼	Aggregat Aggregat	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Mide MICHAEL PEARMAN	dle Initial)		Date of Receipt
Mailing Address 21 IRO	N BOTTOM LN		02 28 2011
City DANIEL ISLAND	State SC	Zip Code 29492	Transaction ID: SA11AI.97926 Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.			500.00
Name of Employer SELF-EMPLOYED	Occupation ANESTH	on HESIOLOGIST	
Receipt For: Primary Ge Other (specify)	 	e Year-to-Date ▼ 500.00	1

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 186 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit 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) STEPHEN PENCA			Date of Receipt
Mailing Address 5 RUSHING MEADO	OW CT.		02 24 2011
City ARLINGTON	State TX	Zip Code 76016	Transaction ID: SA11AI.97620 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer PINNACLE ANESTHESIA	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) BENJAMIN PENG			Date of Receipt
Mailing Address 8735 W. 142ND PL			0 2 0 7 2 0 1 1
City ORLAND PARK	State IL	Zip Code 60462	Transaction ID: SA11AI.96343
FEC ID number of contributing federal political committee.	C	00402	Amount of Each Receipt this Period 250.00
Name of Employer MIDWEST ANESTHESIOLOGISTS	Occupation	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) FRANCISCO PEREZ			Date of Receipt
Mailing Address 1900 TALLGRASS	CIR.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WAUKESHA	State WI	Zip Code 53188	Transaction ID: SA11AI.98012 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30100	250.00
Name of Employer SELF	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		1000.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16
or for c	ormation copied from such Reports and Sommercial purposes, other than using the ME OF COMMITTEE (In Full)	Statements may e name and add	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.
\	ERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
	Name (Last, First, Middle Initial) NUEL PEREZ			Date of Receipt
Mail	ling Address 34 COUNTRY OAKS	RD.		0 2 1 6 2 0 1 1
City LEI	BANON	State NJ	Zip Code 08833	Transaction ID: SA11AI.97211 Amount of Each Receipt this Period
FEC	CID number of contributing eral political committee.	C		500.00
Nan ACI	ne of Employer NJ, LLC	Occupatio PHYSICI		
Rec	eipt For: Primary General Other (specify)		e Year-to-Date ▼ 500.00	
	Name (Last, First, Middle Initial) EDERICK PERKINS			Date of Receipt
Mail	ling Address VAMC &ROC # 112			02 28 2011
City		State	Zip Code	Transaction ID: SA11AI.97919
	HITE RIVER JUNCTI CID number of contributing	VT	05009	Amount of Each Receipt this Period
fede	eral political committee.	C		250.00
Nan SEI	ne of Employer _F-EMPLOYED	Occupatio ANESTH	n IESIOLOGIST	
Rec	eipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Name (Last, First, Middle Initial) RICIA PERRY			Date of Receipt
Mail	ing Address 257 BARTRAM RD			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	/ERSIDE	State II	Zip Code 60546	Transaction ID: SA11AI.97498
FEC	C ID number of contributing eral political committee.	C	00040	Amount of Each Receipt this Period 250.00
STS		Occupatio PHYSICI		
	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	OTAL of Receipts This Page (optional)	1		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 131 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 7
or for commercial purposes, other than usin	and Statements may not be sold or used by any persing the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARK PINOSKY Mailing Address 296 NORTH HOB	CAW DR.	Date of Receipt 0 2 1 1 2 0 1 1
City MOUNT PLEASANT FEC ID number of contributing	State Zip Code SC 29464	Transaction ID: SA11AI.96828 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) STANFORD PLAVIN Mailing Address 438 TARA TRL N	W	Date of Receipt M
City ATLANTA FEC ID number of contributing federal political committee.	State Zip Code GA 30327	Transaction ID: SA11AI.97879 Amount of Each Receipt this Period 250.00
Name of Employer AMBULATORY ANESTHESIA OF ATLANTA LLC Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) HARVEY PLOSKER Mailing Address 501 GLADES RD	-	Date of Receipt
City BOCA RATON FEC ID number of contributing federal political committee.	State Zip Code FL 33432	0 2 2 2 2 0 1 1 Transaction ID: SA11AI.97413 Amount of Each Receipt this Period 500.00
Name of Employer BROAD ANES ASSOC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optio	nal)	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 186 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) EDWARD POLLAK			Date of Receipt
Mailing Address 24820 RIVERWOO	DD DR.		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 FRANKLIN	State MI	Zip Code 48025	Transaction ID: SA11AI.97933 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SO OAKLAND ANESTH	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) GREGORY PORTER			Date of Receipt
Mailing Address 115 HIGH ST.			0 2 1 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GRASS VALLEY	State CA	Zip Code 95945	Transaction ID: SA11AI.97121
FEC ID number of contributing federal political committee.	C	33343	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) VITO POTENZA	<u> </u>		Date of Receipt
Mailing Address 712 HELENDALE I	ROAD		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.96547
ROCHESTER FEC ID number of contributing federal political committee.	C	14609	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
			1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 186 (check only one) X 11a
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	e name and ad	dress of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) CHRISTOPHER PRATER Mailing Address 8175 CINDY CIR City MARTINSVILLE FEC ID number of contributing	State IN	Zip Code 46151	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	Receipt For: Primary Other (specify)		n IESIOLOGIST e Year-to-Date ▼	500.00
	Full Name (Last, First, Middle Initial) HUGH PRATT Mailing Address 5102 GALLEON DR. NE			Date of Receipt 0 2 1 1 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.96794
	TACOMA FEC ID number of contributing	WA	98422	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer RAINIER ANESTHESIA ASSO	Occupatio	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	+ 1	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) THOMAS PROVOST Mailing Address 15 HASTINGS AVE			Date of Receipt 0 2 2 8 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.98089
	KEENE FEC ID number of contributing federal political committee.	C	03431	Amount of Each Receipt this Period 250.00
	Name of Employer CHESORE ANESTHESIA ASSOC	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	+ '	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1000.00

