

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 520 N. NORTHWEST HIGHWAY PARK RIDGE IL 60068

2. FEC IDENTIFICATION NUMBER C00255752 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 02 01 2011 through 02 28 2011

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

Type or Print Name of Treasurer THOMAS CONWAY

Signature of Treasurer Electronically Filed by THOMAS CONWAY Date 03 18 2011

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

Table with 7 columns and 1 row. Office Use Only. FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		1200707.26
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning 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								
7. Total Disbursements (from Line 31)	48275.07	67532.59								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1455999.53	1455999.53								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	206185.00	246035.00
(ii) Unitemized	58740.00	76746.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	264925.00	322781.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	264925.00	322781.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	11.47	43.86
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	264936.47	322824.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	264936.47	322824.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2275.07	3567.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2275.07	3567.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46000.00	56000.00
24. Independent Expenditure (use Schedule E)	0.00	7965.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	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

FEC Form 3X (Rev. 02/2003)

5 / 186

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) JANET ACARREGUI		Date of Receipt
	Mailing Address 1550 BOYSON RD.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code HIAWATHA IA 52233		<input type="text"/> 02 / <input type="text"/> 25 / <input type="text"/> 2011
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97743
	Name of Employer Occupation LINN COUNTY ANESTH ANESTHESIOLOGIST		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) DAVID ACKERMAN		Date of Receipt
	Mailing Address 1207 ASHMOORE CT.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code SOUTHLAKE TX 76092		<input type="text"/> 02 / <input type="text"/> 23 / <input type="text"/> 2011
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97571
	Name of Employer Occupation PINNACLE PARTNERS PHYSICIAN		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) ROBERT ADDLEMAN		Date of Receipt
	Mailing Address 514 CORNWALL CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code CARMEL IN 46032		<input type="text"/> 02 / <input type="text"/> 22 / <input type="text"/> 2011
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97500
	Name of Employer Occupation NORTHSIDE ANESTH SERV ANESTHESIOLOGIST		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 186
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

A.

Full Name (Last, First, Middle Initial)
RISHIMANI ADSUMELLI

Mailing Address 17 PHAETONS DR

City MELVILLE State NY Zip Code 11747

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

Name of Employer SUNY-HSC @ STONYBROOK ANE-S. DEPT. Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.97996

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
VIRGIL AIROLA

Mailing Address 3841 W. LOCUST

City FRESNO State CA Zip Code 93711

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

Name of Employer PED ANES ASSOC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11AI.97101

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
A. NISAR AKBAR

Mailing Address 10140 N VINTAGE CT

City MEQUON State WI Zip Code 53092

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11AI.96696

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) SETH AKST	Date of Receipt MM / DD / YYYY 02 / 16 / 2011
	Mailing Address 4609 NORWOOD DR	Transaction ID: SA11AI.97155
	City State Zip Code CHEVY CHASE MD 20815	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDICAL FACULTY ASSOCIATES PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) SHAHRIAR ALIKHANI	Date of Receipt MM / DD / YYYY 02 / 09 / 2011
	Mailing Address 27601 FORBES RD STE 45	Transaction ID: SA11AI.96495
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MOBISURG, INC. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) GRAY ALLEN	Date of Receipt MM / DD / YYYY 02 / 01 / 2011
	Mailing Address 22 CAMINO ARCO IRIS	Transaction ID: SA11AI.96166
	City State Zip Code MADRID NM 87010	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ALBUQUERQUE VETERANS HOSPITAL ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	775.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) IDI ALLEN		Date of Receipt
	Mailing Address P.O. BOX 337		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 2 / 2 0 1 1
	City	State	Zip Code
	MONTVALE	NJ	07645
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97535
Name of Employer HAAPA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) PETER ALLEN		Date of Receipt
	Mailing Address P.O. BOX 496		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 3 / 2 0 1 1
	City	State	Zip Code
	ROSS	CA	94957
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96865
Name of Employer ACM		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) FRANCISCO ALVAREZ-GIL		Date of Receipt
	Mailing Address 3661 S MIAMI AVE STE 504		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 7 / 2 0 1 1
	City	State	Zip Code
	MIAMI	FL	33133
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96294
Name of Employer BISCAYNE ANESTHESIA GROUP		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) ERIC AMADOR		Date of Receipt	
	Mailing Address 5323 ORCHARD PARK LN		M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.96252
	SANTA BARBARA	CA	93111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer AMGSB		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) JACK ANDERSON		Date of Receipt	
	Mailing Address 7149 WYNLAKES BLVD		M M / D D / Y Y Y Y Y 0 2 / 1 2 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.96846
	MONTGOMERY	AL	36117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer THE MONTGOMERY SURGICAL CENTER		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

C.	Full Name (Last, First, Middle Initial) JACK ANDERSON		Date of Receipt	
	Mailing Address 7149 WYNLAKES BLVD		M M / D D / Y Y Y Y Y 0 2 / 2 2 / 2 0 1 1	
	City	State	Zip Code	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		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		-500.00		

SUBTOTAL of Receipts This Page (optional)	▶	250.00
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 11 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MARK ANDERSON

Mailing Address 837 N. LAKE SYBELIA DR.

City MAITLAND State FL Zip Code 32751

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

Name of Employer JLR MEDICAL GROUP Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 08 / 2011
Transaction ID: SA11AI.96445
Amount of Each Receipt this Period: 500.00

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

Mailing Address 1821 ALAQUA DR.

City LONGWOOD State FL Zip Code 32779

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

Name of Employer JLR MEDICAL GROUP, MAITLAND, FLORIDA Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 23 / 2011
Transaction ID: SA11AI.97562
Amount of Each Receipt this Period: 500.00

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

Mailing Address 1294 RICHMOND RD.

City WINTER PARK State FL Zip Code 32789

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

Name of Employer JLR MEDICAL GROUP Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 16 / 2011
Transaction ID: SA11AI.97154
Amount of Each Receipt this Period: 500.00

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 12 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MIRIAM ANIXTER
 Mailing Address 823 COUNTRY CLUB DR
 City State Zip Code
 MOUNT LEBANON PA 15228
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 2 / 2 0 1 1
Transaction ID: SA11AI.97483
 Amount of Each Receipt this Period
 400.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UPMC ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

B. Full Name (Last, First, Middle Initial)
GEORGE EDDIE ASH
 Mailing Address P.O. BOX 8305
 City State Zip Code
 GADSDEN AL 35902
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 4 / 2 0 1 1
Transaction ID: SA11AI.97647
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ANESTHESIA ASSOC. ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
BYRON ASHMORE
 Mailing Address 15 CHERAS CT
 City State Zip Code
 PENSACOLA FL 32505
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 1
Transaction ID: SA11AI.98081
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF PHYSICIAN
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ► 1900.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) E. ATHERTON		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 1729 GRIFFIN GATE RD.		Transaction ID: SA11AI.98041		
	City LOUISVILLE	State KY	Zip Code 40205	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA CONSULTANT ENT-ERPRISES	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

B.	Full Name (Last, First, Middle Initial) CHARLES AUSTGEN		Date of Receipt MM / DD / YYYY 02 / 25 / 2011		
	Mailing Address 10805 CLUB POINT DR		Transaction ID: SA11AI.97863		
	City FISHERS	State IN	Zip Code 46037	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANES CONSUL INDPLS	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) BRUCE BAIRD		Date of Receipt MM / DD / YYYY 02 / 08 / 2011		
	Mailing Address 4871 CHRISTENSEN DR		Transaction ID: SA11AI.96426		
	City LITTLETON	State CO	Zip Code 80123	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PINNACLE ANESTHESIA CONSUL-TANTS, P.A.	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MARK BAKER
Mailing Address 4998 REYNOLDS LN.
City BIRMINGHAM State AL Zip Code 35242
FEC ID number of contributing federal political committee. **C**
Name of Employer ANESTHESIA RESOURCES MGT, INC. Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 28 / 2011
Transaction ID: SA11AI.97976
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
N. KURT BAKER-WATSON
Mailing Address 3403 MINITO CT
City NAPERVILLE State IL Zip Code 60564
FEC ID number of contributing federal political committee. **C**
Name of Employer LOYOLA UNIV MED CTR Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 14 / 2011
Transaction ID: SA11AI.97051
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
JAMES BARATTA
Mailing Address 19 THISTLE LN.
City WARREN State NJ Zip Code 07059
FEC ID number of contributing federal political committee. **C**
Name of Employer MIDDLESEX SURGERY CENTER Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 08 / 2011
Transaction ID: SA11AI.96374
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
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 15 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
LEAH BARON

Mailing Address 48 CARDINAL RIDGE RD

City MEDFORD State NJ Zip Code 08055

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

Name of Employer BURLINGTON ANESTHESIA ASS-OCOAUTES
Occupation PHYSICIAN , ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 15 / 2011
Transaction ID: SA11AI.97138
 Amount of Each Receipt this Period: 250.00

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

Mailing Address P.O. BOX 1447

City SCOTTSDALE State AZ Zip Code 85252

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

Name of Employer VALLEY ANES CONSUL
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 25 / 2011
Transaction ID: SA11AI.97781
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 19816 SHELBURNE RD

City SHAKER HEIGHTS State OH Zip Code 44118

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

Name of Employer CLEVELAND ANES GRP
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 11 / 2011
Transaction ID: SA11AI.96819
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 16 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
JENNIFER BAXTER
Mailing Address 3218 BROOKLAWN CT
City State Zip Code
CHEVY CHASE MD 20815
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
CERTIFIED ANES SERV ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: MM / DD / YYYY
02 / 11 / 2011
Transaction ID: SA11AI.96801
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
JOHN BEARD
Mailing Address 3333 VICTORIA AVE
City State Zip Code
LAFAYETTE CA 94549
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
EAST BAY ANESTH ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: MM / DD / YYYY
02 / 28 / 2011
Transaction ID: SA11AI.97941
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
ROSEMARY BEARNSON
Mailing Address 740 E 550 S
City State Zip Code
OREM UT 84097
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
UTAH SOC OF ANESTH ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: MM / DD / YYYY
02 / 24 / 2011
Transaction ID: SA11AI.97682
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00
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 17 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
WILLIAM BECK

Mailing Address 1833 TUSCANY AVE.

City State Zip Code
SPRINGDALE AR 72764

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

Name of Employer Occupation
NORTHWEST ANES ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11AI.97032

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
DAVID BECKER

Mailing Address 4327 E. NORTH LANE

City State Zip Code
PHOENIX AZ 85028

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

Name of Employer Occupation
METRO ANES CONSUL ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11AI.97788

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
JAMES BEESON

Mailing Address 7821 METCALFE RD.

City State Zip Code
THOMASVILLE GA 31792

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

Name of Employer Occupation
ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11AI.96918

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) TIMOTHY BEESON		Date of Receipt
	Mailing Address 3715 SAPPHIRE DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	City	State	Zip Code
	MARTINEZ	GA	30907
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96718
Name of Employer BDT ANESTHESIA ASSOC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) DANIELLE BELMORE		Date of Receipt
	Mailing Address 6632 WHISPERING WOODS CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 2 / 2 0 1 1
	City	State	Zip Code
	PLANO	TX	75024
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97471
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) JOHN BENTLEY		Date of Receipt
	Mailing Address 5949 N CAMINO DEL CONDE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 6 / 2 0 1 1
	City	State	Zip Code
	TUCSON	AZ	85718
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97184
Name of Employer JOHN BENTLEY MD PC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00
			<input type="text"/> 600.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MATTHEW BERBERICH	Date of Receipt MM / DD / YYYY 02 / 22 / 2011
	Mailing Address 833 TIMBER RIDGE CT	Transaction ID: SA11AI.97523
	City State Zip Code NEPTUNE NJ 07753	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JERSEY SHORE UNIVERSITY MEDICAL CENTER ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) STEVEN BERNDT	Date of Receipt MM / DD / YYYY 02 / 17 / 2011
	Mailing Address 2664 MEADOW CREEK CIR S	Transaction ID: SA11AI.97224
	City State Zip Code FARGO ND 58104	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SANFORD HEALTH ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) ANDREW BEYZMAN	Date of Receipt MM / DD / YYYY 02 / 01 / 2011
	Mailing Address 1380 DAHILL ROAD APT 601	Transaction ID: SA11AI.96175
	City State Zip Code BROOKLYN NY 11204	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PARK SLOPE ANESTHESIA ASSOCIATES ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) DOUGLAS BEZ		Date of Receipt
	Mailing Address 3597 OTSEGO DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 1 / 2 0 1 1
	City	State	Zip Code
	OKEMOS	MI	48864
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96120
Name of Employer LANSING ANES.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 125.00

B.	Full Name (Last, First, Middle Initial) MANOJ BHATT		Date of Receipt
	Mailing Address 1034 WOODBURN RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 4 / 2 0 1 1
	City	State	Zip Code
	SPARTANBURG	SC	29302
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96961
Name of Employer CRESCENT ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) MICHAEL BIGELOW		Date of Receipt
	Mailing Address 334 W. BLITHEDALE AVE.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 7 / 2 0 1 1
	City	State	Zip Code
	MILL VALLEY	CA	94941
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97216
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 875.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 186
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

A.

Full Name (Last, First, Middle Initial)
PETER BILLHARZ

Mailing Address 300 S. ARLINGTON AVENUE

City RENO State NV Zip Code 89501

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

Name of Employer ASSOCIATED ANESTHESIOLOGISTS OF RENO Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 23 / 2011
Transaction ID: SA11AI.97598
 Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
WENDY BINSTOCK

Mailing Address 1122 W MONTANA ST

City CHICAGO State IL Zip Code 60614

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

Name of Employer UNIVERSITY OF CHICAGO Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt: 02 / 01 / 2011
Transaction ID: SA11AI.96114
 Amount of Each Receipt this Period: 83.00

C.

Full Name (Last, First, Middle Initial)
WENDY BINSTOCK

Mailing Address 1122 W MONTANA ST

City CHICAGO State IL Zip Code 60614

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

Name of Employer UNIVERSITY OF CHICAGO Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 332.00

Date of Receipt: 02 / 01 / 2011
Transaction ID: SA11AI.96161
 Amount of Each Receipt this Period: 83.00

SUBTOTAL of Receipts This Page (optional) ► 1166.00

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 22 / 186
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) RAVI BISSESSAR	Date of Receipt MM / DD / YYYY 02 / 01 / 2011
	Mailing Address 291 SOUTHHALL LANE	Transaction ID: SA11AI.96170
	City State Zip Code MAITLAND FL 32751	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JLR MEDICAL GROUP PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) THOMAS BLACKWELL	Date of Receipt MM / DD / YYYY 02 / 16 / 2011
	Mailing Address 2109 CYPRESS HOLLOW CT	Transaction ID: SA11AI.97158
	City State Zip Code STATESBORO GA 30458	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation EAST GEORGIA REGIONAL MEDICAL CENTER ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) A. KIRK BODARY	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 588 ELEANOR RD.	Transaction ID: SA11AI.98043
	City State Zip Code VICTOR NY 14564	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) TERRENCE BOGARD	Date of Receipt MM / DD / YYYY 02 / 14 / 2011
	Mailing Address 5020 KNOB VIEW TRL	Transaction ID: SA11AI.96980
	City State Zip Code WINSTON SALEM NC 27104	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WAKE FOREST UNIV SCH OF MED ANES DEPT ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) KAREN BOLAND	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 13110 W 60TH ST S	Transaction ID: SA11AI.97136
	City State Zip Code SAND SPRINGS OK 74063	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation KAREN BOLAND PLLC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) KEVIN BORDERS	Date of Receipt MM / DD / YYYY 02 / 24 / 2011
	Mailing Address 1521 RAINBOW DR	Transaction ID: SA11AI.97652
	City State Zip Code GADSDEN AL 35901	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA ASSOCIATES ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
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 24 / 186
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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

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

A.

Full Name (Last, First, Middle Initial)
MICHAEL BORKOWSKI

Mailing Address 52423 GLENMORE CT.

City State Zip Code
GRANGER IN 46530

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

Name of Employer Occupation
ST. JOSEPH VALLEY ANESTHESIOLOGIST
SIA, P.C. ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11AI.96463

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
DOUGLAS BORROMEO

Mailing Address 7 SAINT JOHNS DRIVE

City State Zip Code
ALLEGANY NY 14706

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

Name of Employer Occupation
SO TIER ANESTHESIOLOGIST
ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11AI.97807

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
CARLOS BOTERO

Mailing Address PO BOX 1942

City State Zip Code
VALRICO FL 33595

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

Name of Employer Occupation
THE PAIN CARE CENTER ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11AI.97025

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 25 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
CHRISTINE BOTKIN

Mailing Address 4723 LEPRECHAUN LN

City State Zip Code
CEDAR RAPIDS IA 52411

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

Name of Employer LINN COUNTY ANESTH Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.97746

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
LISA BOWERS

Mailing Address 1470 PLACE PICARDY

City State Zip Code
WINTER PARK FL 32789

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

Name of Employer SELF Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.97499

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
ARTHUR BOYKIN

Mailing Address 4400 SKYVIEW DR

City State Zip Code
SOUTHSIDE AL 35907

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

Name of Employer ANESTHESIA ASSOCIATES, P.-A. Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.97641

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) PETER BRANDRUP		Date of Receipt
	Mailing Address 720 WILLOW GLEN DR		<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	EL PASO	TX	79922
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer WILLIAM BEAUMONT ARMY MEDICAL CTR, DEP		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.96362
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) DAVID BREWSTER		Date of Receipt
	Mailing Address 15 JOCELYN PL.		<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	WALNUT CREEK	CA	94597
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer KAISER WALNUT CREEK ANES. DEPT.		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.96449
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

C.	Full Name (Last, First, Middle Initial) MICHAEL BROWN		Date of Receipt
	Mailing Address 3626 SOUTH 334TH STREET		<input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	FEDERAL WAY	WA	98001
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer RAINIER ANES ASSOC		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.96826
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 186
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

A.

Full Name (Last, First, Middle Initial) BART BRUNS		Date of Receipt MM / DD / YYYY 02 / 15 / 2011	
Mailing Address 145 ECHO CANYON LN.		Transaction ID: SA11AI.97068	
City ROSEBURG	State OR	Zip Code 97470	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer ROSEBURG ANESTHESIOLOGY SPECIALISTS, P	Occupation PHYSICIAN	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.

Full Name (Last, First, Middle Initial) DAVID BRYANT		Date of Receipt MM / DD / YYYY 02 / 27 / 2011	
Mailing Address 13601 PRESTON RD STE 900W		Transaction ID: SA11AI.97914	
City DALLAS	State TX	Zip Code 75240	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer PINNACLE ANES. CONSULTANTS	Occupation PHYSICIAN	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.

Full Name (Last, First, Middle Initial) STEPHEN BRZICA		Date of Receipt MM / DD / YYYY 02 / 14 / 2011	
Mailing Address 7120 KENMARE DR.		Transaction ID: SA11AI.96995	
City BLOOMINGTON	State MN	Zip Code 55438	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 28 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
KATHRYN BUCSHON

Mailing Address 10211 LINCOLN AVE.

City State Zip Code
NEWBURGH IN 47630

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

Name of Employer DEACONESS HOSP Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.97455

Amount of Each Receipt this Period
250.00

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

Mailing Address 7987 S CLAYTON CIR

City State Zip Code
CENTENNIAL CO 80122

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

Name of Employer SOUTH DENVER ANES Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.97669

Amount of Each Receipt this Period
400.00

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

Mailing Address 6349 WOODLAND DR.

City State Zip Code
EAST AMHERST NY 14051

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

Name of Employer AMAS Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.97359

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00

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 29 / 186
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

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

A.

Full Name (Last, First, Middle Initial)
FREDERICK BURGESS

Mailing Address 569 FRUIT HILL AVE

City NORTH PROVIDENCE State RI Zip Code 02911

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

Name of Employer VETERANS HEALTH ADMINISTRATION Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 09 / 2011
Transaction ID: SA11AI.96459
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
TIMOTHY BURKE

Mailing Address 3655 BORDER CREEK COURT

City DENVER State NC Zip Code 28037

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

Name of Employer SOUTHEAST ANESTHESIOLOGY CONSULTANTS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 09 / 2011
Transaction ID: SA11AI.96522
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
ERIC BUSCH

Mailing Address 12685 NW 76TH ST

City PARKLAND State FL Zip Code 33076

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

Name of Employer PINNACLE ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 18 / 2011
Transaction ID: SA11AI.97303
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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 30 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial) LEIGHAN BYE		Date of Receipt MM / DD / YYYY 02 / 15 / 2011
Mailing Address 9027 HOLLIDAY DR.		Transaction ID: SA11AI.97140
City INDIANAPOLIS	State IN	Zip Code 46260
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer IU SCHL OF MED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) RICHARD CAFFREY		Date of Receipt MM / DD / YYYY 02 / 10 / 2011
Mailing Address 6744 GOLF CLUB DR		Transaction ID: SA11AI.96617
City LONGMONT	State CO	Zip Code 80503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer BOULDER COMMUNITY HOSPITAL ANES. DEPT.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) MARK CANNELLA		Date of Receipt MM / DD / YYYY 02 / 23 / 2011
Mailing Address 165 ROSEHILL DR W		Transaction ID: SA11AI.97615
City TALLAHASSEE	State FL	Zip Code 32312
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIOLOGY ASSOCIATES OF TALLAHASS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
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 31 / 186
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

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

A.

Full Name (Last, First, Middle Initial)
JAMES CARLIN

Mailing Address 7826 E TORIN ST

City State Zip Code
LONG BEACH CA 90808

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

Name of Employer: SOUTHERN CALIFORNIA PERMANENTE MED GRO
Occupation: ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11AI.96894

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
JAMES CARLSON

Mailing Address 8385 VALLEY TARN DRIVE NE

City State Zip Code
ATLANTA GA 30350

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

Name of Employer: PHYSICIAN SPECIALISTS IN ANESTHESIA
Occupation: PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2011

Transaction ID: SA11AI.96857

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
STEPHEN CARLSON

Mailing Address 3030 BRIARWOOD DR

City State Zip Code
ALLEGANY NY 14706

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

Name of Employer: SOUTHERN TIER ANESTHESIOLOGISTS, PC
Occupation: PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11AI.97074

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) PAUL CARRELL	Date of Receipt MM / DD / YYYY 02 / 07 / 2011
	Mailing Address 3101 TORO CANYON RD	Transaction ID: SA11AI.96361
	City State Zip Code AUSTIN TX 78746	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AUSTIN ANESTHESIOLOGY GRO-UP, LLP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) JOSEPH CARTER	Date of Receipt MM / DD / YYYY 02 / 22 / 2011
	Mailing Address 101 ROCKINGHAM RD.	Transaction ID: SA11AI.97531
	City State Zip Code GREENVILLE SC 29607	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer PALMETTO ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) AARON CATES	Date of Receipt MM / DD / YYYY 02 / 11 / 2011
	Mailing Address 3325 NW 173RD ST	Transaction ID: SA11AI.96686
	City State Zip Code EDMOND OK 73012	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NORTHWEST ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
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 33 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) C. LABRON CHAMBERS	Date of Receipt MM / DD / YYYY 02 / 11 / 2011
	Mailing Address 3117 CUTCHIN DRIVE	Transaction ID: SA11AI.96834
	City State Zip Code CHARLOTTE NC 28210	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AMERICAN ANESTH	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) DONN CHAMBERS	Date of Receipt MM / DD / YYYY 02 / 21 / 2011
	Mailing Address ST. JOSEPHS HOSP. ANESTHESIA DEPT. 5665 PEACHTREE DUNWOODY ROAD NE	Transaction ID: SA11AI.97345
	City State Zip Code ATLANTA GA 30342	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA, P	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) TAPOSH CHATTERJEE	Date of Receipt MM / DD / YYYY 02 / 11 / 2011
	Mailing Address 614 S. OLD RANCH RD.	Transaction ID: SA11AI.96789
	City State Zip Code ARCADIA CA 91007	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TAPOSH CHATTERJEE M.D APC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
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 34 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) MARY CHERNOFF		Date of Receipt MM / DD / YYYY 02 / 27 / 2011		
	Mailing Address 14905 W. 82ND TERR.		Transaction ID: SA11AI.97894		
	City LENEXA	State KS	Zip Code 66215	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer ANESTHESIOLOGY, CHARTERED		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) SAMUEL CHERRY		Date of Receipt MM / DD / YYYY 02 / 01 / 2011		
	Mailing Address 149 LUCERNE BLVD		Transaction ID: SA11AI.96029		
	City BIRMINGHAM	State AL	Zip Code 35209	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer BIRMINGHAM VA MEDICAL CENTER		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) MARLENE CHUA		Date of Receipt MM / DD / YYYY 02 / 22 / 2011		
	Mailing Address 2502 QUAIL CHASE CT		Transaction ID: SA11AI.97458		
	City SELLERSBURG	State IN	Zip Code 47172	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer ANES. ASSOC. OF CLARK COUNTY		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	625.00
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 35 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) TYLER CHURCH		Date of Receipt
	Mailing Address 18678 E ASHRIDGE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	QUEEN CREEK	AZ	85242
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.98029
Name of Employer SELF		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) WILLIAM CIESLA		Date of Receipt
	Mailing Address PO BOX 1587		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 5 / 2 0 1 1
	City	State	Zip Code
	MILLERSVILLE	MD	21108
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.97084
Name of Employer SEVERN ANESTHESIA SERVICE- S, PA		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) JAMES CLARKE		Date of Receipt
	Mailing Address 1223 COMMERCE DR STE 1		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 0 / 2 0 1 1
	City	State	Zip Code
	MOUNTAIN HOME	AR	72653
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.96527
Name of Employer SELF		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 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: (check only one)	PAGE 36 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) STEVEN COGGINS		Date of Receipt
	Mailing Address 9042 N. POINT DR.		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	BAYTOWN	TX	77520
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.98049
Name of Employer SELF		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) HENRY COLA		Date of Receipt
	Mailing Address 16891 MARINA BAY DR		<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	HUNTINGTON BEACH	CA	92649
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96328
Name of Employer SELF		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) RICHARD COLAVITA		Date of Receipt
	Mailing Address 94 ANNIN RD		<input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	FAR HILLS	NJ	07931
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96227
Name of Employer ANESTHESIA CONSULTANTS OF NJ, LLC		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MARK COLLINS		Date of Receipt
	Mailing Address 6455 APPLE ORCHARD LN.		<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	ROCHESTER HILLS	MI	48306
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96302
Name of Employer LAKESIDE ANESTHESIA ASSOC.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) RONALD COLLINS		Date of Receipt
	Mailing Address 201 GOVERNORS DR SW STE 400		<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	HUNTSVILLE	AL	35801
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97259
Name of Employer T.V.P.C		Occupation M. D.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

C.	Full Name (Last, First, Middle Initial) MICHAEL CONLEY		Date of Receipt
	Mailing Address 3585 NORTH 440 WEST		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	PROVO	UT	84604
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97684
Name of Employer UTAH SOC OF ANESTH		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 38 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) LOIS CONNOLLY		Date of Receipt
	Mailing Address N27W22185 TIMBERWOOD LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	City	State	Zip Code
	WAUKESHA	WI	53186
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.96805
		Amount of Each Receipt this Period	
		<input type="text"/> 500.00	
Name of Employer MED COLL OF WI		Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 500.00	

B.	Full Name (Last, First, Middle Initial) LEBRON COOPER		Date of Receipt
	Mailing Address 1757 NE 35TH ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 1 / 2 0 1 1
	City	State	Zip Code
	OAKLAND PARK	FL	33334
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.96105
		Amount of Each Receipt this Period	
		<input type="text"/> 125.00	
Name of Employer UNIVERSITY OF MIAMI SCHOOL OF MEDICINE		Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) ANDREW COTTINGHAM		Date of Receipt
	Mailing Address 800 W ARBROOK BLVD STE 120		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 3 / 2 0 1 1
	City	State	Zip Code
	ARLINGTON	TX	76015
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.97568
		Amount of Each Receipt this Period	
		<input type="text"/> 250.00	
Name of Employer PINNACLE ANES CONSULTANTS ADVANCED PAI		Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional) ▶

875.00

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 39 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
STEPHEN COTTON

Mailing Address 3906 EATON DR.