City State Zip Code OVIEDO FL 32765 FL 32765 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C State Zip Code IL Marbel (Last, First, Middle Initial) JOHN QUINA Mailing Address 103 HABERSHAM ROAD City State Zip Code GA 31792 FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) JOHN QUINA Mailing Address 103 HABERSHAM ROAD City State Zip Code GA 31792 FEC ID number of contributing federal political committee. C State Zip Code GA 31792 Transaction ID: SA11AI.96877 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer SOUTH GERGIA ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) EILEEN QUINTELA Mailing Address DEPARTMENT OF ANESTHESIOLOGY AND C 900 23RD ST NW City State Zip Code Transaction ID: SA11AI.97558 Amount of Each Receipt this Period Transaction ID: SA11AI.97558 Amount of Each Receipt this Period	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
Mailing Address 5445 PINE HOLLOW TRL. City State Zip Code OVIEDO FL 32765 FEC ID number of contributing federal political committee. Name of Employer South Mailing Address 103 HABERSHAM ROAD City State Zip Code Detailed South Mailing Address 103 HABERSHAM ROAD Transaction ID: SA11AL97263 Amount of Each Receipt this Period South Mailing Address 103 HABERSHAM ROAD City State Zip Code GA 31792 FUIL Name (Last, First, Middle Initial) JOHN QUINA Name of Employer South Georgia General Other (specify) ▼ City State Zip Code GA 31792 Transaction ID: SA11AL96877 Amount of Each Receipt this Period Transaction ID: SA11AL96877 Amount of Each Receipt this Period GA 31792 Transaction ID: SA11AL96877 Amount of Each Receipt this Period Transaction ID: SA11AL96877 Amount of Each Receipt this Period Transaction ID: SA11AL96877 Amount of Each Receipt this Period Transaction ID: SA11AL96877 Amount of Each Receipt this Period Transaction ID: SA11AL96877 Amount of Each Receipt this Period Transaction ID: SA11AL96877 Amount of Each Receipt this Period Transaction ID: SA11AL96877 Amount of Each Receipt this Period Transaction ID: SA11AL96877 Amount of Each Receipt this Period Transaction ID: SA11AL96877 Amount of Each Receipt this Period Transaction ID: SA11AL96877 Amount of Each Receipt this Period Transaction ID: SA11AL97588 Amount of Each Receipt this Period Transaction ID: SA11AL97588 Amount of Each Receipt this Period Transaction ID: SA11AL97588 Amount of Each Receipt this Period Transaction ID: SA11AL97588 Amount of Each Receipt this Period Transaction ID: SA11AL97588 Amount of Each Receipt this Period Transaction ID: SA11AL97588 Amount of Each Receipt this Period Transaction ID: SA11AL97588 Amount of Each Receipt this Period Transaction ID: SA11AL97588 Amount of Each Receipt this Period Transaction ID: SA11AL97588 Amount of Each Receipt this Period Transaction ID: SA11AL97588 Amount of Each Receipt this Period Transaction ID: SA11AL97588 Amount of Each Receipt this Period Transaction ID: SA11	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committe	ee to solicit contributions from such committee.	
City State Zip Code FL 32765 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Uring General Other (specify) ▼	. WILLIAM PURKEY	TRL.	M M / D D / Y Y Y Y	
Name of Employer Name of Em	-		Transaction ID: SA11AI.97263	
Receipt For:	federal political committee.	C	500.00	
Date of Receipt Mailing Address 103 HABERSHAM ROAD City State Zip Code THOMASVILLE GA 31792 FEC ID number of contributing federal political committee. Name of Employer SOUTH GEORGIA ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify) ▼ City State Zip Code Transaction ID: SA11AI.96877 Amount of Each Receipt this Period Docupation ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.96877 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) EILEEN QUINTELA Mailing Address DEPARTMENT OF ANESTHESIOLOGY AND C 900 23RD ST NW City State Zip Code WASHINGTON DC 20037 FEC ID number of contributing federal political committee. Name of Employer GEORGE WASHINGTON UNIVERS- ITY HOSPITAL Receipt For: Primary General Aggregate Year-to-Date ▼ RESIDENT	Receipt For: Primary General	PHYSICIAN ANESTHESIOLOGIS Aggregate Year-to-Date ▼ 500.00		
City State Zip Code GA 31792 THOMASVILLE GA 31792 FEC ID number of contributing federal political committee. C	JOHN QUINA	DAD	M M / D D / Y Y Y Y	
FEC ID number of contributing federal political committee. Name of Employer SOUTH GEORGIA ANESTHESIA ANESTHESIA ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) EILEEN QUINTELA Mailing Address DEPARTMENT OF ANESTHESIOLOGY AND C 900 23RD ST NW City State Zip Code DC 20037 FEC ID number of contributing federal political committee. Name of Employer GEORGE WASHINGTON UNIVERS-ITY HOSPITAL Receipt For: Primary General ANESTHESIOLOGY AND C 250.00	•	•	Transaction ID: SA11AI.96877	
ASSOCIATES Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) EILEEN QUINTELA Mailing Address DEPARTMENT OF ANESTHESIOLOGY AND C 900 23RD ST NW City State Zip Code WASHINGTON DC 20037 FEC ID number of contributing federal political committee. Name of Employer GEORGE WASHINGTON UNIVERS-ITY HOSPITAL Receipt For: Primary General Aggregate Year-to-Date ▼ Date of Receipt Name of Exployer 2 3 1 2 0 1 1 Transaction ID: SA11AI.97558 Amount of Each Receipt this Period C 250.00	FEC ID number of contributing	0 0 0 0 0		
EILEEN QUINTELA Mailing Address DEPARTMENT OF ANESTHESIOLOGY AND C 900 23RD ST NW City State Zip Code WASHINGTON DC 20037 FEC ID number of contributing federal political committee. Name of Employer GEORGE WASHINGTON UNIVERS-ITY HOSPITAL Receipt For: Primary General Date of Receipt M M M D D D 2 2 3 2 0 1 1 Transaction ID: SA11AI.97558 Amount of Each Receipt this Period 250.00	ASSOCIATES Receipt For: Primary General	ANESTHESIOLOGIST Aggregate Year-to-Date ▼		
900 23RD ST NW City State Zip Code Transaction ID: SA11AI.97558 WASHINGTON DC 20037 FEC ID number of contributing federal political committee. C 250.00 Name of Employer GEORGE WASHINGTON UNIVERS-ITY HOSPITAL Receipt For: Primary General Q2 2 3 2 0 1 1 Transaction ID: SA11AI.97558 Amount of Each Receipt this Period 250.00	EILEEN QUINTELA		<u> </u>	
WASHINGTON DC 20037 Amount of Each Receipt this Period EC	900 23RD ST NW	900 23RD ST NW		
Receipt For: Primary General Coccupation RESIDENT Aggregate Year-to-Date Aggregate Year-to-Date 250.00	•	•		
ITY HOSPITAL Receipt For: Primary General Aggregate Year-to-Date ▼		C	250.00	
Primary General 350 00	<u>ITY HOSPITAL</u>	RESIDENT		
	Primary General			
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		1250.00	

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 186 (check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any personing the name and address of any political committee to	on for the purpose of soliciting contributions
	THESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) NATHAN RACHMAN Mailing Address 1241 KILLARNE	Y DR	Date of Receipt 0 2 0 3 2 0 1 1
City ORMOND BEACH	State Zip Code FL 32174	Transaction ID: SA11AI.96207 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer HALIFAX MEDICAL CENTER	Occupation ANESTHESIOLOGIST, M.D.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DAVID RAYBOULD		Date of Receipt
Mailing Address 3939 J STREET	02 11 2011	
City	State Zip Code	Transaction ID: SA11AI.96821
SACRAMENTO FEC ID number of contributing federal political committee.	CA 95819	Amount of Each Receipt this Period 250.00
Name of Employer SAMG	Occupation ANESTHESIOLOGIST	
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOSEPH RAYBURN Mailing Address 206 ENGLISH LI	N.	Date of Receipt
City	State Zip Code	02 24 2011
RAINBOW CITY	AL 35906	Transaction ID: SA11AI.97653 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTHESIA ASSOCIATES, PA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	onal)	1250.00
TOTAL This Period (last page this line n	umber only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 186 (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 ANESTH	the name and add	lress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARTIN READ Mailing Address PO BOX 7507			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City COLORADO SPRINGS FEC ID number of contributing federal political committee.	State CO	Zip Code 80933	Transaction ID: SA11AI.96823 Amount of Each Receipt this Period 250.00
Name of Employer PIKES PEAK ANESTHESIA ASS- OCIATES Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) MICHEAL RICE Mailing Address 3518 ESTATES DR			Date of Receipt 0 2 1 1 2 0 1 1
City ARLINGTON FEC ID number of contributing	State TX	Zip Code 76016	Transaction ID: SA11AI.96675 Amount of Each Receipt this Period
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI. Aggregate		250.00
Full Name (Last, First, Middle Initial) AUSTIN RICH Mailing Address 110 29TH AVE N	•		Date of Receipt
City NASHVILLE FEC ID number of contributing federal political committee.	State TN	Zip Code 37203	0 2 2 5 2 0 1 1
Name of Employer ANESTHESIA MEDICAL GROUP	Occupation ANESTH	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	·		750.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 186 (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)	name and add	dress of any political committee to	solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
A.	Full Name (Last, First, Middle Initial) JEFFREY RICHARDS			Date of Receipt
	Mailing Address 2802 DRYWOOD CRK	(DR		02 11 2011
	City	State	Zip Code	Transaction ID: SA11AI.96813
	LEAGUE CITY	TX	77573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UTMB	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
— В.	Full Name (Last, First, Middle Initial) DON RICHTER			Date of Receipt
	Mailing Address 15135 STEARNS PL			02 25 2011
	City	State	Zip Code	Transaction ID: SA11AI.97836
	SHAWNEE MISSION	KS	66221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	n ESIOLOGIST	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_ С.	Full Name (Last, First, Middle Initial) JASON RIGOL			Date of Receipt
	Mailing Address 3117 PALM VISTA DR	IIVE		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.96236
	METAIRIE	LA	70003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SELF	. '	ESIOLOGIST	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 186 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante 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)	ESIOLOGISTS POLITICAL ACTION COM	IMITTEE
JAY RINEHOUSE Mailing Address 10 HIGHLAND DR		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City CHESTER	State Zip Code NJ 07930	Transaction ID: SA11AI.96558 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AMBULATORY ANESTHESIA CARE	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) LARRY ROBBINS	<u> </u>	Date of Receipt
Mailing Address 11 BRIAR CLIFF DF		02 / 28 / 2011
City WILBRAHAM	State Zip Code MA 01095	Transaction ID: SA11AI.98036
FEC ID number of contributing federal political committee.	C 01093	Amount of Each Receipt this Period 250.00
Name of Employer BERKSHIRE FACULTY SERVICES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) L. CLAYTON ROBERTS		Date of Receipt
Mailing Address 6226 MIMOSA LANI	Ξ	0 2 1 7 2 0 1 1
City DALLAS	State Zip Code TX 75230	Transaction ID: SA11AI.97231 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEO	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, o	other than using the name and ac (In Full)	ay not be sold or used by any personderess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mic FRANKLIN ROBINSON Mailing Address 1145 N City JACKSON FEC ID number of contributions of the contribution of the contri	MARTINGALE DR State MS	Zip Code 39206	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer SELF-EMPLOYED	Occupation PHYSIC		250.00
Full Name (Last, First, Mic JON ROBISON Mailing Address 1690 E	ddle Initial) E. 3250 N. State	Zip Code	Date of Receipt M
NORTH LOGAN FEC ID number of contributed federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary Other (specify)	Occupation PHYSIC		Amount of Each Receipt this Period 250.00
Full Name (Last, First, Mic W. RODES	Iddle Initial) OYAL OAKS DR.		Date of Receipt 0 2 2 6 2 0 1 1
City NASHVILLE FEC ID number of contributed federal political committee.		Zip Code 37205	Transaction ID: SA11AI.97871 Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA MEDICAL Receipt For: Primary Ge Other (specify)	ANESTI	on HESIOLOGIST te Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts Thi	s 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 140 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) DAN ROGERS Mailing Address 11613 MFLLOW C	-	Date of Receipt
		02 28 2011
City ROYAL PALM BEACH	State Zip Code FL 33411	Transaction ID: SA11AI.98017 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SHERIDAN HEALTHCORP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) LYNN ROGERS		Date of Receipt
Mailing Address 11104 KUERTZMIL	02 12 2011	
City	State Zip Code	Transaction ID: SA11AI.96850
CINCINNATI FEC ID number of contributing federal political committee.	OH 45249	Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIA GROUP PRACTICE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOHN RONCK		Date of Receipt
Mailing Address 1608 PARK RIDGE	WAY	0 2 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CAVE SPRINGS	State Zip Code AR 72718	Transaction ID: SA11AI.96258 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer ASBC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	l)	750.00
TOTAL This Period (last page this line numl	·	

ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 186 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) THOMAS ROOKE			Date of Receipt
Mailing Address 3005 HEDGEROW L	-N		02 23 2011
City SPRINGFIELD	State IL	Zip Code 62704	Transaction ID: SA11AI.97579 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SPRINGFIELD CLINIC	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) GLEN ROSENFELD			Date of Receipt
Mailing Address 25 FULTON PLACE			0 2 2 2 2 2 1 1
City WEST HARTFORD	State CT	Zip Code 06107	Transaction ID: SA11AI.97397
FEC ID number of contributing federal political committee.	C	00107	Amount of Each Receipt this Period 500.00
Name of Employer MILES ANSTHESIA ASSOCIA-	Occupation PHYSICI		
TES Receipt For: Primary General	·	Year-to-Date ▼	1
Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) MICHAEL ROSENFELD	l		Date of Receipt
Mailing Address 145 SHALE BANK R	D		0 2 1 4 2 0 1 1
City MARION	State VA	Zip Code 24354	Transaction ID: SA11AI.96986 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21001	500.00
Name of Employer SMYTH ANESTHESIA ASSOCIAT- ES	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
			1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports	for each category of the Detailed Summary Page and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 142 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ng the name and address of any political committee to	
Full Name (Last, First, Middle Initial) STEPHEN RUBIN Mailing Address 4997 OAKHURST	LANE	Date of Receipt
City	State Zip Code	0 2 2 2 2 2 0 1 1 Transaction ID: SA11AI.97536
FRISCO FEC ID number of contributing federal political committee.	TX 75034	Amount of Each Receipt this Period 250.00
Name of Employer PINNACLE ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) CORTESSA RUSSELL Mailing Address 260 W 52ND ST A	APT 10F	Date of Receipt
City NEW YORK	State Zip Code NY 10019	Transaction ID: SA11AI.96578 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer WESTSIDE ANESTHESIOLOGY PC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) J. VICTOR RYCKMAN		Date of Receipt
Mailing Address 9500 EUCLID AV		02 22 7 2011
City <u>CLEVELAND</u>	State Zip Code OH 44195	Transaction ID: SA11AI.97432 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer CLEVELAND CLINIC FOUND	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00]
SUBTOTAL of Receipts This Page (option	nal)	900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 186 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	e name and addi	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CAROLYN SABA Mailing Address 9566 S SWISS CT City HEREFORD FEC ID number of contributing federal political committee. Name of Employer SOUTHWEST ANESTH Receipt For: Primary General Other (specify)	State AZ C Occupation PHYSICIA	Zip Code 85615	Date of Receipt M M / D D / 25
Full Name (Last, First, Middle Initial) RADWAN SABA Mailing Address 9566 S SWISS CT City HEREFORD FEC ID number of contributing federal political committee. Name of Employer SOUTHWEST ANESTH Receipt For: Primary General Other (specify)	State AZ C Occupation PHYSICIA Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y 1 2 5 / 2 0 1 1 Transaction ID: SA11AI.97792 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) NICHOLAS SAKELLARIOU Mailing Address 1511 IRVING AVE City GLENDALE FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State CA C Occupation PHYSICIA Aggregate		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)			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 144 / 186 (check only one) X
Any information copied from such Reports and Si 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) JULIO SALIMBENI			Date of Receipt
Mailing Address 13 FOREST HILLS LN			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: SA11AI.97464
FORT COLLINS	CO	80524	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer NORTHERN COLORADO ANESTHE- SIA PARTNER	Occupation ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00]
Full Name (Last, First, Middle Initial) GUY SALOMON	l		Date of Receipt
Mailing Address 215 W 98TH ST APT 1	11B		02 07 2011
City	State	Zip Code	Transaction ID: SA11AI.96349
NEW YORK	NY	10025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer RAMAPO ANESTHESIOLOGISTS	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOSEPH SANDOR			Date of Receipt
Mailing Address 8625 E. CLYDESDALE	TR.		0 2 2 5 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.97761
SCOTTSDALE	AZ	85258	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer VALLEY ANES. CONSULTANTS, LTD.	Occupation ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00]
SUBTOTAL of Receipts This Page (optional)		_	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 186 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MADHANKUMAR SATHYAMOORTHY Mailing Address 41 ASTER CT.			Date of Receipt
City NASHUA	State NH	Zip Code 03062	Transaction ID: SA11AI.97508 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupatio	n	250.00
Name of Employer GRANITE STATE ANESTHESIA Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	ANESTH	ESIOLOGIST • Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ANDREW SATZ Mailing Address 8611 KEY HARBO	UR DR.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.96213
INDIANAPOLIS FEC ID number of contributing federal political committee.	C	46236	Amount of Each Receipt this Period 250.00
Name of Employer NORTHSIDE ANES SVCS	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DAVID SCHNEIDER	'		Date of Receipt
Mailing Address 7015 YELLOWST	ONE PLACE		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City BILLINGS	State MT	Zip Code 59106	Transaction ID: SA11AI.97362
FEC ID number of contributing federal political committee.	C	39100	Amount of Each Receipt this Period 500.00
Name of Employer ANES PART OF MT	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)		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 146 / 186 (check only one) X 11a 11b 11c 12
Á	Any information copied from such Reports and Sor for commercial purposes, other than using the	tatements ma	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
∠ A .	Full Name (Last, First, Middle Initial) GREG SCHROEDER			Date of Receipt
	Mailing Address 2813 S. SAINT FRANC	CIS LANE		02 24 2011
	City	State	Zip Code	Transaction ID: SA11AI.97712
	SIOUX FALLS	SD	57103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer ANESTHESIOLOGY ASSOCIATES, INC.	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) DOUGLAS SEDLACEK			Date of Receipt
	Mailing Address 2250 COUNTRY CLUE	3 PKWY SE		02 25 2011
	City	State	Zip Code	Transaction ID: SA11AI.97751
	CEDAR RAPIDS	IA	52403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer LINN COUNTY ANESTH	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
_ С.	Full Name (Last, First, Middle Initial) KARA SETTLES	<u> </u>		Date of Receipt
	Mailing Address 4940 W. 132ND TERR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City LEAWOOD	State KS	Zip Code 66209	Transaction ID: SA11AI.96563 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UNION HILL ANESTHESIA	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	'	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			800.00

N/A Fi	information copied from such Reports and St r commercial purposes, other than using the IAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	atements may name and add	not be sold or used by any perso	n for the purpose of soliciting contributions
A Fu	,		liess of any political committee to	solicit contributions from such committee.
JA		IOLOGISTS	S POLITICAL ACTION COM	MITTEE
N 4	ull Name (Last, First, Middle Initial) AMES SHEA			Date of Receipt
IVI	failing Address 1236 PISMO ST			02 15 2011
С	ity	State	Zip Code	Transaction ID: SA11AI.97089
<u>S</u>	SAN LUIS OBISPO	CA	93401	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
N: R	lame of Employer RETIRED	Occupation ANESTH	n ESIOLOGIST	1
R	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	ull Name (Last, First, Middle Initial) IMOTHY SHIPE			Date of Receipt
_	Mailing Address 1304 MASTERS CT			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C	Sity	State	Zip Code	Transaction ID: SA11AI.96327
<u>C</u>	CHESAPEAKE	VA	23320	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		300.00
N: C	lame of Employer Al	Occupation ANESRH	ESIOLOGIST	7
R	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
	ull Name (Last, First, Middle Initial) RONALD SHORE			Date of Receipt
М	Mailing Address 551 OVERLOOK 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.96416
_	VYCKOFF	NJ	07481	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
N: M	lame of Employer MAG	Occupation ANESTH	n ESIOLOGIST	
R	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	