City State Zip Code
ROCKFORD IL 61114

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

Name of Employer Occupation
ROCKFORD HEALTH SYSTEM PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2011

Transaction ID: SA11AI.96234

Amount of Each Receipt this Period
250.00

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

Mailing Address 2305 CORNERSTONE CT

City State Zip Code
MODESTO CA 95355

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

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11AI.97831

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2644 LAKEWOOD PLACE

City State Zip Code
WESTLAKE VILLAGE CA 91361

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

Name of Employer Occupation
OAK TREE SURGICAL CENTER ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11AI.97672

Amount of Each Receipt this Period
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 40 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) KENNETH CRANE		Date of Receipt MM / DD / YYYY 02 / 10 / 2011		
	Mailing Address 12891 S. 150 E.		Transaction ID: SA11AI.96633		
	City CLINTON	State IN	Zip Code 47842	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer UNION HOSPITAL		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) JULIE CRISPIN		Date of Receipt MM / DD / YYYY 02 / 23 / 2011		
	Mailing Address 30 E. HIGHPOINT RD.		Transaction ID: SA11AI.97604		
	City STUART	State FL	Zip Code 34996	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer ATLANTIC COAST ANES		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) ROBERT CROSS		Date of Receipt MM / DD / YYYY 02 / 25 / 2011		
	Mailing Address 34969 SE SKOGAN ROAD		Transaction ID: SA11AI.97829		
	City SANDY	State OR	Zip Code 97055	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00		
Name of Employer OHSU		Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) DAVID CRUMLEY		Date of Receipt	
	Mailing Address 1550 BOYSON RD		M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.97943
	HIAWATHA	IA	52233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer LINN COUNTY ANESTH		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

B.	Full Name (Last, First, Middle Initial) ORLANDO CRUZ		Date of Receipt	
	Mailing Address 437 YORK ST		M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.97970
	OLEAN	NY	14760	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer SOUTHERN TIER ANES		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) LASZLO CSERNAK		Date of Receipt	
	Mailing Address 2509 E CHERRYWOOD PL		M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.97447
	CHANDLER	AZ	85249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer ANESTHESIA RESOURCES		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) CHRISTOPHER CUCITI	Date of Receipt MM / DD / YYYY 02 / 07 / 2011
	Mailing Address 6911 VAN DORN, SUITE # 2	Transaction ID: SA11AI.96263
	City State Zip Code LINCOLN NE 68506	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ASSOCIATED ANESTHESIOLOGISTS, PC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) MARK DAGOSTINO	Date of Receipt MM / DD / YYYY 02 / 22 / 2011
	Mailing Address 8714 WOOLWORTH AVE	Transaction ID: SA11AI.97546
	City State Zip Code OMAHA NE 68124	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NEBRASKA METHODIST HOSPITAL	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) WILLIAM DALY	Date of Receipt MM / DD / YYYY 02 / 25 / 2011
	Mailing Address 5501 CHERLYN DR	Transaction ID: SA11AI.97735
	City State Zip Code NEW ORLEANS LA 70124	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 43 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
KRISTOPHER DAVIGNON

Mailing Address 86 WOODBURY ST

City PROVIDENCE State RI Zip Code 02906

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

Name of Employer PROVIDENCE ANESTH Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2011
Transaction ID: SA11AI.96830
Amount of Each Receipt this Period 250.00

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

Mailing Address 2319 WOODWAY

City ROUND ROCK State TX Zip Code 78681

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

Name of Employer AUSTIN ANESTHESIOLOGY GRO-UP Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 07 / 2011
Transaction ID: SA11AI.96365
Amount of Each Receipt this Period 500.00

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

Mailing Address 795 ARLINGTON BLVD

City ANN ARBOR State MI Zip Code 48104

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

Name of Employer ANESTHESIA ASSOCIATES OF ANN ARBOR Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2011
Transaction ID: SA11AI.97388
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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 44 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
STEVEN DENTZ

Mailing Address 2828 CHICAGO AVE S STE 300

City State Zip Code
MINNEAPOLIS MN 55407

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

Name of Employer Occupation
NORTHWEST ANESTHESIA, P.A. ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11AI.96807

Amount of Each Receipt this Period
500.00

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

Mailing Address 2930 CREEK BEND DR

City State Zip Code
TROY MI 48098

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

Name of Employer Occupation
BOTSFORD HOSPITAL DEPT. OF ANESTHESIA ANETHESILOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2011

Transaction ID: SA11AI.96861

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2930 CREEK BEND DR

City State Zip Code
TROY MI 48098

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

Name of Employer Occupation
DR WANTED ONLY \$100 ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ -1000.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11AI.97031

Amount of Each Receipt this Period
-1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) ROBERT DESIMONE		Date of Receipt	
	Mailing Address 7 ELLERHAUSEN DR.		M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.97390
	MONTVILLE	NJ	07045	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) ROBERT DEVINE		Date of Receipt	
	Mailing Address 20412 W. 93RD ST.		M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.96198
	LENEXA	KS	66220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer ANESTHESIOLOGY CHARTERED		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) LAURA DEW		Date of Receipt	
	Mailing Address 3009 CASON ST		M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.97857
	HOUSTON	TX	77005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer GHA		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
LAURA DEWITT

Mailing Address 986 NORTH ROYAL ST.

City State Zip Code
ALEXANDRIA VA 22314

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

Name of Employer Occupation
FAIR OAKS ANES ASSOC ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.97363

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO BOX 8305

City State Zip Code
GADSDEN AL 35902

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

Name of Employer Occupation
ANESTHESIA ASSOCIATES, P.-A. ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.97651

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1148 HAMPTON CT

City State Zip Code
SEYMOUR IN 47274

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

Name of Employer Occupation
SCHNECK MEDICAL CENTER AN-ESTHESIOLOGY ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.96811

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 47 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
ROSS DICKSTEIN

Mailing Address P.O. BOX 2044

City State Zip Code
SILVERTHORNE CO 80498

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

Name of Employer Occupation
PEAK ONE PAIN & SPINE ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.97928

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
JERRY DIEHR

Mailing Address 4111 W AZEELE ST

City State Zip Code
TAMPA FL 33609

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

Name of Employer Occupation
FLORIDA ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011

Transaction ID: SA11AI.97201

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
JOHN DINGER

Mailing Address 246 CEDAR HEIGHTS DR

City State Zip Code
DUNCANSVILLE PA 16635

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

Name of Employer Occupation
SPRING COVE MED SER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11AI.96396

Amount of Each Receipt this Period
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: (check only one)	PAGE 48 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) CHRISTOPHER DOBSON		Date of Receipt
	Mailing Address 567 ESTATES PL.		<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	LONGWOOD	FL	32779
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97315
Name of Employer JLR MEDICAL GROUP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) JOHN DOMBROWSKI		Date of Receipt
	Mailing Address 5123 WATSON ST NW		<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	WASHINGTON	DC	20016
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96598
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	<input type="text" value="600.00"/>

C.	Full Name (Last, First, Middle Initial) MAI-LI DONG		Date of Receipt
	Mailing Address 3150 WOODWALK DR. SE #3401		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	ATLANTA	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97939
Name of Employer PROGRESSIVE ANES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1350.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 49 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) JEFFREY DOYLE		Date of Receipt																					
	Mailing Address 16 HOWES PINEVIEW DR.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	5		2	0	1	1														
City	State	Zip Code	Transaction ID: SA11AI.97731																					
OGDENSBURG	NY	13669	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	500.00																					
Name of Employer NORTH CONTRY ANES		Occupation ANESTHESIOLOGIST																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	500.00																					

B.	Full Name (Last, First, Middle Initial) GREG DRAGON		Date of Receipt																					
	Mailing Address 18 CRESTVIEW DR.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	4		2	0	1	1														
City	State	Zip Code	Transaction ID: SA11AI.97657																					
OCEAN VIEW	NJ	08230	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	250.00																					
Name of Employer CAPE ANESTHESIA		Occupation ANESTHESIOLOGIST																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	250.00																					

C.	Full Name (Last, First, Middle Initial) CATHERINE DREXLER		Date of Receipt																					
	Mailing Address 2100 E NOCK ST		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	8		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		0	8		2	0	1	1														
City	State	Zip Code	Transaction ID: SA11AI.96411																					
MILWAUKEE	WI	53207	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	500.00																					
Name of Employer MEDICAL COLLEGE OF WISCONSIN		Occupation ANESTHESIOLOGIST																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	500.00																					

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 50 / 186
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

A.

Full Name (Last, First, Middle Initial)
DENISE DRVOL

Mailing Address 3330 N. 129TH CIRCLE

City OMAHA State NE Zip Code 68164

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

Name of Employer CHILDREN'S HOSPITAL Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 28 / 2011

Transaction ID: SA11AI.98093

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
PETER DUNBAR

Mailing Address PO BOX 356540

City SEATTLE State WA Zip Code 98195

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

Name of Employer UNIVERSITY OF WASHINGTON Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 11 / 2011

Transaction ID: SA11AI.96793

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
ARTHUR DUNCAN

Mailing Address 1951 APPLE BLOSSOM DR.

City FLOYDS KNOBS State IN Zip Code 47119

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

Name of Employer SOUTHERN INDIANA ANES. CO-CONSULTANTS Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 14 / 2011

Transaction ID: SA11AI.96975

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1450.00

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 51 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MICHAEL DUPUY

Mailing Address 214 W MORTEN AVE

City State Zip Code
PHOENIX AZ 85021

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

Name of Employer Occupation
VALLEY ANES. CONSULTANTS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.97953

Amount of Each Receipt this Period
500.00

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

Mailing Address 7380 KINNIKINNICK DR.

City State Zip Code
ROSCOE IL 61073

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

Name of Employer Occupation
ROCKFORD HEALTH PHYSICIANS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.98097

Amount of Each Receipt this Period
250.00

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

Mailing Address 1850 N. CENTRAL AVE., STE. 1600

City State Zip Code
PHOENIX AZ 85004

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

Name of Employer Occupation
VALLEY ANES CONSUL PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11AI.97772

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) JESSE EHRENCLOU		Date of Receipt
	Mailing Address 1410 BLANDING ST STE 1		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 2 / 2 0 1 1
	City	State	Zip Code
	COLUMBIA	SC	29201
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.96852
Name of Employer CRITICAL HEALTH SYSTEMS OF SC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) MIGUEL ELIZA		Date of Receipt
	Mailing Address P.O. BOX 71325		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	SAN JUAN	PR	00936
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.98011
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) CHARLES ELLIOTT		Date of Receipt
	Mailing Address PO BOX 1584		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 0 / 2 0 1 1
	City	State	Zip Code
	DECATUR	AL	35602
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.96543
Name of Employer ANESTHESIA SERVICES OF DECATUR, P.C.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 53 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MICHAEL ELLIOTT

Mailing Address 10120 GRANDE SHORES WAY

City State Zip Code
KNOXVILLE TN 37922

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

Name of Employer Occupation
ANES MED'ALLI'E TN ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.97677

Amount of Each Receipt this Period
250.00

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

Mailing Address 1972 MARYLAND AVE.

City State Zip Code
CHARLOTTE NC 28209

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

Name of Employer Occupation
NORTHEAST ANESTHESIOLOGY ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.96787

Amount of Each Receipt this Period
500.00

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

Mailing Address 206 WINDLAKE DR.

City State Zip Code
SENECA SC 29672

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

Name of Employer Occupation
ANESTHESIOLOGY CONSULTANTS PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.97477

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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 54 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
DUANE ERBAUGH

Mailing Address 18825 GUNN HWY

City ODESSA State FL Zip Code 33556

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

Name of Employer HEARTLAND QUALITY ANES Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 28 / 2011
Transaction ID: SA11AI.97977
Amount of Each Receipt this Period 1000.00

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

Mailing Address 29 DEER RUN RD.

City KINGSTON State MA Zip Code 02364

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

Name of Employer ANESTH ASSOC OF MA Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 14 / 2011
Transaction ID: SA11AI.96936
Amount of Each Receipt this Period 250.00

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

Mailing Address 10152 SW WINDWOOD WAY

City PORTLAND State OR Zip Code 97225

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

Name of Employer SELF Occupation MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 07 / 2011
Transaction ID: SA11AI.96341
Amount of Each Receipt this Period 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 55 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
GEORGE FANT

Mailing Address P.O. BOX 8305

City State Zip Code
GADSDEN AL 35902

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

Name of Employer Occupation
ANESTHESIA ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.97645

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
JON FARLEY

Mailing Address 4401 MASTHEAD ST NE STE 120

City State Zip Code
ALBUQUERQUE NM 87109

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

Name of Employer Occupation
OPHTHALMIC ANESTHESIA SERVICES, PC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.96244

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
RHESA FARMER

Mailing Address 5370 E. CAMINO FRANCISCO SOZA

City State Zip Code
TUCSON AZ 85718

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

Name of Employer Occupation
SO AZ ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.97633

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

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 56 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
PAUL FELLEBAUM

Mailing Address 12 STONINGHAM DRIVE

City WARREN State NJ Zip Code 07059

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

Name of Employer ANESTHESIA CONSULTANTS OF NJ Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 14 / 2011
Transaction ID: SA11AI.97063
Amount of Each Receipt this Period: 500.00

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

Mailing Address 2114 W. CHARLESTON

City CHICAGO State IL Zip Code 60647

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

Name of Employer MD2X SC Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 02 / 14 / 2011
Transaction ID: SA11AI.97036
Amount of Each Receipt this Period: 400.00

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

Mailing Address 4111 HERITAGE TRL

City TERRE HAUTE State IN Zip Code 47803

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

Name of Employer SELF Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 11 / 2011
Transaction ID: SA11AI.96770
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1900.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) VICTOR FERGUSON	Date of Receipt MM / DD / YYYY 02 / 11 / 2011
	Mailing Address 4111 HERITAGE TRL	Transaction ID: SA11AI.96756
	City State Zip Code TERRE HAUTE IN 47803	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SELF	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) JAVIER FISCHER	Date of Receipt MM / DD / YYYY 02 / 23 / 2011
	Mailing Address 6260 E. POWERS AVE.	Transaction ID: SA11AI.97582
	City State Zip Code GREENWOOD VILLAGE CO 80111	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) JAN FISHER	Date of Receipt MM / DD / YYYY 02 / 22 / 2011
	Mailing Address 2213 STATE ROAD, 225 EAST	Transaction ID: SA11AI.97488
	City State Zip Code BATTLE GROUND IN 47920	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SELF	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MICHAEL FITZPATRICK		Date of Receipt
	Mailing Address 1928 APPLE BLOSSOM DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 2 / 2 0 1 1
	City	State	Zip Code
	FLOYDS KNOBS	IN	47119
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97456
Name of Employer ANES ASSOC CLARK CTY		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) JAMES FLECK		Date of Receipt
	Mailing Address 10800 E. CACTUS RD, #35		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 5 / 2 0 1 1
	City	State	Zip Code
	SCOTTSDALE	AZ	85259
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97770
Name of Employer VALLEY ANTHESIOLOGY CONSU- LTANTS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) EUGENE FLEWELLEN		Date of Receipt
	Mailing Address 6404 VILLAGE SPRINGS DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 5 / 2 0 1 1
	City	State	Zip Code
	PLANO	TX	75024
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97096
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1150.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

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

A.

Full Name (Last, First, Middle Initial)
BARRY FOLEY

Mailing Address P.O. BOX 940127

City State Zip Code
MAITLAND FL 32794

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

Name of Employer Occupation
JLR MEDICAL GROUP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2011

Transaction ID: SA11AI.97881

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
TROY FORD

Mailing Address 1236 E ELIZABETH ST STE 1

City State Zip Code
FORT COLLINS CO 80524

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

Name of Employer Occupation
NORTHERN COLORADO ANES. PROF. CONT. ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.98033

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
ROBERT FORTE

Mailing Address 1820 ROTHBURY CT.

City State Zip Code
FORT WAYNE IN 46804

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

Name of Employer Occupation
ASSOC ANES FT WAYNE ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2011

Transaction ID: SA11AI.97237

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 60 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
DAVID THOMAS FRAZEE

Mailing Address 2037 STONE BROOK CIR.

City ASHLAND State OH Zip Code 44805

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

Name of Employer ASHLAND ANESTH Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 17 / 2011
Transaction ID: SA11AI.97227
 Amount of Each Receipt this Period: 250.00

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

Mailing Address P.O. BOX 8305

City GADSDEN State AL Zip Code 35902

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

Name of Employer ANESTHESIA ASSOC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 24 / 2011
Transaction ID: SA11AI.97644
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 910 ROCKY HILLS CV. N.

City CORDOVA State TN Zip Code 38018

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

Name of Employer METROPOLITAN ANES ALLI Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.97930
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) FRANCISCO FURTADO		Date of Receipt	
	Mailing Address PO BOX 387		M M / D D / Y Y Y Y Y 0 2 / 1 8 / 2 0 1 1	
	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		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) MARIBEL GALIANO-GOLL		Date of Receipt	
	Mailing Address 22725 N. ELEANOR CT.		M M / D D / Y Y Y Y Y 0 2 / 2 4 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.97668
	KILDEER	IL	60047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer MED CTR ANESTH		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) DONALD GALLIGAN		Date of Receipt	
	Mailing Address 894 S. PARKGLEN PL.		M M / D D / Y Y Y Y Y 0 2 / 2 2 / 2 0 1 1	
	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		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

SUBTOTAL of Receipts This Page (optional)	▶	750.00
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 62 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
RICHARD GALLO

Mailing Address P.O. BOX 8305

City State Zip Code
GADSDEN AL 35999

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

Name of Employer ANESTHESIA ASSOC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.97650

Amount of Each Receipt this Period
2000.00

B.

Full Name (Last, First, Middle Initial)
CHRISTIAN GARAYCOCHEA

Mailing Address 5005 EDGEWOOD DR UNIT 309

City State Zip Code
PROVO UT 84604

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

Name of Employer MOUNTAIN WEST ANES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.97686

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
EDGARDO GARCIA

Mailing Address 3040 WOLF RIDGE CT

City State Zip Code
NEW ALBANY IN 47150

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

Name of Employer ANES ASSOC CLARK CTY Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.97460

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 2550.00

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 63 / 186
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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

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

A.

Full Name (Last, First, Middle Initial) MICHAEL GARCIA		Date of Receipt MM / DD / YYYY 02 / 16 / 2011
Mailing Address 3231 FOUNTAIN BLVD.		Transaction ID: SA11AI.97156
City TAMPA	State FL	Zip Code 33609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ALL CHILDRENS SPECIALTY PHYSICIANS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) MARC GATTIKER		Date of Receipt MM / DD / YYYY 02 / 14 / 2011
Mailing Address 5939 S. MOLINE WAY		Transaction ID: SA11AI.97054
City ENGLEWOOD	State CO	Zip Code 80111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SO DENVER ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) BRADLEY GAWEY		Date of Receipt MM / DD / YYYY 02 / 26 / 2011
Mailing Address 611 N.W. 15TH ST.		Transaction ID: SA11AI.97874
City OKLAHOMA CITY	State OK	Zip Code 73103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

**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)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
GREGORY GAY

Mailing Address 1316 COMFORT RD.

City State Zip Code
AUGUSTA GA 30909

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

Name of Employer Occupation
SELF ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11AI.96729

Amount of Each Receipt this Period
250.00

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

Mailing Address 120 NW 14TH AVE., SUITE #300

City State Zip Code
PORTLAND OR 97209

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

Name of Employer Occupation
OREGON ANESTHESIOLOGY GRO-UP, P.C. ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: SA11AI.96191

Amount of Each Receipt this Period
500.00

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

Mailing Address 7466 SKYVIEW TRL

City State Zip Code
ROSCOE IL 61073

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

Name of Employer Occupation
ROCKFORD MEMORIAL HOSPITAL ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2011

Transaction ID: SA11AI.96184

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) STEVEN GERSCHULTZ	Date of Receipt MM / DD / YYYY 02 / 07 / 2011
	Mailing Address 3602 COURTSIDE CIR	Transaction ID: SA11AI.96325
	City State Zip Code HUNTINGTON BEACH CA 92649	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

B.	Full Name (Last, First, Middle Initial) JOHN GIUSTOZZI	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address 130 TREETOPS DR	Transaction ID: SA11AI.96581
	City State Zip Code STATE COLLEGE PA 16801	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CENTRE COUNTY ANESTHESIA, PC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) RICHARD GNAEDINGER	Date of Receipt MM / DD / YYYY 02 / 14 / 2011
	Mailing Address 3565 W JOHNSON RD	Transaction ID: SA11AI.96916
	City State Zip Code LA PORTE IN 46350	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA ASSOC. OF LAPO-RTE, PC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) JAMES GODWIN	Date of Receipt MM / DD / YYYY 02 / 23 / 2011
	Mailing Address P.O. BOX 8006	Transaction ID: SA11AI.97572
	City State Zip Code WICHITA FALLS TX 76307	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL GOLLOTTO	Date of Receipt MM / DD / YYYY 02 / 07 / 2011
	Mailing Address 108 N LAKESIDE DR E	Transaction ID: SA11AI.96318
	City State Zip Code MEDFORD NJ 08055	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MID ATLANTIC ANESTHESIA ASSOC. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MARIA GOMEZ	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address 617 E. DESERT PARK LN.	Transaction ID: SA11AI.96656
	City State Zip Code PHOENIX AZ 85020	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation VALLEY ANESTHESIOLOGY CONSULTANTS, LTD. PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MA EVELYN GONZALEZ-ABOLA		Date of Receipt MM / DD / YYYY 02 / 13 / 2011		
	Mailing Address 410 VALLEYVIEW DR		Transaction ID: SA11AI.96871		
	City JEFFERSON HILLS	State PA	Zip Code 15025	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY OF PITTSBURGH PHYSICIANS	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) JOEL GREENSPAN		Date of Receipt MM / DD / YYYY 02 / 22 / 2011		
	Mailing Address 6 OAK RIDGE CT		Transaction ID: SA11AI.97491		
	City ARMONK	State NY	Zip Code 10504	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) DAVID GRIGG		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 3180 RIDGEWAY RD		Transaction ID: SA11AI.97989		
	City DAYTON	State OH	Zip Code 45419	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer KETTERING ANESTHESIA ASSOCIATES	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	900.00
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 68 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
FRANCISCO GRINBERG

Mailing Address 149 EDSON HILL ROAD #6

City State Zip Code
STOWE VT 05672

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

Name of Employer Occupation
UNIVERSITY OF VERMONT MD ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11AI.97753

Amount of Each Receipt this Period
250.00

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

Mailing Address P.O. BOX 459

City State Zip Code
OPELOUSAS LA 70571

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

Name of Employer Occupation
ANES ASSOCA OPELOUSAS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11AI.97533

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO BOX 8305

City State Zip Code
GADSDEN AL 35902

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

Name of Employer Occupation
ANESTHESIA ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11AI.97643

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) LAURO GUADERRAMA		Date of Receipt
	Mailing Address 1651 RANCHO GUADALUPE TRL NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	ALBUQUERQUE	NM	87107
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.98053
		Amount of Each Receipt this Period	
		<input type="text"/> 250.00	
Name of Employer SELF		Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) DAVID GUARNIERI		Date of Receipt
	Mailing Address 9820 E THOMPSON PEAK PARKWAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	SCOTTSDALE	AZ	85255
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.97963
		Amount of Each Receipt this Period	
		<input type="text"/> 500.00	
Name of Employer VALLEY ANES. CONSULT		Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) KATHLEEN GUARNIERI		Date of Receipt
	Mailing Address 9820 E THOMPSON PEAK PARKWAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	SCOTTSDALE	AZ	85255
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.97961
		Amount of Each Receipt this Period	
		<input type="text"/> 500.00	
Name of Employer VALLEY ANES. CONSULT		Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
BENJAMIN GUSLITS

Mailing Address 6272 BROMLEY CT

City State Zip Code
WEST BLOOMFIELD MI 48322

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

Name of Employer ANES ASSOC ANN ARBOR Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.96817

Amount of Each Receipt this Period
250.00

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

Mailing Address 125 GAY THOMPSON DR

City State Zip Code
CANTON GA 30115

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

Name of Employer NORTHSIDE CHEROKEE ANES. CONSULT. Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.96710

Amount of Each Receipt this Period
400.00

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

Mailing Address 2620-H EAST BARNETT RD.

City State Zip Code
MEDFORD OR 97504

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

Name of Employer ANES ASSOC MEDFORD Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.96809

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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 71 / 186
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

A.

Full Name (Last, First, Middle Initial)
WILLIAM HALLOWES

Mailing Address 3216 DUNLAP DR.