SCHEDULE A (FEC FOITEMIZED RECEIPTS	rm 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 148 / 186 (check only one) X 11a 11b 11c 12	
		Detailed Summary Page	13 14 15 16 1	
Any information copied from such Re or for commercial purposes, other the	eports and Statements ma nan using the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.	
NAME OF COMMITTEE (In Full AMERICAN SOCIETY OF A	•	S POLITICAL ACTION COM	MITTEE	
Full Name (Last, First, Middle Init DAVID SHORES	tial)		Date of Receipt	
Mailing Address 202 MUIRFI	IELD CT.		0 2 1 7 2 0 1 1	
City	State	Zip Code	Transaction ID: SA11AI.97225	
DUBLIN	GA	31021	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer MIDDLE GA ANESTH	Occupation PHYSIC			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Init	tial)		Date of Receipt	
Mailing Address 7312 PALAI	IS CIR.		0 2 2 5 2 0 1 1	
City	State	Zip Code	Transaction ID: SA11AI.97847	
INDIANAPOLIS	IN	46278	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer SELF-EMPLOYED	Occupation ANESTH	n HESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Init	tial)		Date of Receipt	
Mailing Address 13002 E TU	IRQUOISE AVE		02 25 2011	
City	State	Zip Code	Transaction ID: SA11AI.97773	
SCOTTSDALE	AZ	85259	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer VALLEY ANESTH	Occupation ANESTH	n IESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page	l e (optional)		1500.00	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 186 (check only one) X
A 0	ny information copied from such Reports and Stror commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	o solicit contributions from such committee.
∠ \ .	Full Name (Last, First, Middle Initial) KIRSTEN SIMANONOK Mailing Address N78 W14573 APPLETO	ON AVE #	010	Date of Receipt
	City MENOMONEE FALLS	State WI	Zip Code 53051	Transaction ID: SA11AI.97399 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ORTHOPAEDIC HOSPITAL OF WISCONSIN Receipt For: Primary General Other (specify) ▼		n IESIOLOGIST, PHYSICIAN e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) PARVINDER SINGH Mailing Address 2011 OAKS PL.			Date of Receipt 0 2 1 6 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.97170
	ARCADIA FEC ID number of contributing federal political committee.	CA	91006	Amount of Each Receipt this Period 250.00
	Name of Employer SELF-EMPLOYED	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) PARVINDER SINGH			Date of Receipt
-	Mailing Address 2011 OAKS PL.			M M / D D / Y Y Y Y Y O D D / 2 0 1 1
	City ARCADIA	State CA	Zip Code 91006	Transaction ID: SA11AI.97172 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF EMPLOYES	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
[SUBTOTAL of Receipts This Page (optional)			750.00
Γ.	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports an	for each category of the Detailed Summary Page d Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 150 / 186 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PHILIP SISSONS Mailing Address P.O. BOX 8305		Date of Receipt
	7.0.1	02 24 2011
City GADSDEN	State Zip Code AL 35902	Transaction ID: SA11AI.97642 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTHESIA ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. NIKOLAOS SKUBAS		Date of Receipt
Mailing Address 10 SHADY RD.		0 2 2 2 2 2 1 1
City ARDSLEY	State Zip Code NY 10502	Transaction ID: SA11AI.97475 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer WEILL CORNELL MED COLLEGE	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. BRIAN SMITH		Date of Receipt
Mailing Address 1588 E. 525 NORTI	1	02 24 2011
City	State Zip Code	Transaction ID: SA11AI.97692
LAYTON FEC ID number of contributing federal political committee.	UT 84040	Amount of Each Receipt this Period 250.00
Name of Employer UTAH SOC OF ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee the SIOLOGISTS POLITICAL ACTION COM	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DEAN SMITH Mailing Address 1850 N CENTRAL A City PHOENIX FEC ID number of contributing federal political committee. Name of Employer VALLEY ANESTH Receipt For: Primary General Other (specify)		Date of Receipt M M M
Full Name (Last, First, Middle Initial) JOSHUA SMITH Mailing Address 6240 E. FRONTIER City TUCSON FEC ID number of contributing federal political committee. Name of Employer OLD PUEBLO ANESTHESIA Receipt For: Primary General Other (specify)	PL. State Zip Code AZ 85750 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M D D 2 0 1 1 Transaction ID: SA11AI.97171 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) K. SMITH Mailing Address 3184 WOOD VALLE City ATLANTA FEC ID number of contributing federal political committee. Name of Employer NORTHSIDE ANESTHESIOLOGY CONSULTANTS Receipt For: Primary General Other (specify)	State Zip Code GA 30327 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
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	(Check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and address of any political commit	tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PAUL SMYTHE Mailing Address 1500 E. MEDICAL CENTER 1H247 UH BOX 0048		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ANN ARBOR FEC ID number of contributing federal political committee.	State Zip Code MI 48109	Transaction ID: SA11AI.96521 Amount of Each Receipt this Period 250.00
Name of Employer UNIVERSITY OF MICHIGAN Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) ALAN SNYDER Mailing Address 8533 N. 17TH PL.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PHOENIX FEC ID number of contributing	State Zip Code AZ 85020	Transaction ID: SA11AI.97967 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)	C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) GREGORY SOMERVILLE Mailing Address 6208 DEVILS HOLLOW	V RD.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FORT WAYNE	State Zip Code IN 46814	Transaction ID: SA11AI.96872 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer ASSOCIATED ANESTHESIOLOGISTS OF FORT W Receipt For: Primary General	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	600.00
Other (specify)	641.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153 / 186 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME 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 solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HOWARD SPANG Mailing Address 2818 VALENCIA DR City SANTA BARBARA FEC ID number of contributing federal political committee. Name of Employer AMGSB	State CA C Occupatio ANESTH	Zip Code 93105 n IESIOLOGIST	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KRISTIN SPANJIAN Mailing Address 8600 ANGUS AVE. City BILLINGS FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED	State MT C		Date of Receipt M
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	PHYSICI Aggregate	e Year-to-Date ▼ 250.00	
ROGER SPENCER Mailing Address 5101 N BRANCH DR City FORT WORTH FEC ID number of contributing federal political committee. Name of Employer PINNACLE ANESTH Receipt For:	, '	Zip Code 76132 n IESIOLOGIST e Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Primary General Other (specify) SUBTOTAL of Receipts This Page (optional) .	0 0	500.00	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 154 / 186 (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 ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CAROLYN SPRAGUE Mailing Address 4573 CHELSEA LN			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BLOOMFIELD HILLS	State MI	Zip Code 48301	Transaction ID: SA11AI.97992 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	2	250.00
Name of Employer HENRY FORD HEALTH SYSTEM Receipt For: Primary General Other (specify) ▼	ANESTH	ESIOLOGIST Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) BRETT SPRTEL Mailing Address 11934 CROSSING [DEER CT		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.97912
ROSCOMMON	MI	48653	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer MERCY HOSPITAL GRAYLING DEPT OF ANESTH Receipt For:		n ESIOLOGIST Year-to-Date	
Primary General Other (specify) ▼	Aggregate	1000.00	
Full Name (Last, First, Middle Initial) MARION STARKS			Date of Receipt
Mailing Address 1204 N. WINDOMEI	RE AVE.		02 01 2011
City	State TX	Zip Code	Transaction ID: SA11AI.96152
DALLAS FEC ID number of contributing federal political committee.	C	75208	Amount of Each Receipt this Period 125.00
Name of Employer ANESTHESIA RESOURCES FOR CHILDREN	Occupation PHYSICI	AN	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1375.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any or f	y information copied from such Reports and St or commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	IOLOGISTS	S POLITICAL ACTION COM	MITTEE
۸.	Full Name (Last, First, Middle Initial) STEPHEN STARLING			Date of Receipt
	Mailing Address 2036 MAGNOLIA RIDC	GE State	Zip Code	0 2 1 8 2 0 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
	City BIRMINGHAM	AL	35243	Transaction ID: SA11AI.97280 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer ANES RESOURCES MGMT	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) DAVID STEIN			Date of Receipt
	Mailing Address 1550 BOYSON RD.			02 25 7 2011
	City HIAWATHA	State IA	Zip Code	Transaction ID: SA11AI.97730
	FEC ID number of contributing federal political committee.	C	52233	Amount of Each Receipt this Period 250.00
	Name of Employer LINN COUNTY ANESTH	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) DONALD STOGSDILL			Date of Receipt
	Mailing Address 2569 TURNING LEAF	LN.		02 16 2011
	City CARMEL	State IN	Zip Code 46032	Transaction ID: SA11AI.97162
	FEC ID number of contributing federal political committee.	C	40032	Amount of Each Receipt this Period 250.00
	Name of Employer CARDIOTHORACIC ANESTHESIA OF IN	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
sı	JBTOTAL of Receipts This Page (optional)			1000.00
тс	DTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 186 (check only one) X
or for commercial purposes, other than usin	and Statements may not be sold or used by any persong the name and address of any political committee to THESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CRISTINA STOICA Mailing Address 1640 OAK AVE City BOULDER FEC ID number of contributing federal political committee. Name of Employer BOULDER VALLEY ANES COMMU-	State Zip Code CO 80304 C Occupation	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NITY HOSP Receipt For: Primary General Other (specify) ▼	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. JAMES STONE Mailing Address 2230 GALLOWAY	/ TERRACE	Date of Receipt M
City	State Zip Code	Transaction ID: SA11AI.97153
MIDLOTHIAN FEC ID number of contributing federal political committee.	VA 23113	Amount of Each Receipt this Period 400.00
Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 400.00	
Full Name (Last, First, Middle Initial) JEFFREY STONE Mailing Address 7108 ABERDEEN	AVE	Date of Receipt 0 2 0 3 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.96195
DALLAS	TX 75230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer NORTH TEXAS ANESTHSIA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1650.00
TOTAL This Period (last page this line nu	mber only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16
_	y information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
	Full Name (Last, First, Middle Initial) KENNETH STONE			Date of Receipt
	Mailing Address 317 LAURELWOOD City	RD State	Zip Code	0 2 1 0 2 0 1 1 Transaction ID: SA11AI.96627
	ORANGE	CT	06477	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer BRIDGEPORT ANESTHESIA ASS- OC	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) MATTHEW STONER			Date of Receipt
	Mailing Address 3098 GETTY WAY #1	02 23 2011		
	City	State	Zip Code	Transaction ID: SA11AI.97556
	ORLANDO	<u>FL</u>	32835	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer JLR MEDICAL GROUP	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) CHADWICK STRAIN			Date of Receipt
	Mailing Address 1790 DOCKSIDE DR			0 2 1 8 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.97271
	GREENWOOD	IN	46143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer IU SCHOOL OF MEDICINE		IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	JBTOTAL 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 158 / 186 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GLEN STRANGE Mailing Address 5166 COLLETON V City BRENTWOOD FEC ID number of contributing federal political committee.	State Zip Code TN 37027	Date of Receipt M M
Name of Employer AMG Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) ROBERT SUGAR Mailing Address 14500 CASTLERO City	CK RD. State Zip Code	Date of Receipt M M
SALINAS FEC ID number of contributing federal political committee. Name of Employer	CA 93908 C Occupation	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	PHYSICIAN Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) TIMOTHY SWIFT Mailing Address 2937 THOMAS AVE	I	Date of Receipt 0 2 2 8 2 0 1 1
City DALLAS FEC ID number of contributing federal political committee.	State Zip Code TX 75204	Transaction ID: SA11AI.97923 Amount of Each Receipt this Period 250.00
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional	I)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS POLITICAL ACTION COM	MITTEE	
Full Name (Last, First, Middle Initial) SCOTT SWITZER Mailing Address 26 FARM HILL RD.		Date of Receipt	
		02 01 2011	
City WEST HARTFORD	State Zip Code CT 06107	Transaction ID: SA11AI.96121 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	166.00	
Name of Employer MILFORD ANESTHESIA, PC	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00		
Full Name (Last, First, Middle Initial) JAMES SZOCIK		Date of Receipt	
Mailing Address DEPARTMENT OF 1500 E. MEDICAL ($ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City	State Zip Code	Transaction ID: SA11AI.97888	
ANN ARBOR FEC ID number of contributing federal political committee.	MI 48109	Amount of Each Receipt this Period 250.00	
Name of Employer UNIVERSITY OF MICHIGAN	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) TRENT TADSEN		Date of Receipt	
Mailing Address 1225 LAMBETH W	Mailing Address 1225 LAMBETH WAY S.E.		
City CONYERS	State Zip Code GA 30013	Transaction ID: SA11AI.96387	
FEC ID number of contributing federal political committee.	C 30013	Amount of Each Receipt this Period 400.00	
Name of Employer LOCUM TEENENS	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
SUBTOTAL of Receipts This Page (optional	l)	816.00	
	ber only)		

	DULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 / 186 (check only one) X 11a
NAME	nation copied from such Reports and S mercial purposes, other than using the OF COMMITTEE (In Full) RICAN SOCIETY OF ANESTHES			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Na DONAL	me (Last, First, Middle Initial) D TALLACKSON		5 POLITICAL ACTION COM	Date of Receipt
Mailing City CYPR	Address 12619 E. SHADOW LA	State	Zip Code 77429	Transaction ID: SA11AI.96998 Amount of Each Receipt this Period
FEC ID federal	number of contributing political committee.	C		250.00
Receipt	of Employer It For: Irimary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
. LANCE	me (Last, First, Middle Initial) TALMAGE Address 4395 BRIARWOOD D	R		Date of Receipt 0 2 0 7 2 0 1 1
City		State	Zip Code	Transaction ID: SA11AI.96262
	LEY number of contributing political committee.	ОН	44321	Amount of Each Receipt this Period 250.00
OF AK Receipt	of Employer FHESIOLOGY ASSOCIATES RON, IN It For: Irimary General Other (specify)		e Year-to-Date ▼ 250.00	1
Full Na SAMUE	me (Last, First, Middle Initial) LL TALSMA			Date of Receipt
Mailing 	Address 2110 DORSET RD.	02 / 11 / 2011		
City ANN A	ARBOR	State MI	Zip Code 48104	Transaction ID: SA11AI.96806 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C	70107	500.00
Name of ANES	of Employer ASSOC ANN ARBOR	Occupation PHYSIC		
	t For: 'rimary General bther (specify) ▼		e Year-to-Date ▼ 500.00	
SURTOT	AL 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 161 / 186 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DAVID TAO			Date of Receipt
Mailing Address 2439 ROAT DR.			02 19 2011
City ORLANDO	State FL	Zip Code 32835	Transaction ID: SA11AI.97316 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer JLR MEDICAL GROUP	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MARK TATZ			Date of Receipt
Mailing Address 802 FERNWOOD RD			0 2 0 7 Y Y Y Y Y Y
City MOORESTOWN	State NJ	Zip Code 08057	Transaction ID: SA11AI.96314
FEC ID number of contributing federal political committee.	C	08037	Amount of Each Receipt this Period 250.00
Name of Employer BURLINGTON ANESTHESIA ASS- OC.	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CAROL TAYLOR			Date of Receipt
Mailing Address 2426 E AVENIDA D	0 2 1 4 2 0 1 1		
City TUCSON	State AZ	Zip Code 85718	Transaction ID: SA11AI.96907 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03710	500.00
Name of Employer ORO VALLEY ANESTHESIA	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l		1250.00

DULE A (FEC Form 3X) ZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16
nation copied from such Reports and Statements n mercial purposes, other than using the name and a OF COMMITTEE (In Full) RICAN SOCIETY OF ANESTHESIOLOGIS		
TICAN SOCIETY OF ANEST RESIDLOGIS	15 POLITICAL ACTION COM	VIIIIEE
ame (Last, First, Middle Initial) ER TAYLOR		Date of Receipt
Address 1270 HUNTER RUN		02 11 2011
State	Zip Code	Transaction ID: SA11AI.96722
NADA MS	38901	Amount of Each Receipt this Period
number of contributing political committee.		250.00
of Employer Occupa ANEST	on HESIOLOGIST	
of For: Primary General Other (specify) ▼ Aggregation Aggregation	te Year-to-Date ▼ 250.00	
ame (Last, First, Middle Initial) M TAYLOR		Date of Receipt
Address 5403 REDFIELD CIRCLE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
State	Zip Code	Transaction ID: SA11AI.96670
WOODY GA	30338	Amount of Each Receipt this Period
number of contributing political committee.		250.00
of Employer ICIAN SPECIALISTS IN THESIA, P ANEST	on HESIOLOGIST	1
of For: Primary General Other (specify) ▼ Aggregation Aggregation	te Year-to-Date ▼ 250.00	
ame (Last, First, Middle Initial) R THALJI		Date of Receipt
Address 8434 BUCKINGHAM CT.		02 07 2011
State	Zip Code	Transaction ID: SA11AI.96363
OW SPRINGS IL	60480	Amount of Each Receipt this Period
number of contributing political committee.		500.00
of Employer Occupa ANESTHESIOLOGISTS ANESTHESIOLOGISTS	on HESIOLOGIST	
of For: Primary General Other (specify) ▼ Aggregation	te Year-to-Date ▼ 500.00	
ARES I Aggregate Are a series of the series	HESIOLOGIST te Year-to-Date ▼ 500.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 163 / 186 (check only one) X 11a			
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.			
NAME OF COMMITTEE (In Full)	ESIOLOGISTS POLITICAL ACTION COM				
Full Name (Last, First, Middle Initial) A. ERIC THOMAS		Date of Receipt			
Mailing Address 4625 BRADFORD H	TS.	02 22 2011			
City	State Zip Code	Transaction ID: SA11AI.97415			
COLORADO SPRINGS FEC ID number of contributing federal political committee.	CO 80906	Amount of Each Receipt this Period 250.00			
Name of Employer ANES ASSOC CO SPGS	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) B. GARY THOMPSON		Date of Receipt			
City	State Zip Code SC 29902	Transaction ID: SA11AI.97627			
BEAUFORT FEC ID number of contributing federal political committee.	SC 29902	Amount of Each Receipt this Period 500.00			
Name of Employer LOWCOUNTRY ANESTHESIA, PA	Occupation ANESTHESIOLOGIST	7			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) C. GREGORY THORLEY		Date of Receipt			
Mailing Address 1850 N. CENTRAL A	VE., #1600	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City PHOENIX	State Zip Code AZ 85004	Transaction ID: SA11AI.96791 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer VALLEY ANES CONSULT	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
SUBTOTAL of Receipts This Page (optional)		1750.00			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(check diffy dife)
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any g the name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JEFFREY THUE		Date of Receipt
Mailing Address 120 33RD STREE	State Zip Code	0 2 0 8 2 0 1 1 Transaction ID: SA11AI.96422
MANHATTAN BEACH FEC ID number of contributing federal political committee.	CA 90266	Amount of Each Receipt this Period 500.00
Name of Employer SELF	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) BENJAMIN TIBBALS Mailing Address 2771 HEMLOCK S	ST	Date of Receipt
	02 21 2011	
City BREMERTON	State Zip Code WA 98310	Transaction ID: SA11AI.97372 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer HARRISON MED CTR	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ROSALIE TOCCO-BRADLEY		Date of Receipt
Mailing Address 3664 DEER RIDG	E CT	0 2 0 6 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.96242
ANN ARBOR FEC ID number of contributing federal political committee.	MI 48105	Amount of Each Receipt this Period 500.00
Name of Employer ST. JOSEPH MERCY HEALTH SYSTEM	Occupation ANESTHESIOLOGISTS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1250.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and State	tements may no	Use separate schedule(s) for each category of the Detailed Summary Page of the sold or used by any perso	FOR LINE NUMBER: PAGE 165 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
A.	or for commercial purposes, other than using the national purposes.			
	City HOUSTON FEC ID number of contributing federal political committee.	State TX	Zip Code 77096	Transaction ID: SA11AI.97550 Amount of Each Receipt this Period 250.00
	Name of Employer BAYLOR COLLEGE OF MEDICINE ANESTHESIOL Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation ANESTHES Aggregate Ye	SIOLOGIST par-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) THOMAS TOOMEY Mailing Address 704 SWEET CHERRY C City NASHVILLE FEC ID number of contributing federal political committee.	State TN	Zip Code 37215	Date of Receipt M M
	Name of Employer ANESTHESIA MEDICAL GROUP Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Ye	ear-to-Date ▼ 250.00	
С. -	Full Name (Last, First, Middle Initial) FREDERICK TORRES Mailing Address 2218 CAMPESTRE TER City NAPLES FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOCIATES OF NAPLES Receipt For: Primary General Other (specify)	State FL C Occupation ANESTHES	Zip Code 34119 SIOLOGIST bar-to-Date ▼ 250.00	Date of Receipt M M O 2 O 9 O 9 O 1 O 1 O 1 O 1 O 1 O 1 O 1 O 1
	SUBTOTAL of Receipts This Page (optional)		·····	750.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	totomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 / 186 (check only one) X 11a
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) THAO TRAN Mailing Address 7717 127TH ST. CT. E City PUYALLUP FEC ID number of contributing federal political committee. Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify)	State WA C Occupation PHYSIC	Zip Code 98373 on IAN ANESTHESIOLOGIST e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y O 2 1 4 2 0 1 1 Transaction ID: SA11AI.97067 Amount of Each Receipt this Period 250.00
В.	Full Name (Last, First, Middle Initial) BETH TRAYLOR Mailing Address 5303 JAMES CT City CARMEL FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED	State IN C Occupation ANESTH	Zip Code 46033	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) KEVIN TREMPER Mailing Address 1500 E. MEDICAL CEN	0 0	e Year-to-Date ▼ 250.00 1H247	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City ANN ARBOR FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF MICHIGAN HEALTH SYSTEM Receipt For: Primary General Other (specify)	State MI C Occupation PHYSIC Aggregate		Transaction ID: SA11AI.97542 Amount of Each Receipt this Period 1000.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		•	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	λ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167/186 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH			
Full Name (Last, First, Middle Initial) JOHN TROBAUGH			Date of Receipt
Mailing Address 1050 BORGHESE I	LN APT 1706		M M / D D / Y Y Y Y Y O D D / 2 0 1 1
City NAPLES	State FL	Zip Code 34114	Transaction ID: SA11AI.96611 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer PHYSICIANS REGIONAL MEDIC- AL CENTER	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) CRAIG TROOP			Date of Receipt
Mailing Address 4701 AUGUSTA DR	0 2 2 2 1 2 0 1 1		
City FRISCO	State TX	Zip Code 75034	Transaction ID: SA11AI.97519 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	73034	250.00
Name of Employer PINNACLE ANESTHESIA CONSU- LTANT	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KENNETH TUMAN			Date of Receipt
Mailing Address 1325 HACKBERRY	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City WINNETKA	State IL	Zip Code 60093	Transaction ID: SA11AI.96856 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00093	500.00
Name of Employer RUSH UNIVERSITY MEDICAL CENTER	Occupation PHYSICI	AN	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona	<u> </u>		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	Statements may not be sold or used by any personal part of the sold of the sol	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARY TUMAN Mailing Address 313 SHERIDAN RD City WILMETTE FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA CONSULTANTS LTD Receipt For: Primary General Other (specify)	State Zip Code IL 60091 C Occupation PHYSICIAN ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt 0 2 0 3 2 0 1 1 Transaction ID: SA11AI.96204 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) SRINIVAS TUMULURI Mailing Address 689 N CLINTON ST A City SYRACUSE FEC ID number of contributing federal political committee. Name of Employer ANES GRP ONONDAGA Receipt For: Primary General Other (specify)	State Zip Code NY 13204 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 270.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) TODD TYSON Mailing Address 162 ELM GROVE CIF City MC GREGOR FEC ID number of contributing federal political committee. Name of Employer S & W CLINIC Receipt For: Primary General Other (specify)	State Zip Code TX 76657 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.97426 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		770.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	Statements may not be sold or used by any per tename and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) OSCAR VEGA Mailing Address 1600 MEDICAL CENT City EL PASO FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For:	TER ST., #214 State Zip Code TX 79902 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ROBERT VELA Mailing Address 211 CAPE COD DR City CORPUS CHRISTI FEC ID number of contributing federal political committee.	250.00 State Zip Code TX 78412 C	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer GULFSHORE ANESTHESIA ASSO- CIATES Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) SALLY VETTER Mailing Address 9535 N PLACITA RO	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00 CA DE BRONCE	Date of Receipt
City TUCSON FEC ID number of contributing federal political committee.	State Zip Code AZ 85704 C	Transaction ID: SA11AI.97787 Amount of Each Receipt this Period 500.00
Name of Employer ORO VALLEY ANESTH Receipt For: Primary General Other (specify) ▼	PHYSICIAN Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 170 / 186 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and add	ress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JUAN VILLARREAL Mailing Address 705 WEDGEWOO	D CIR		Date of Receipt 0 2 1 0 2 2 0 1 1
City BOWLING GREEN FEC ID number of contributing federal political committee.	State KY	Zip Code 42103	Transaction ID: SA11AI.96619 Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIA & PAIN SPECIAL- ISTS OF BOWLI Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) J. WAGNER Mailing Address 6634 KLEIN ST. N	W		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City OLYMPIA	State WA	Zip Code 98502	Transaction ID: SA11AI.96941 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer OLYMPIA ANESTHESIA ASSOCI- ATES Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		ESIOLOGIST Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ADAM WALDMAN			Date of Receipt
Mailing Address 7200 MEEKER CR	REEK DRIVE		02 09 2011
City DAYTON	State OH	Zip Code 45414	Transaction ID: SA11AI.96487 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer AANWD		ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)		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 171 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t ESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JAMES WALKER Mailing Address 1451 N GLEN WOC		Date of Receipt O 2
City WICHITA	State Zip Code KS 67230	Transaction ID: SA11AI.97538
FEC ID number of contributing federal political committee.	KS 67230	Amount of Each Receipt this Period 1000.00
Name of Employer ANESTHESIA CONSULTING SER- VICES, PA Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) WILLIAM WARE Mailing Address 9849 WYNCHASE (CIR	Date of Receipt 0 2 2 8 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.97990
MONTGOMERY	AL 36117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer AMBULATORY ANESTHESIA ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JAMES WELLER		Date of Receipt
Mailing Address 6905 FOX HILL LN		0 2 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.96179
CINCINNATI	OH 45236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTHESIA GROUP PRACTICE	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
)	2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate for each categ Detailed Sumi	ory of the	FOR LINE NUMBER: PAGE 172 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or use name and address of any politic	sed by any person cal committee to so	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL A	ACTION COMM	ITTEE
	Full Name (Last, First, Middle Initial) BLAKE WENDELBURG			Date of Receipt
	Mailing Address 7326 OAKVIEW	State Zip Code		02 16 2011 T 12 CA11AL 07208
	City SHAWNEE	KS 66216		Transaction ID: SA11AI.97208 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer MIDWEST ANESTHESIA ASSOCI- ATES, P.A.	Occupation PHYSICIAN		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00	
	Full Name (Last, First, Middle Initial) JANET WENDELN	1		Date of Receipt
	Mailing Address 13739 FOXDALE LA	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City	State Zip Code		Transaction ID: SA11AI.97497
	CARMEL	IN 46032		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTHESIA CONSULTANTS OF INDIANAPOLIS	Occupation ANESTHESIOLOGIST		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00	
	Full Name (Last, First, Middle Initial) DAVID WERKMEISTER			Date of Receipt
	Mailing Address 1025 MARSH STREE	Т		0 2 2 5 2 0 1 1
	City	State Zip Code		Transaction ID: SA11AI.97867
	MANKATO	MN 56002		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MAA	Occupation ANESTHESIOLOGIST		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00	
	SUBTOTAL 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 173 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)		person for the purpose of soliciting contributions see to solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS POLITICAL ACTION C	OMMITTEE
Full Name (Last, First, Middle Initial) STEVE WICKLUND		Date of Receipt
Mailing Address 9824 QUARRY TRA		02 24 24 2011
City SCOTTSDALE	State Zip Code AZ 85262	Transaction ID: SA11AI.97631 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer VALLEY ANES. CONSULTANTS	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) CHARLES WIDEBURG		Date of Receipt
Mailing Address 3627 LONG FURRO	0 2 1 5 2 0 1 1	
City	State Zip Code	Transaction ID: SA11AI.97088
FRANKSVILLE FEC ID number of contributing federal political committee.	WI 53126	Amount of Each Receipt this Period 500.00
Name of Employer GREAT LAKES ANESTHESIA & PAIN SPECIALI	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER WILHOIT		Date of Receipt
Mailing Address 3049 HAWKS GLEN	I	02 27 2011
City TALLAHASSEE	State Zip Code FL 32312	Transaction ID: SA11AI.97885
FEC ID number of contributing federal political committee.	C 32312	Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIOLOGY ASSOCIATES OF TALLAHASS	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (optional		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1/4/186 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress 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	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) ADRIENNE WILLIAMS			Date of Receipt
Mailing Address 4128 W STONEWA	ATER DR		02 09 2011
City PEORIA	State IL	Zip Code 61615	Transaction ID: SA11AI.96525 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer MIDWEST ANESTHESIA CONSUL- TANTS, SC	Occupation ANESTH	n ESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) COURTNEY WILLIAMS			Date of Receipt
Mailing Address 300 LAGO VISTA S	ST		0 2 1 4 2 0 1 1
City KEMAH	State TX	Zip Code 77565	Transaction ID: SA11AI.96952
FEC ID number of contributing federal political committee.	C	77303	Amount of Each Receipt this Period 250.00
Name of Employer UNIV OF TEXAS MEDICAL BRA- NCH - GALVEST	Occupation PHYSICI		7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) FRANKLIN WILLIAMS			Date of Receipt
Mailing Address 1410 BLANDING S	T., STE. 1		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City COLUMBIA	State SC	Zip Code 29201	Transaction ID: SA11AI.97629 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer CRITICAL HEALTH SYS SC	Occupation ANESTH	n ESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	.()		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 175 / 186 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and address	s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HAMPTON WILLIAMS Mailing Address 800 E. DAWSON City TYLER FEC ID number of contributing federal political committee. Name of Employer TRINITY CLINIC ANES Receipt For:		Zip Code 75701 OLOGIST	Date of Receipt M M
Primary General Other (specify) Full Name (Last, First, Middle Initial) NATHAN WILLIAMS Mailing Address PO BOX 5050	Aggregate rea	500.00	Date of Receipt
City SILVER CITY FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	State NM C Occupation ANESTHESI Aggregate Yea		Transaction ID: SA11AI.96684 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) TODD WILLIAMS Mailing Address 14 RED FOX LN City KEARNEY FEC ID number of contributing federal political committee. Name of Employer THE PHYSICIANS NETWORK Receipt For: Primary General Other (specify)	State NE C Occupation ANESTHESI Aggregate Yea		Date of Receipt M M M / D D / Y Y Y Y Y O 2 D / 2 D / 2 O 1 1 Transaction ID: SA11AI.97757 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line numbe			1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 176 / 186 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	tatements may not be sold or used by any personame and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DAVID WILLIAMSON Mailing Address 318 WILSHIRE PL City CORPUS CHRISTI FEC ID number of contributing federal political committee. Name of Employer GULF SHORE ANESTHESIOLOGY ASSOCIATES Receipt For: Primary General Other (specify)	State Zip Code TX 78411 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Date of Receipt M M O 2 O 8 O 8 O 1 O 1 O 1 O 1 O 1 O 1 O 1 O 1
Full Name (Last, First, Middle Initial) GORDON WILLIFORD Mailing Address 3300 WHEELER RD. City AUGUSTA FEC ID number of contributing federal political committee. Name of Employer SELF Receipt For: Primary Other (specify)	State Zip Code GA 30909 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) JON WILLIS Mailing Address 516 N.W. 148TH ST. City EDMOND FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code OK 73013 C Occupation PHYSICIAN Aggregate Year-to-Date 1000.00	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)		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 177 / 186 (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 ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DAVID WINEK			Date of Receipt
Mailing Address 110 29TH AVE N STE	202		0 2 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.97705
NASHVILLE	TN	37203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIA MEDICAL GROUP	Occupatio ANESTH	n IESIOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) THOMAS WITKOWSKI			Date of Receipt
Mailing Address 204 SUFFOLK RD			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.97678
FLOURTOWN	PA	19031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer THOMAS JEFFERSON UNIV	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) JOHN WOLFE			Date of Receipt
Mailing Address 10409 HIGH GROVE [OR		02 25 2011
City	State	Zip Code	Transaction ID: SA11AI.97859
CARMEL	IN	46032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer IU ANES ASSOC	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1750.00