City Gainesville State GA Zip Code 30506

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

Name of Employer ANES ASSOC GVILLE Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 23 / 2011
Transaction ID: SA11AI.97580
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
FORREST HAMON

Mailing Address 1625 E NORTHERN AVE #102

City Phoenix State AZ Zip Code 85020

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.97959
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
KEVIN HAMPEL

Mailing Address 2113 S. PIN OAK DR.

City Springfield State MO Zip Code 65809

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

Name of Employer OZARK ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 11 / 2011
Transaction ID: SA11AI.96831
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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 72 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) ERIC HANSON		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 655 21ST AVE., N.W.		Transaction ID: SA11AI.98075		
	City HICKORY	State NC	Zip Code 28601	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIFOUR ANESTHESIA ASSOC	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) TORK HARMAN		Date of Receipt MM / DD / YYYY 02 / 25 / 2011		
	Mailing Address 1550 BOYSON ROAD		Transaction ID: SA11AI.97728		
	City HIAWATHA	State IA	Zip Code 52233	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer LCA, PC	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) MICHAEL HARMELIN		Date of Receipt MM / DD / YYYY 02 / 25 / 2011		
	Mailing Address 1346 SHADY LN		Transaction ID: SA11AI.97736		
	City TAMAQUA	State PA	Zip Code 18252	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NAP	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 73 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MARY HARRIS
 Mailing Address 10030 RUSTLELEAF
 City State Zip Code
 DALLAS TX 75238
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 4 / 2 0 1 1
Transaction ID: SA11AI.96964
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PEDIATRIC ANESTH ASSOC ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
BECHARA HATOUM
 Mailing Address 5570 HARLESTON DR.
 City State Zip Code
 LYNDHURST OH 44124
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 1 1
Transaction ID: SA11AI.96524
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CLEVELAND CLINIC FOUNDATI- ON MD
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
JOY HAWKINS
 Mailing Address 12631 E 17TH AVE, MS 8203
 City State Zip Code
 AURORA CO 80045
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 1 / 2 0 1 1
Transaction ID: SA11AI.96815
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY OF COLORADO ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00
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 74 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
FRANCIS M HAYES

Mailing Address 150 RIVER BROW DRIVE

City State Zip Code
GADSDEN AL 35901

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

Name of Employer ANESTHESIA ASSOC Occupation ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	1	1

Transaction ID: SA11AI.97649

Amount of Each Receipt this Period
500.00

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

Mailing Address 702 SUMMER HILL RD.

City State Zip Code
MADISON CT 06443

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

Name of Employer YALE Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	1	/	2	0	1	1

Transaction ID: SA11AI.96803

Amount of Each Receipt this Period
500.00

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

Mailing Address 3010 HATLEY DR.

City State Zip Code
AUSTIN TX 78746

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

Name of Employer AUSTIN ANESTHESIOLOGY GRO-UP Occupation ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	1	1

Transaction ID: SA11AI.96414

Amount of Each Receipt this Period
500.00

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 75 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
HEATH HIGGINS
 Mailing Address 12125 CARDINAL LN
 City State Zip Code
EDMOND OK 73013
 Date of Receipt
MM / DD / YYYY
02 / 17 / 2011
Transaction ID: SA11AI.97253
 Amount of Each Receipt this Period
250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
NANCY HIGH
 Mailing Address 1390 LAKE JOSEPHINE DR.
 City State Zip Code
SEBRING FL 33875
 Date of Receipt
MM / DD / YYYY
02 / 09 / 2011
Transaction ID: SA11AI.96476
 Amount of Each Receipt this Period
1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
HEARTLAND QUALITY ANESTHESIOLOGIST ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
BRUCE HINSHAW
 Mailing Address 120 NW 14TH AVE STE 300
 City State Zip Code
PORTLAND OR 97209
 Date of Receipt
MM / DD / YYYY
02 / 11 / 2011
Transaction ID: SA11AI.96796
 Amount of Each Receipt this Period
250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
OAG ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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: (check only one)	PAGE 76 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MICHAEL HOGER	Date of Receipt MM / DD / YYYY 02 / 14 / 2011
	Mailing Address 6003 MACON CT SE	Transaction ID: SA11AI.97055
	City State Zip Code HUNTSVILLE AL 35802	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer COMPREHENSIVE ANESTHESIA SERVICES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) GLEN HOLLEY	Date of Receipt MM / DD / YYYY 02 / 14 / 2011
	Mailing Address 2104 PENINSULA DR.	Transaction ID: SA11AI.96886
	City State Zip Code FLOWER MOUND TX 75022	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer PINNACLE ANESTHESIA CONSU-LTANTS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) SCOTT HOPE	Date of Receipt MM / DD / YYYY 02 / 08 / 2011
	Mailing Address 3287 GREENSBOROUGH DR	Transaction ID: SA11AI.96407
	City State Zip Code HIGHLANDS RANCH CO 80129	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SOUTH DENVER ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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: (check only one)	PAGE 77 / 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) LARRY HOPKINS	Date of Receipt MM / DD / YYYY 02 / 22 / 2011
	Mailing Address 16353 VALHALLA DRIVE	Transaction ID: SA11AI.97502
	City State Zip Code NOBLESVILLE IN 46060	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NORTHSIDE ANESTHESIA SERVICES Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) WILLIAM HORTON	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 104 ROCK CREEK DR.	Transaction ID: SA11AI.97091
	City State Zip Code GREENVILLE SC 29605	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PALMETTO ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) EVERETT HOUSTON	Date of Receipt MM / DD / YYYY 02 / 07 / 2011
	Mailing Address 2901 WADE AVE	Transaction ID: SA11AI.96367
	City State Zip Code AUSTIN TX 78703	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AUSTIN ANESTHESIOLOGY GROUP Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) JOHN HSU		Date of Receipt
	Mailing Address 17532 MARENGO DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 2 / 2 0 1 1
	City	State	Zip Code
	ROWLAND HEIGHTS	CA	91748
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97481
Name of Employer SELF		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) GREGORY HULSEY		Date of Receipt
	Mailing Address 17216 OSPREY CIR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 1 / 2 0 1 1
	City	State	Zip Code
	EDMOND	OK	73012
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96688
Name of Employer NW ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) ERIC HUMPHREYS		Date of Receipt
	Mailing Address 6035 WORTHINGTON ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 0 / 2 0 1 1
	City	State	Zip Code
	WESTERVILLE	OH	43082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96653
Name of Employer COA INC.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) ERIC IGLER	Date of Receipt MM / DD / YYYY 02 / 16 / 2011
	Mailing Address 2177 RIVER VALLEY LANE	Transaction ID: SA11AI.97197
	City State Zip Code SAN ANGELO TX 76904	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SHANNON HOSPITAL ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) KENNETH IMANAKA	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 1100 BLACK WOOD PL.	Transaction ID: SA11AI.97079
	City State Zip Code MODESTO CA 95355	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GOULD MEDICAL GROUP PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) JOSEPH IRRERA	Date of Receipt MM / DD / YYYY 02 / 11 / 2011
	Mailing Address 11 WOODROW RD.	Transaction ID: SA11AI.96679
	City State Zip Code BATAVIA NY 14020	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PARKSIDE ANESTHESIA ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
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 80 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) MARK ISAACSON		Date of Receipt	
	Mailing Address PO BOX 2320		M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 1 1	
	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		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) JOHN JENKINS		Date of Receipt	
	Mailing Address 3232 BLENHEIM WAY		M M / D D / Y Y Y Y Y 0 2 / 1 1 / 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		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	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 0 2 / 1 0 / 2 0 1 1	
	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.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 81 / 186
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) JAMES JETER	Date of Receipt
	Mailing Address 303 CYPRESS COVE	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 5 / 2 0 1 1
	City State Zip Code FLORENCE AL 35634	Transaction ID: SA11AI.96229
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 1000.00
	Name of Employer Occupation ANESTHESIA MEDICAL CONSULTANTS, LLC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL JOHNSEN	Date of Receipt
	Mailing Address 6624 PASILLA RD. N.E.	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 8 / 2 0 1 1
	City State Zip Code RIO RANCHO NM 87144	Transaction ID: SA11AI.96437
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) ADAM JOHNSON	Date of Receipt
	Mailing Address 2810 N SWAN RD STE 100	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 5 / 2 0 1 1
	City State Zip Code TUCSON AZ 85712	Transaction ID: SA11AI.97794
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer Occupation OLD PUEBLO ANESTHESIA ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
STEVEN JOHNSON

Mailing Address 1122 TOLER PL.

City NORFOLK State VA Zip Code 23503

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

Name of Employer ATLANTIC ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2011
Transaction ID: SA11AI.97942
Amount of Each Receipt this Period 250.00

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

Mailing Address 8102 E. MCDOWELL RD.
STE 2A

City SCOTTSDALE State AZ Zip Code 85257

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

Name of Employer CANYON STATE ANESTHESIOLOGISTS Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2011
Transaction ID: SA11AI.97328
Amount of Each Receipt this Period 250.00

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

Mailing Address 805 GOLF VIEW CT.

City DACULA State GA Zip Code 30019

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

Name of Employer GWINNETT ANES SER Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 14 / 2011
Transaction ID: SA11AI.97049
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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 83 / 186
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

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

A.

Full Name (Last, First, Middle Initial)
ZEEV KAIN

Mailing Address 47 SHADY LN

City IRVINE State CA Zip Code 92603

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

Name of Employer UCI Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2011

Transaction ID: SA11AI.97935

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
SUSAN KAPLAN

Mailing Address 1231 GULPH CREEK DR.

City RADNOR State PA Zip Code 19087

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

Name of Employer MCP-HAHNEMANN UNIVERSITY DEPT. OF ANES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2011

Transaction ID: SA11AI.98015

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
ONA KAREIVA

Mailing Address 6547 PEACHBLOSSOM HEIGHTS DR.

City EASTON State MD Zip Code 21601

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

Name of Employer TIDEWATER ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2011

Transaction ID: SA11AI.97417

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) PRAVIN KARIA		Date of Receipt
	Mailing Address 6918 WYNDHAM PKY.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 2 / 2 0 1 1
	City	State	Zip Code
	PROSPECT	KY	40059
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97457
Name of Employer ANES ASSOC CLARK		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) JEREMY KATZ		Date of Receipt
	Mailing Address 5401 SW BEACH DRIVE TER		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 5 / 2 0 1 1
	City	State	Zip Code
	SEATTLE	WA	98116
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97083
Name of Employer AUBURN ANESTHESIA ASSOCIATION		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) JOHN KEATING		Date of Receipt
	Mailing Address 514 W PUEBLO ST FL 2		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 3 / 2 0 1 1
	City	State	Zip Code
	SANTA BARBARA	CA	93105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96202
Name of Employer ANESTHESIA MED GRP OF SANTA BARBARA		Occupation PRACTICE MANAGER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) RAYMOND SCOTT KELLEY		Date of Receipt	
	Mailing Address 5 ZAMIA PL.		M M / D D / Y Y Y Y Y 0 2 / 2 2 / 2 0 1 1	
	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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) SACHIN KHETERPAL		Date of Receipt	
	Mailing Address 2091 AUTUMN HILL DRIVE		M M / D D / Y Y Y Y Y 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		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

C.	Full Name (Last, First, Middle Initial) ABRAHAM KIANI		Date of Receipt	
	Mailing Address 30 FAIRBANKS STE 100		M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.96177
	IRVINE	CA	92618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer MASIMO LABS		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

SUBTOTAL of Receipts This Page (optional) ▶

2250.00

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 86 / 186
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) RAY KIEFER		Date of Receipt
	Mailing Address 410 MID OAK DR		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	MUSKEGON	MI	49445
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer LAKESHORE ANES SER		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.97358
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) KATHRYN KILLMAN		Date of Receipt
	Mailing Address 3600 CENTRAL AVE		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	NASHVILLE	TN	37205
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ANESTHESIA MEDICAL GROUP		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.97708
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) R. BEN KING		Date of Receipt
	Mailing Address 520 AZALEA LN		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	FLORENCE	SC	29501
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MED ANES CONSULT		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.97200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) KEVIN KINKEAD		Date of Receipt
	Mailing Address 1776 MCCONNELL DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 1 / 2 0 1 1
	City	State	Zip Code
	WILLIAMSPORT	PA	17701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96140
Name of Employer ANESTHESIA ASSOCIATES OF WILLIAMSPORT		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.00	<input type="text"/> 208.00

B.	Full Name (Last, First, Middle Initial) SANDRA KINSELLA		Date of Receipt
	Mailing Address 6047 BROKENHURST RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 4 / 2 0 1 1
	City	State	Zip Code
	INDIANAPOLIS	IN	46220
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96214
Name of Employer IUMC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) GERALD KIRK		Date of Receipt
	Mailing Address 12543 GLENDURGAN DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	City	State	Zip Code
	CARMEL	IN	46032
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96799
Name of Employer NORTHSIDE ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1708.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) OLEN KITCHINGS		Date of Receipt
	Mailing Address 4303 HIGH BLUFF CIR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 4 / 2 0 1 1
	City	State	Zip Code
	TEMPLE	TX	76502
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96997
Name of Employer SCOTT WHITE CLINIC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 400.00

B.	Full Name (Last, First, Middle Initial) JAMES KLAMIK		Date of Receipt
	Mailing Address 1225 ORCHARD LN.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 1 / 2 0 1 1
	City	State	Zip Code
	ELM GROVE	WI	53122
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96720
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) KEVIN KLEINHOMER		Date of Receipt
	Mailing Address 1919 W 12 MILE RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 0 / 2 0 1 1
	City	State	Zip Code
	ROYAL OAK	MI	48073
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96640
Name of Employer NORTHLAND ANESTHESIA ASSO- CIATES, PC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 900.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

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

A.

Full Name (Last, First, Middle Initial)
RICHARD KLEMENTAVICIUS

Mailing Address 617 BAY CLIFFS RD

City State Zip Code
GULF BREEZE FL 32561

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.97698

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
ANDREW KNIGHT

Mailing Address 224 CHEVAL LN.

City State Zip Code
WALNUT CREEK CA 94596

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

Name of Employer MACMGI Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.97283

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
JEFFREY KOEPP

Mailing Address 1236 E ELIZABETH ST
SUITE 1

City State Zip Code
FORT COLLINS CO 80524

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

Name of Employer NCAP Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.96360

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 90 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MARY-JANE KOHM

Mailing Address 3032 ST. JOHNS AVE.

City JACKSONVILLE State FL Zip Code 32205

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

Name of Employer GROOVOR CLINIC Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2011

Transaction ID: SA11AI.97972

Amount of Each Receipt this Period 250.00

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

Mailing Address 1625 E NORTHERN AVE STE 102

City PHOENIX State AZ Zip Code 85020

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

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 25 / 2011

Transaction ID: SA11AI.97766

Amount of Each Receipt this Period 1000.00

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

Mailing Address 1301 ANGLEWOOD DR

City BIRMINGHAM State AL Zip Code 35216

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

Name of Employer SOUTHERN PERIOPERATIVE SV-C'S Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2011

Transaction ID: SA11AI.97214

Amount of Each Receipt this Period 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 91 / 186
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

A.

Full Name (Last, First, Middle Initial)
GOPAL KRISHNA

Mailing Address 702 BARNHILL DR., ROOM 2001

City INDIANAPOLIS State IN Zip Code 46202

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

Name of Employer RILEY HOSPITAL FOR CHILDREN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
02 / 06 / 2011

Transaction ID: SA11AI.96249

Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
USHA KRISHNAMURTHY

Mailing Address 57 VIOLA DR

City GLEN COVE State NY Zip Code 11542

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

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
02 / 09 / 2011

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 State TX Zip Code 78216

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11AI.96597

Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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 92 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
ROBERT KUZEL

Mailing Address 4111 N DRINKWATER BLVD APT F310

City State Zip Code
SCOTTSDALE AZ 85251

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

Name of Employer VALLEY ANESTHESIA CONSULTANTS
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	1	1

Transaction ID: SA11AI.97780

Amount of Each Receipt this Period
500.00

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

Mailing Address 1001 W 10TH ST # FM400

City State Zip Code
INDIANAPOLIS IN 46202

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

Name of Employer IN UNIV MED CTR-WISHARD MEM HOSP
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	1	/	2	0	1	1

Transaction ID: SA11AI.96781

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
HUNG-CHI KWOK

Mailing Address 2732 MUIR WOODS DR., SE

City State Zip Code
HAMPTON COVE AL 35763

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

Name of Employer ALABAMA ANES. OF HUNTSVILLE, LLC
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	2	/	2	0	1	1

Transaction ID: SA11AI.96854

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional) ► **925.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) STEPHEN LABARGE		Date of Receipt
	Mailing Address 7551 WILLIAM PENN PLACE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 1 / 2 0 1 1
	City	State	Zip Code
	INDIANAPOLIS	IN	46256
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96765
Name of Employer ASSOC IN ANESTH		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) JOHN LA GORIO		Date of Receipt
	Mailing Address 1543 FOREST PARK RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 5 / 2 0 1 1
	City	State	Zip Code
	NORTON SHORES	MI	49441
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96230
Name of Employer LAKESHORE ANESTHESIA SERVICES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) RANDY LANCE		Date of Receipt
	Mailing Address 6433 PEBBLE POINTE CT.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 7 / 2 0 1 1
	City	State	Zip Code
	NEWBURGH	IN	47630
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97248
Name of Employer ANESTHESIA GROUP ASSOCIATES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 94 / 186
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) TANNER LANG		Date of Receipt
	Mailing Address N3292 FEATHER RIDGE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	APPLETON	WI	54913
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.98035
Name of Employer AAA ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) JAMES LANGDON		Date of Receipt
	Mailing Address PO BOX 51947 MEDICAL CENTER		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 2 / 2 0 1 1
	City	State	Zip Code
	KNOXVILLE	TN	37950
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97454
Name of Employer UNIVERSITY OF TENNESSEE		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) STEVEN LANSING		Date of Receipt
	Mailing Address 5215 N. COUNTY RD. 775 W		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 7 / 2 0 1 1
	City	State	Zip Code
	MUNCIE	IN	47304
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97240
Name of Employer DELAWARE CTY ANES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) PATRICK LAWLER		Date of Receipt
	Mailing Address 1301 W RALPH ROGERS RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 0 / 2 0 1 1
	City	State	Zip Code
	SIoux FALLS	SD	57108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96596
Name of Employer MCKENNAN HOSPITAL		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) BRIAN LEE		Date of Receipt
	Mailing Address 2750 HOLLYVIEW COURT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 4 / 2 0 1 1
	City	State	Zip Code
	LOS ANGELES	CA	90068
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96881
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) JONATHAN LEE		Date of Receipt
	Mailing Address 8140 N MO PAC EXPY STE 3-210		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 0 / 2 0 1 1
	City	State	Zip Code
	AUSTIN	TX	78759
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96600
Name of Employer AUSTIN ANESTHESIOLOGY GRO-UP		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 96 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) MARC LEIB		Date of Receipt																					
	Mailing Address P.O. BOX 44527		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	5		2	0	1	1														
	City State Zip Code PHOENIX AZ 85064		Transaction ID: SA11AI.97767																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation STATE OF ARIZONA PHYSICIAN		Aggregate Year-to-Date ▼ 250.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

B.	Full Name (Last, First, Middle Initial) CINDY LELAND		Date of Receipt																					
	Mailing Address 4901 KNOLLWOOD CT		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		1	0		2	0	1	1														
	City State Zip Code VALPARAISO IN 46383		Transaction ID: SA11AI.96642																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation PORTER HOSPITAL. VALPARAI-SO IN ANESTHESIOLOGIST		Aggregate Year-to-Date ▼ 250.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

C.	Full Name (Last, First, Middle Initial) JONATHAN LEVELLE		Date of Receipt																					
	Mailing Address 1091 KNOX RIDGE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		1	1		2	0	1	1														
	City State Zip Code ATHENS GA 30606		Transaction ID: SA11AI.96804																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer Occupation MCAA, P.C. ANESTHESIOLOGIST		Aggregate Year-to-Date ▼ 500.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 97 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) MARC LEVI		Date of Receipt MM / DD / YYYY 02 / 11 / 2011		
	Mailing Address 1113 GREENWOOD RIDGE CT.		Transaction ID: SA11AI.96833		
	City BEL AIR	State MD	Zip Code 21014	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer NO CHESAPEAKE ANES		Occupation PHYSICIAN		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) HONG LI		Date of Receipt MM / DD / YYYY 02 / 11 / 2011		
	Mailing Address 6708 PALM AVE		Transaction ID: SA11AI.96677		
	City FAIR OAKS	State CA	Zip Code 95628	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer METROPOLITAN ANESTHESIOLOGY CONSULTANT		Occupation ANESTHESIOLOGIST		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) JOE LIN		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 4814 MAPLE		Transaction ID: SA11AI.98004		
	City BELLAIRE	State TX	Zip Code 77401	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer SELF		Occupation ANESTHESIOLOGIST		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

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 98 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MICHAEL LIPSON
 Mailing Address 342 2ND ST E
 City State Zip Code
 SONOMA CA 95476
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 0 1 / 2 0 1 1
Transaction ID: SA11AI.96172
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MICHAEL E. LIPSON, MD. PHYSICIAN
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
GREGG LOBEL
 Mailing Address 22 DONNYBROOK DRIVE
 City State Zip Code
 DEMAREST NJ 07627
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 1
Transaction ID: SA11AI.97938
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NORTHERN VALLEY ANES ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

C. Full Name (Last, First, Middle Initial)
RICHARD LODISE
 Mailing Address 1780 W WESLEY RD NW
 City State Zip Code
 ATLANTA GA 30327
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 4 / 2 0 1 1
Transaction ID: SA11AI.97625
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RIVERDALE ANES. ASSOC. ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) NANCY LOEFFLER		Date of Receipt	
	Mailing Address 3726 LAKEVIEW DR.		M M / D D / Y Y Y Y Y 02 / 17 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.97229
	TALLAHASSEE	FL	32310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer ANESTHESIOLOGY ASSOCIATES OF TALLAHASS		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) SUSAN LOGHMANPOUR		Date of Receipt	
	Mailing Address 601 22ND ST		M M / D D / Y Y Y Y Y 02 / 18 / 2011	
	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 ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) WAI TAK LOH		Date of Receipt	
	Mailing Address 11808 S. EQUESTRIAN TRAIL		M M / D D / Y Y Y Y Y 02 / 28 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.97957
	PHOENIX	AZ	85044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer METRO ANES CONSUL		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate 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 100 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
ROBERT LONDON

Mailing Address 1252 WELLINGTON TER

City MAITLAND State FL Zip Code 32751

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

Name of Employer JLR MEDICAL GROUP Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 08 / 2011
Transaction ID: SA11AI.96382
Amount of Each Receipt this Period: 500.00

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

Mailing Address 2810 N SWAN RD STE 100

City TUCSON State AZ Zip Code 85712

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

Name of Employer OLD PUEBLO ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 25 / 2011
Transaction ID: SA11AI.97758
Amount of Each Receipt this Period: 500.00

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

Mailing Address 2910 BRANDYWINE ST NW

City WASHINGTON State DC Zip Code 20008

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

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 14 / 2011
Transaction ID: SA11AI.96909
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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 101 / 186
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

A.

Full Name (Last, First, Middle Initial)
CHRISTOPHER LOWE

Mailing Address 800 E DAWSON ST

City State Zip Code
TYLER TX 75701

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

Name of Employer: MOTHER FRANCES HOSPITAL ANESTHESIOLOGY
Occupation: ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11AI.96447

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
PHILIP LUBRANO

Mailing Address 5125 NORTH BRANCH DR.

City State Zip Code
FORT WORTH TX 76132

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

Name of Employer: NORTHSTAR ANESTHESIA PA
Occupation: ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.98038

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
PHILIP LUND

Mailing Address 5441 SW VIEW POINT TERRACE

City State Zip Code
PORTLAND OR 97239

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

Name of Employer: OHSU
Occupation: ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11AI.97868

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 102 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
ADELE LYNAGH
Mailing Address 113 GREEN LEAF LN.
City EASLEY State SC Zip Code 29642
FEC ID number of contributing federal political committee. **C**
Name of Employer PAA Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 14 / 2011
Transaction ID: SA11AI.97038
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
MICHAEL MANALO
Mailing Address 6560 HIGH DR.
City MISSION HILLS State KS Zip Code 66208
FEC ID number of contributing federal political committee. **C**
Name of Employer MIDWEST ANES ASSOC Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 25 / 2011
Transaction ID: SA11AI.97832
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
GERARD MANECKE
Mailing Address 4040 SUNSET RD
City SAN DIEGO State CA Zip Code 92103
FEC ID number of contributing federal political committee. **C**
Name of Employer UCSD Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 21 / 2011
Transaction ID: SA11AI.97364
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00
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 103 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
SCOTT MARGOLIES

Mailing Address 3916 GLENWOOD AVE.

City State Zip Code
BIRMINGHAM AL 35222

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

Name of Employer Occupation
SOUTHERN PERIOPERATIVE SERVICES ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11AI.97295

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
SCOTT MARGOLIES

Mailing Address 3916 GLENWOOD AVE.

City State Zip Code
BIRMINGHAM AL 35222

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

Name of Employer Occupation
SOUTHERN PERIOPERATIVE SERVICES ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11AI.97296

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
JOHN MARSHALL

Mailing Address 5 BRIDGEWATER COURT

City State Zip Code
RENO NV 89509

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

Name of Employer Occupation
ASSOC ANES RENO PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11AI.96798

Amount of Each Receipt this Period
500.00

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 104 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial) JONATHAN MARTIN		Date of Receipt MM / DD / YYYY 02 / 25 / 2011
Mailing Address 22 NORTH, 920 EAST		Transaction ID: SA11AI.97800
City OREM	State UT	Zip Code 84097
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MOUNTAIN WEST ANES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) LEO MARTIN		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 4441 E. MCDOWELL RD#101		Transaction ID: SA11AI.97955
City PHOENIX	State AZ	Zip Code 85008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) EDWIN MATHEWS		Date of Receipt MM / DD / YYYY 02 / 16 / 2011
Mailing Address 725 AMERICAN WAY		Transaction ID: SA11AI.97160
City WAUKESHA	State WI	Zip Code 53188
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate 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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
STEVEN MAVES

Mailing Address 10050 DEER RUN CIR

City State Zip Code
FISHERS IN 46037

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

Name of Employer Occupation
COMMUNITY ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.97239

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
STEVEN MAXWELL

Mailing Address 90 RAPP RD

City State Zip Code
VALATIE NY 12184

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

Name of Employer Occupation
STEVEN J. MAXWELL, D.O., PLLC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.96532

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
PETER MAZZARA

Mailing Address PO BOX 2906

City State Zip Code
WEST LAFAYETTE IN 47996

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

Name of Employer Occupation
SEF ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.96267

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)

1000.00

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 106 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
BRADLEY MCALLISTER

Mailing Address 6608 OLD MILL CIR.