SCHEDULE A (FECFITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 178 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11	
or for commercial purposes, other NAME OF COMMITTEE (In F	than using the name and addull)	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
		S POLITICAL ACTION COM	MMITTEE 	
Full Name (Last, First, Middle MARGARET ANN YOAKUM-PYI Mailing Address 6354 LOC	LE ,		Date of Receipt 0 2 2 0 1 1	
City SHAWNEE MISSION	State KS	Zip Code 66218	Transaction ID: SA11AI.97324 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer ANESTHESIOLOGY CHART	ERED Occupatio ANESTH	n IESIOLOGIST		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle LAWRENCE YOUNG	,		Date of Receipt	
Mailing Address 1717 VAL	Mailing Address 1717 VALLEY FORGE DR.			
City	State	Zip Code	Transaction ID: SA11AI.97924	
HIXSON FEC ID number of contributing federal political committee.	TN	37343	Amount of Each Receipt this Period 125.00	
Name of Employer ANESTH ASSOC	Occupatio ANESTH	n IESIOLOGIST		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle THOMAS YUE	Initial)		Date of Receipt	
Mailing Address 8718 ALV	ARADO TRL		0 2 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City INVER GROVE HEIGHT	State MN	Zip Code 55077	Transaction ID: SA11AI.96273 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		900.00	
Name of Employer	Occupatio ANESTH	n IESIOLOGIST		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 900.00		
SUBTOTAL of Receipts This Pa			1525.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1/9 / 186 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH		• •	
Full Name (Last, First, Middle Initial) TIM YUEN			Date of Receipt
Mailing Address 11803 GOSHEN AV	VE PH 4		02 01 2011
City LOS ANGELES	State CA	Zip Code 90049	Transaction ID: SA11AI.96182 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer OLIVE VIEW-UCLA MEDICAL CENTER	Occupation ANESTH	n IESIOLOGIST	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MITCHELL ZEITLER			Date of Receipt
Mailing Address 6650 NATURE PRESERVE CT.			02 13 2011
City NAPLES	State FL	Zip Code 34109	Transaction ID: SA11AI.96867 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	34103	500.00
Name of Employer ANESTHESIA ASSOCIATES OF NAPLES	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ANDREW ZURICK			Date of Receipt
Mailing Address 8621 WITNEY AVE	NW		0 2 0 8 2 0 1 1
City NORTH CANTON	State OH	Zip Code 44720	Transaction ID: SA11AI.96384 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	117.20	250.00
Name of Employer AULTMAN HOSPITAL	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	<u>, , , , , , , , , , , , , , , , , , , </u>	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	I J)	__	1000.00
TOTAL This Period (last page this line num	<u>'</u>	•	206185.00

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 180 / 186 (check only one) 11a 11b 11c 12 13 14 15 16 🔀 17
	Statements may not be sold or used by any perso e name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) NORTHERN TRUST CO Mailing Address 50 S LASALLE		Date of Receipt 0 2 2 8 2 0 1 1
City	State Zip Code	Transaction ID: SA17.98126
CHICAGO	IL 60675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11.47
Name of Employer	Occupation	INTEREST INCOME
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 43.86	

SUBTOTAL of Receipts This Page (optional)	•	11.47
TOTAL This Period (last page this line number only)	<u> </u>	11.47

State:

A.