City State Zip Code
SALT LAKE CITY UT 84121

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

Name of Employer Occupation
UTAH SOC OF ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11AI.97688

Amount of Each Receipt this Period
300.00

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

Mailing Address 1011 GNARLAND OAK CT.

City State Zip Code
ATHENS GA 30606

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

Name of Employer Occupation
MCAA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.98077

Amount of Each Receipt this Period
250.00

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

Mailing Address 203 JACKSON PL.

City State Zip Code
CORPUS CHRISTI TX 78411

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

Name of Employer Occupation
GULF SHORE ANESTH PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11AI.97034

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) DAWN MCGINNIS	Date of Receipt MM / DD / YYYY 02 / 08 / 2011
	Mailing Address 3007 E. SQUAW PEAK CIRCLE	Transaction ID: SA11AI.96433
	City State Zip Code PHOENIX AZ 85016	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PARK CENTRAL ANESTHESIOLOGISTS LTD. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) JAMES MCGRATH	Date of Receipt MM / DD / YYYY 02 / 03 / 2011
	Mailing Address 5101 S. WILLOW SPRINGS RD.	Transaction ID: SA11AI.96209
	City State Zip Code LA GRANGE IL 60525	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LAGRANGE MEMORIAL HOSPITAL PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) TERENCE MEALMAN	Date of Receipt MM / DD / YYYY 02 / 25 / 2011
	Mailing Address 4534 E QUARTZ MTN RD	Transaction ID: SA11AI.97763
	City State Zip Code PARADISE VALLEY AZ 85253	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation VALLEY ANES CONSUL ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) GLORIMAR MEDINA-RIVERA		Date of Receipt
	Mailing Address 5656 KELLEY ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 9 / 2 0 1 1
	City	State	Zip Code
	HOUSTON	TX	77026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96517
Name of Employer LBJ GENERAL HOSPITAL ANESTHESIOLOGY		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) KEITH METZ		Date of Receipt
	Mailing Address 963 PURITAN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	BIRMINGHAM	MI	48009
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.98082
Name of Employer SELF		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) MATTHEW MILLER		Date of Receipt
	Mailing Address 5331 BELLAIRE DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 8 / 2 0 1 1
	City	State	Zip Code
	NEW ORLEANS	LA	70124
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97274
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) WARREN MILLS		Date of Receipt MM / DD / YYYY 02 / 03 / 2011		
	Mailing Address 178 BURTON PL		Transaction ID: SA11AI.96199		
	City STATESVILLE	State NC	Zip Code 28625	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer IREDELL ANESTHESIA ASSOCIATES, P.A.	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) JULIAN MIRMAN		Date of Receipt MM / DD / YYYY 02 / 14 / 2011		
	Mailing Address 220 S. CITRUS		Transaction ID: SA11AI.96965		
	City LOS ANGELES	State CA	Zip Code 90036	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) CHANDER MISHRA		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 217 MILL XING W		Transaction ID: SA11AI.97931		
	City COLLEYVILLE	State TX	Zip Code 76034	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NORTHSTAR ANES PA	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 110 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) DANIEL MITCHELL		Date of Receipt MM / DD / YYYY 02 / 16 / 2011		
	Mailing Address 3426 W 164TH TER		Transaction ID: SA11AI.97213		
	City STILWELL	State KS	Zip Code 66085	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MIDWEST ANESTHESIA ASSOCIATES	Occupation MD	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) JASON MITCHELL		Date of Receipt MM / DD / YYYY 02 / 14 / 2011		
	Mailing Address 1748 PRIMROSE LANE		Transaction ID: SA11AI.97060		
	City GLENVIEW	State IL	Zip Code 60026	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NORTHSHORE UNIVERSITY HEALTHSYSTEM	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) ROBERT MITCHELL		Date of Receipt MM / DD / YYYY 02 / 23 / 2011		
	Mailing Address 101 DATES DR.		Transaction ID: SA11AI.97611		
	City ITHACA	State NY	Zip Code 14850	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) ALAN MIZUTANI		Date of Receipt MM / DD / YYYY 02 / 14 / 2011		
	Mailing Address P.O. BOX 3396		Transaction ID: SA11AI.96887		
	City ANAHEIM	State CA	Zip Code 92803	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) DAVID MOCK		Date of Receipt MM / DD / YYYY 02 / 24 / 2011		
	Mailing Address 1660 WENDY WAY		Transaction ID: SA11AI.97703		
	City RENO	State NV	Zip Code 89509	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ASSOCIATED ANES. OF RENO	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) RUTH MOES		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 1856 22ND AVE., N.E.		Transaction ID: SA11AI.98085		
	City ROCHESTER	State MN	Zip Code 55906	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer WINONA HEALTH	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) CHRISTIAN MONSON		Date of Receipt
	Mailing Address 1821 MALIBU DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 2 / 2 0 1 1
	City	State	Zip Code
	IDAHO FALLS	ID	83404
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97525
Name of Employer INTERMOUNTAIN ANESTHESIA, PA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) OLIVER MONTOYA		Date of Receipt
	Mailing Address 4326 SANCTUARY BLUFF LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 7 / 2 0 1 1
	City	State	Zip Code
	LOUISVILLE	KY	40241
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97916
Name of Employer ANESTHESIOLOGY ASSOC.OF CLARK COUNTY		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) THOMAS MOORE		Date of Receipt
	Mailing Address 1748 VESTWOOD HILLS DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 1 / 2 0 1 1
	City	State	Zip Code
	VESTAVIA HILLS	AL	35216
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96165
Name of Employer UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 125.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 875.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial) ARUN MOORJANI		Date of Receipt MM / DD / YYYY 02 / 21 / 2011
Mailing Address 291 SOUTHHALL LN DEPT OF ANESTHESIA		Transaction ID: SA11AI.97348
City MAITLAND	State FL	Zip Code 32751
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer JLR MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) CARLOS MORENO		Date of Receipt MM / DD / YYYY 02 / 25 / 2011
Mailing Address P.O. BOX 548		Transaction ID: SA11AI.97853
City CENTREVILLE	State MI	Zip Code 49032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) WYN MORTIMER		Date of Receipt MM / DD / YYYY 02 / 14 / 2011
Mailing Address 982 HOOD RD.		Transaction ID: SA11AI.97062
City FAYETTEVILLE	State GA	Zip Code 30214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AMERICAN ANESTHESIOLOGY OF GEORGIA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
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 114 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
GARY MORTON

Mailing Address 720 BLUEBONNET LN

City State Zip Code
TEMPLE TX 76502

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

Name of Employer Occupation
SCOTT AND WHITE CLINIC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: SA11AI.96197

Amount of Each Receipt this Period
250.00

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

Mailing Address 3142 ROCK PARK DR

City State Zip Code
FORT COLLINS CO 80528

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

Name of Employer Occupation
NORTHERN CO ANESTH. PROF. CONSULTANTS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011

Transaction ID: SA11AI.97209

Amount of Each Receipt this Period
500.00

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

Mailing Address 4520 W. WOODLLAND RD.

City State Zip Code
EDINA MN 55424

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

Name of Employer Occupation
NORTHWEST ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11AI.97855

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

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 115 / 186
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

A.

Full Name (Last, First, Middle Initial) THOMAS MUKKADA		Date of Receipt MM / DD / YYYY 02 / 24 / 2011	
Mailing Address 41 WOODSHIRE DR		Transaction ID: SA11AI.97699	
City OTTUMWA	State IA	Zip Code 52501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer OTTUMWA ANES	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B.

Full Name (Last, First, Middle Initial) DODD MULLICAN		Date of Receipt MM / DD / YYYY 02 / 04 / 2011	
Mailing Address 4216 OVERLOOK DR		Transaction ID: SA11AI.96210	
City BIRMINGHAM	State AL	Zip Code 35222	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTHESIA RESOURCES MANA- GEMENT	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

C.

Full Name (Last, First, Middle Initial) MIHAI MURARESCU		Date of Receipt MM / DD / YYYY 02 / 08 / 2011	
Mailing Address 3224 PALO PKWY		Transaction ID: SA11AI.96391	
City BOULDER	State CO	Zip Code 80301	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate 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 116 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
ANDREW MURPHY

Mailing Address 5 OLD LANDMARK DR.

City State Zip Code
ROCHESTER NY 14618

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

Name of Employer Occupation
WESTSIDE ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11AI.97429

Amount of Each Receipt this Period
250.00

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

Mailing Address 3826 DEXHAM RD.

City State Zip Code
ROWLETT TX 75088

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

Name of Employer Occupation
SDA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11AI.96420

Amount of Each Receipt this Period
250.00

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

Mailing Address 216 BEVER LN., S.E.

City State Zip Code
CEDAR RAPIDS IA 52403

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

Name of Employer Occupation
LINN COUNTY ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11AI.97726

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) KELLY MYERS		Date of Receipt
	Mailing Address 1119 E. LONE PEAK LANE		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	DRAPER	UT	84020
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97690
Name of Employer UTAH SOC OF ANESTH		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	

B.	Full Name (Last, First, Middle Initial) NORAH NAUGHTON		Date of Receipt
	Mailing Address 4270 PLYMOUTH RD		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	ANN ARBOR	MI	48109
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96046
Name of Employer UNIV OF MICHIGAN- EAST ANN ARBOR SURG		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="125.00"/>
		<input type="text" value="250.00"/>	

C.	Full Name (Last, First, Middle Initial) TODD NELSON		Date of Receipt
	Mailing Address 10019 EDGEWOOD MANOR CT		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	TOMBALL	TX	77375
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97010
Name of Employer NORTHWEST ANESTHESIOLOGY AND PAIN SERV		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1375.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
CELESTINO NENINGER

Mailing Address 2605 S. BEACH DR.

City State Zip Code
TAMPA FL 33629

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

Name of Employer METRO ANES. CONSULTANTS, P.A. Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11AI.97109

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
DANNY NGO

Mailing Address 6647 REGENTS PARK DR.

City State Zip Code
ZIONSVILLE IN 46077

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

Name of Employer SOUTHEAST ANESTHESIOLOGIS-TS Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: SA11AI.96218

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
LUU NGUYEN

Mailing Address 9024 FORT CRAIG DR.

City State Zip Code
BURKE VA 22015

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

Name of Employer MEDICAL FACULTY ASSOCIATES Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11AI.96990

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 / 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JEFFREY NICHOLS		Date of Receipt
	Mailing Address 2636 NE 96TH AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 2 / 2 0 1 1
	City	State	Zip Code
	ANKENY	IA	50021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97462
Name of Employer OMA, PC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) JOE NICHOLS		Date of Receipt
	Mailing Address 3902 E RANCHO DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 1 1
	City	State	Zip Code
	PARADISE VALLEY	AZ	85253
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97778
Name of Employer VALLEY ANESTHESIOLOGY CONSULTANTS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) DAVID NIETO		Date of Receipt
	Mailing Address 9013 CEDAR BLUFFS DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 1 / 2 0 1 1
	City	State	Zip Code
	NORTH RICHLAND HIL	TX	76180
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96700
Name of Employer PINNACLE		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 186
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

A.

Full Name (Last, First, Middle Initial) WILLIAM NORDLIE		Date of Receipt MM / DD / YYYY 02 / 28 / 2011	
Mailing Address 12067 N 135TH WAY		Transaction ID: SA11AI.97917	
City SCOTTSDALE	State AZ	Zip Code 85259	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer VALLEY ANES. CONSULTANTS, LTD.	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B.

Full Name (Last, First, Middle Initial) DOUGLAS NORTON		Date of Receipt MM / DD / YYYY 02 / 24 / 2011	
Mailing Address 1912 LOMBARDY AVE		Transaction ID: SA11AI.97706	
City NASHVILLE	State TN	Zip Code 37215	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTHESIA MEDICAL GROUP	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

C.