SCHEDULE B (FEC Form 3X)

District:

FOR LINE NUMBER: PAGE 181 / 186 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 23 26 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Transaction ID: SB21B.98127 FIRST DATA Date of Disbursement 28 0 2 2011 Mailing Address PO BOX 6600 City State Zip Code Amount of Each Disbursement this Period HAGERSTOWN MD 21741 2275.07 Purpose of Disbursement CC/AMEX/BANK FEES Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify)

		2275.07
SUBTOTAL of Disbursements This Page (optional)		2213.01
TOTAL This Period (last page this line number only)	•	2275.07

TEMIZED DISBURSEMENTS	S	CHEDULE B (FEC Form 3X)	Use separate sche	edule(s)	FOR LINE	-	PAGE 182 / 186
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) ANDY HARRIS FOR CONGRESS Mailing Address PO BOX 426 City State Zip Code STEVENSVILLE MD 21666 Purpose of Disbursement Candidate Name Office Sought: X House Senate President State: MD District: 01 Full Name (Last, First, Middle Initial) CHESAPEAKE PAC Meiling Address 264 N LUMPKIN ST #202 City State Zip Code ATHENS GA 20601 Candidate Name Office Sought: House Senate Principle of Disbursement 2011 CONTRIBUTION Candidate Name Office Sought: House Senate Principle of Disbursement For: 2011 State: District: Di	IT	EMIZED DISBURSEMENTS			21b		
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Office Sought:				[Category/		5000.00
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TOTAL This Period (last page this line number only)	<u> </u>	(1 0	• •				

Detailed Summary Page	SCHEDULE B (FEC FOIII 3X)		ate schedule(s)			NUMBE	R:		F	PAGE	183 /	186
Any Internation 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 committees. NAME OF COMMITTEE (in Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL COMMITTEE Mailing Address PO BOX 16128 City Purpose of Disbursement Candidate Name Office Sought: X House President State: TX District: 29 Disbursement For: 2012 Senate President State: TX T75382 Amount of Each Disbursement Initial Primary General Office Sought: X House Office Sought: Y Type Offi	ITEMIZED DISBURSEMENTS	for each ca	tegory of the		21b	22	X					2 3
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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC Mailing Address PO BOX 3750 City State Zip Code BRENTWOOD TN 37024 Purpose of Disbursement Candidate Name Office Sought: X House President Candidate Name Office Sought: X House Senate President Category' Type Office Sought: X House Senate President Category' Type Office Sought: X House Senate President Category' Type Office Sought: X House Senate President Office Sought: X House President Office Sought: X House Senate President Office Sought: X House President Of	TEMIZED DISBURSEMENTS			21b [22 X 23 24 25
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Senate President State: TN District: 02 Full Name (Last, First, Middle Initial) MARTHA ROBY FOR CONGRESS Mailing Address PO BOX 195 City State Zip Code AL 36101 Purpose of Disbursement Candidate Name Disbursement For: 2012 President State: AL District: 02 Full Name (Last, First, Middle Initial) MCCAUL FOR CONGRESS Mailing Address 815 BRAZOS ST PMB 230 City State Zip Code AL 36101 Transaction ID: SB23.98120 Date of Disbursement this Perio Category/ Type Transaction ID: SB23.98120 Date of Disbursement this Perio Category/ Type Transaction ID: SB23.98106 Date of Disbursement this Perio Category/ Type Transaction ID: SB23.98106 Date of Disbursement City State Zip Code AUSTIN TX 78701 Purpose of Disbursement Candidate Name Disbursement For: 2012 Category/ Type Office Sought: X House Disbursement For: 2012 Senate President Disbursement Tor: 2012 Category/ Type Office Sought: X House Disbursement For: 2012 Senate President Disbursement Tor: 2012 Senate Primary General Other (specify) ▼					
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City MONTGOMERY AL 36101 Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate President State: AL District: 02 Full Name (Last, First, Middle Initial) MCCAUL FOR CONGRESS Mailing Address 815 BRAZOS ST PMB 230 City State Zip Code AUSTIN TX 78701 Purpose of Disbursement Category/ Type Transaction ID: SB23.98106 Date of Disbursement Mo 2 M / D 9 / Y 2 0 1 1 Y Amount of Each Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type Transaction ID: SB23.98106 Date of Disbursement Category/ Type Office Sought: X House Senate President President President President Other (specify) ▼	,				Date of Disbursement
MÓNTGOMERY Purpose of Disbursement Candidate Name Office Sought: X House Senate President President State: AL District: 02 Full Name (Last, First, Middle Initial) MCCAUL FOR CONGRESS Mailing Address 815 BRAZOS ST PMB 230 City State Zip Code AUSTIN TX 78701 Purpose of Disbursement Candidate Name Office Sought: X House Senate President TX Primary General Category/ Type Office Sought: X House Senate President Other (specify) ▼ Office Sought: X House Senate President Other (specify) ▼ Other (specify) ▼ Amount of Each Disbursement this Perion Sought: X House Senate President Other (specify) ▼	Mailing Address PO BOX 195				
Candidate Name Category/ Type Office Sought:					Amount of Each Disbursement this Perio
Office Sought:	Purpose of Disbursement				1000.00
Senate President Other (specify) ▼ State: AL District: 02 Full Name (Last, First, Middle Initial) MCCAUL FOR CONGRESS Mailing Address 815 BRAZOS ST PMB 230 City State Zip Code AUSTIN TX 78701 Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate President Disbursement For: 2012 Senate President Other (specify) ▼	Candidate Name				
Full Name (Last, First, Middle Initial) MCCAUL FOR CONGRESS Mailing Address 815 BRAZOS ST PMB 230 City State Zip Code AUSTIN TX 78701 Purpose of Disbursement Candidate Name Office Sought: X House Senate President Disbursement For: 2012 X Primary General Other (specify) Office Specify) Office Soughts Transaction ID: SB23.98106 Date of Disbursement Amount of Each Disbursement this Perion Category/ Type	Senate President	X Primary	General		
City State Zip Code AUSTIN TX 78701 Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate President Disbursement For: 2012 X Primary General Other (specify) Type	Full Name (Last, First, Middle Initial)				
AUSTIN TX 78701 Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate Senate President President TX 78701 Sought: 5000.00	Mailing Address 815 BRAZOS ST PM	B 230			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & 1 & 1 \\ & 2 & 0 & 1 & 1 \end{bmatrix}$
Candidate Name Category/ Type Office Sought: X House Senate President Disbursement For: 2012 X Primary General Other (specify) ▼					Amount of Each Disbursement this Perio
Office Sought: X House Senate President Disbursement For: 2012 X Primary General Other (specify)	Purpose of Disbursement				5000.00
Senate X Primary General President Other (specify) ▼					
	Candidate Name				1
	Office Sought: X House Disb	X Primary	General		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	-	PAGE 185 / 186
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 28a 28b	24 25 26 28c 29 30
Any Information copied from such Reports and Statement or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLO	OGISTS POLITICAL AC	TION COMMI	TTEE	
Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS			Transaction ID: Date of Disburser	ment
Mailing Address PO BOX 2334			02 1	6 2011
	State Zip Code TX 76202		Amount of Each I	Disbursement this Period
Purpose of Disbursement				2000.00
Candidate Name		Category/ Type		
President	nent For: 2012 Primary General Other (specify) ▼			
State: TX District: 26 Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSION	IAL COM		Transaction ID: Date of Disburser	ment
Mailing Address 320 FIRST ST SE			02 1	6 2011
	State Zip Code DC 20002		Amount of Each [Disbursement this Period
Purpose of Disbursement 2011 CONTRIBUTION				5000.00
Candidate Name		Category/ Type		
Office Sought: House Disburser Senate President X State: District:	nent For: 2011 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL C	OMM		Transaction ID: Date of Disburser	nent
Mailing Address 425 SECOND ST NE			02 1	6 2011
	State Zip Code DC 20002		Amount of Each [Disbursement this Period
Purpose of Disbursement 2011 CONTRIBUTION Candidate Name		Category/		5000.00
Office Sought: House Disburser	ment For: 2011	Type		
Senate	Primary General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)				12000.00
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		PAGE 186 / 186 23
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	,		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL ACTION	ON COMMITTEE	
Full Name (Last, First, Middle Initial) ORRIN HATCH ELECTION COMMITTE IN Mailing Address 175 SW TEMPLE STE 65		Transaction Date of Dist	n ID: SB23.98104 bursement
7	State Zip Code UT 84101	Category/	Each Disbursement this Period 5000.00
Office Sought: House Disburse X President State: UT District:	ment For: 2012 Primary General Other (specify)	Туре	

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	—	46000.00