Full Name (Last, First, Middle Initial) MICHAEL NOUD		Date of Receipt MM / DD / YYYY 02 / 11 / 2011	
Mailing Address KALISPELL REGIONAL MEDICAL CENTER 310 SUNNYVIEW LANE		Transaction ID: SA11AI.96783	
City KALISPELL	State MT	Zip Code 59901	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer NORTHERN ROCKIES ANESRTHE-SIA CONSULTAN	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
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 121 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
PATRICK O'NEIL
Mailing Address 7357 U.S. 52, S.
City LAFAYETTE State IN Zip Code 47905
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 10 / 2011
Transaction ID: SA11AI.96638
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
RONALD OBERFOELL
Mailing Address 1407 CASTLEHILL DR
City ROCKFORD State IL Zip Code 61107
FEC ID number of contributing federal political committee. **C**
Name of Employer ROCKFORD MEMORIAL HOSPITAL Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 28 / 2011
Transaction ID: SA11AI.98047
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
ROBERT ODELL
Mailing Address 9632 GRAND ISLE LN
City LAS VEGAS State NV Zip Code 89144
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 24 / 2011
Transaction ID: SA11AI.97664
Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MATTHEW OLDROYD		Date of Receipt
	Mailing Address 155 HILLSIDE RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 6 / 2 0 1 1
	City	State	Zip Code
	SOUTHERN PINES	NC	28387
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97188
Name of Employer PINEHURST ANESTHESIA ASSO-C, PA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) BABATUNJI OMOTOSO		Date of Receipt
	Mailing Address 25 DYNE RD.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 8 / 2 0 1 1
	City	State	Zip Code
	OCEAN TOWNSHIP	NJ	07712
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97297
Name of Employer ATLANTIC COAST GASTROENTE-MOLOGY		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) LUIS OROSCO		Date of Receipt
	Mailing Address 7900 FANNIN ST STE 2300		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 4 / 2 0 1 1
	City	State	Zip Code
	HOUSTON	TX	77054
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97065
Name of Employer SELF		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
IRENE OSBORN

Mailing Address 61 CARROLL ST

City BRONX State NY Zip Code 10464

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

Name of Employer MT. SINAI MEDICAL CENTER DEPT OF ANEST
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 08 / 2011
Transaction ID: SA11AI.96398
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
JOSE OSSA-CONCHA

Mailing Address 14003 HICKORY RIDGE RD

City LOUISVILLE State KY Zip Code 40245

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

Name of Employer
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 04 / 2011
Transaction ID: SA11AI.96212
Amount of Each Receipt this Period 250.00

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

Mailing Address 2522 IRVING PL

City BILLINGS State MT Zip Code 59102

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

Name of Employer BILLINGS ANESTH
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2011
Transaction ID: SA11AI.97492
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) PHILIP OWEN		Date of Receipt
	Mailing Address 5130 HUNTERS CHASE RD.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 9 / 2 0 1 1
	City	State	Zip Code
	LAS CRUCES	NM	88011
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96468
Name of Employer MESILLA VALLEY ANESTHESIOLOGY, P.C.		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) STEVEN OZER		Date of Receipt
	Mailing Address 9564 E CHARTER OAK DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	SCOTTSDALE	AZ	85260
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97965
Name of Employer VALLEY ANES. CONSULT		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) WENDY PABICH		Date of Receipt
	Mailing Address 403 18TH AVE E		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 1 1
	City	State	Zip Code
	SEATTLE	WA	98112
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97734
Name of Employer PHYSICIANS ANESTHESIA SERVICE, INC., P		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) SCOTT PACIFIC		Date of Receipt	
	Mailing Address 37 ELLSWORTH DR		M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.96673
	WARREN	NJ	07059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer SMG		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) BARBARA PAGE		Date of Receipt	
	Mailing Address P.O. BOX 365		M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.97660
	RICHLAND	MI	49083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer KALAMAZOO ANESTH		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

C.	Full Name (Last, First, Middle Initial) NICK PALERMO		Date of Receipt	
	Mailing Address PO BOX 565845		M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.97180
	MIAMI	FL	33256	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer ANESTHESIA ASSOC OF GREAT-ER MIAMI		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 126 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) FRANK PALMROSE		Date of Receipt MM / DD / YYYY 02 / 25 / 2011		
	Mailing Address 1001 SW CORONADO STREET		Transaction ID: SA11AI.97830		
	City PORTLAND	State OR	Zip Code 97219	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer OAG	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) PETER PANZICA		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 66 COUNTRY CLUB WAY		Transaction ID: SA11AI.97936		
	City IPSWICH	State MA	Zip Code 01938	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BETH ISRAEL DEACONESS MED CTR	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) FRANK PARKER		Date of Receipt MM / DD / YYYY 02 / 24 / 2011		
	Mailing Address 6052 E. CORTEZ DR		Transaction ID: SA11AI.97638		
	City SCOTTSDALE	State AZ	Zip Code 85254	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial) MUKESH PATEL		Date of Receipt MM / DD / YYYY 02 / 24 / 2011
Mailing Address 2727 W. DR. M.L.K., JR., BLVD.		Transaction ID: SA11AI.97661
City TAMPA	State FL	Zip Code 33607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MILLENNIUM ANES. CARE, P.-A.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) SAMIR PATEL		Date of Receipt MM / DD / YYYY 02 / 11 / 2011
Mailing Address 1509 STONE POST CT		Transaction ID: SA11AI.96825
City BEL AIR	State MD	Zip Code 21015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NORTHERN CHESAPEAKE ANESTHESIA ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) SAMIR PATEL		Date of Receipt MM / DD / YYYY 02 / 18 / 2011
Mailing Address 1301 W LAMBERT LN APT 9205		Transaction ID: SA11AI.97293
City ORO VALLEY	State AZ	Zip Code 85737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ORO VALLEY ANESTHESIA, PL-LC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
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 128 / 186
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

A. Full Name (Last, First, Middle Initial)
CHERYL PATTERSON

Mailing Address 972 MC DONALD DR.

City NORTHVILLE State MI Zip Code 48167

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

Name of Employer ANN ARBOR ANESTHESIA ASSO-C.
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 07 / 2011
Transaction ID: SA11AI.96313
Amount of Each Receipt this Period: 250.00

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

Mailing Address 5294 VISTA CLUB RUN

City SANFORD State FL Zip Code 32771

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

Name of Employer JLR MEDICAL GROUP
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 16 / 2011
Transaction ID: SA11AI.97205
Amount of Each Receipt this Period: 500.00

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

Mailing Address 21 IRON BOTTOM LN

City DANIEL ISLAND State SC Zip Code 29492

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

Name of Employer SELF-EMPLOYED
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.97926
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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 129 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
STEPHEN PENCA

Mailing Address 5 RUSHING MEADOW CT.

City State Zip Code
ARLINGTON TX 76016

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

Name of Employer Occupation
PINNACLE ANESTHESIA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11AI.97620

Amount of Each Receipt this Period
500.00

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

Mailing Address 8735 W. 142ND PL.

City State Zip Code
ORLAND PARK IL 60462

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

Name of Employer Occupation
MIDWEST ANESTHESIOLOGISTS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11AI.96343

Amount of Each Receipt this Period
250.00

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

Mailing Address 1900 TALLGRASS CIR.

City State Zip Code
WAUKESHA WI 53188

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

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.98012

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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 130 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
MANUEL PEREZ

Mailing Address 34 COUNTRY OAKS RD.

City State Zip Code
LEBANON NJ 08833

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

Name of Employer Occupation
ACNJ, LLC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.97211

Amount of Each Receipt this Period
500.00

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

Mailing Address VAMC & ROC # 112

City State Zip Code
WHITE RIVER JUNCTI VT 05009

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

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.97919

Amount of Each Receipt this Period
250.00

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

Mailing Address 257 BARTRAM RD

City State Zip Code
RIVERSIDE IL 60546

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

Name of Employer Occupation
UNIVERSITY ANESTHESIOLOGI- STS PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.97498

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 131 / 186
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

A.

Full Name (Last, First, Middle Initial)
MARK PINOSKY

Mailing Address 296 NORTH HOBCAW DR.

City State Zip Code
MOUNT PLEASANT SC 29464

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

Name of Employer Occupation
AMSOL ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11AI.96828

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
STANFORD PLAVIN

Mailing Address 438 TARA TRL NW

City State Zip Code
ATLANTA GA 30327

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

Name of Employer Occupation
AMBULATORY ANESTHESIA OF ATLANTA LLC PHYSICIAN ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2011

Transaction ID: SA11AI.97879

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
HARVEY PLOSKER

Mailing Address 501 GLADES RD

City State Zip Code
BOCA RATON FL 33432

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

Name of Employer Occupation
BROAD ANES ASSOC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11AI.97413

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 132 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) EDWARD POLLAK		Date of Receipt
	Mailing Address 24820 RIVERWOOD DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	FRANKLIN	MI	48025
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97933
Name of Employer SO OAKLAND ANESTH		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) GREGORY PORTER		Date of Receipt
	Mailing Address 115 HIGH ST.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 5 / 2 0 1 1
	City	State	Zip Code
	GRASS VALLEY	CA	95945
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97121
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) VITO POTENZA		Date of Receipt
	Mailing Address 712 HELENDALE ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 0 / 2 0 1 1
	City	State	Zip Code
	ROCHESTER	NY	14609
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96547
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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 133 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
CHRISTOPHER PRATER

Mailing Address 8175 CINDY CIR

City MARTINSVILLE State IN Zip Code 46151

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

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 14 / 2011
Transaction ID: SA11AI.97046
 Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
HUGH PRATT

Mailing Address 5102 GALLEON DR. NE

City TACOMA State WA Zip Code 98422

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

Name of Employer RAINIER ANESTHESIA ASSO Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 11 / 2011
Transaction ID: SA11AI.96794
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
THOMAS PROVOST

Mailing Address 15 HASTINGS AVE

City KEENE State NH Zip Code 03431

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

Name of Employer CHESORE ANESTHESIA ASSOC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.98089
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) WILLIAM PURKEY		Date of Receipt
	Mailing Address 5445 PINE HOLLOW TRL.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 17 / 2011
	City	State	Zip Code
	OVIEDO	FL	32765
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97263
Name of Employer JLR MEDICAL GROUP		Occupation PHYSICIAN ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	500.00

B.	Full Name (Last, First, Middle Initial) JOHN QUINA		Date of Receipt
	Mailing Address 103 HABERSHAM ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 13 / 2011
	City	State	Zip Code
	THOMASVILLE	GA	31792
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96877
Name of Employer SOUTH GEORGIA ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	500.00

C.	Full Name (Last, First, Middle Initial) EILEEN QUINTELA		Date of Receipt
	Mailing Address DEPARTMENT OF ANESTHESIOLOGY AND C 900 23RD ST NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 23 / 2011
	City	State	Zip Code
	WASHINGTON	DC	20037
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97558
Name of Employer GEORGE WASHINGTON UNIVERSITY HOSPITAL		Occupation RESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 135 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) NATHAN RACHMAN		Date of Receipt	
	Mailing Address 1241 KILLARNEY DR		M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.96207
	ORMOND BEACH	FL	32174	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) DAVID RAYBOULD		Date of Receipt	
	Mailing Address 3939 J STREET #310		M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.96821
	SACRAMENTO	CA	95819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer SAMG		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) JOSEPH RAYBURN		Date of Receipt	
	Mailing Address 206 ENGLISH LN		M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.97653
	RAINBOW CITY	AL	35906	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MARTIN READ		Date of Receipt	
	Mailing Address PO BOX 7507		M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.96823
	COLORADO SPRINGS	CO	80933	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer PIKES PEAK ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) MICHEAL RICE		Date of Receipt	
	Mailing Address 3518 ESTATES DR		M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.96675
	ARLINGTON	TX	76016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer PINNACLE ANESTHESIA CONSULTANTS		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) AUSTIN RICH		Date of Receipt	
	Mailing Address 110 29TH AVE N		M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.97870
	NASHVILLE	TN	37203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer ANESTHESIA MEDICAL GROUP		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	750.00
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 137 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
JEFFREY RICHARDS

Mailing Address 2802 DRYWOOD CRK DR

City State Zip Code
LEAGUE CITY TX 77573

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

Name of Employer Occupation
UTMB ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11AI.96813

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
DON RICHTER

Mailing Address 15135 STEARNS PL

City State Zip Code
SHAWNEE MISSION KS 66221

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

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11AI.97836

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
JASON RIGOL

Mailing Address 3117 PALM VISTA DRIVE

City State Zip Code
METAIRIE LA 70003

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

Name of Employer Occupation
SELF ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2011

Transaction ID: SA11AI.96236

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 138 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
JAY RINEHOUSE

Mailing Address 10 HIGHLAND DR

City State Zip Code
CHESTER NJ 07930

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

Name of Employer Occupation
AMBULATORY ANESTHESIA CARE ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11AI.96558

Amount of Each Receipt this Period
250.00

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

Mailing Address 11 BRIAR CLIFF DR.

City State Zip Code
WILBRAHAM MA 01095

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

Name of Employer Occupation
BERKSHIRE FACULTY SERVICES ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.98036

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
L. CLAYTON ROBERTS

Mailing Address 6226 MIMOSA LANE

City State Zip Code
DALLAS TX 75230

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

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2011

Transaction ID: SA11AI.97231

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) FRANKLIN ROBINSON		Date of Receipt MM / DD / YYYY 02 / 15 / 2011		
	Mailing Address 1145 MARTINGALE DR		Transaction ID: SA11AI.97144		
	City JACKSON	State MS	Zip Code 39206	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) JON ROBISON		Date of Receipt MM / DD / YYYY 02 / 25 / 2011		
	Mailing Address 1690 E. 3250 N.		Transaction ID: SA11AI.97852		
	City NORTH LOGAN	State UT	Zip Code 84341	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) W. RODES		Date of Receipt MM / DD / YYYY 02 / 26 / 2011		
	Mailing Address 424 ROYAL OAKS DR.		Transaction ID: SA11AI.97871		
	City NASHVILLE	State TN	Zip Code 37205	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA MEDICAL GROUP	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) DAN ROGERS		Date of Receipt
	Mailing Address 11613 MELLOW CT		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	ROYAL PALM BEACH	FL	33411
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.98017
Name of Employer SHERIDAN HEALTHCORP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) LYNN ROGERS		Date of Receipt
	Mailing Address 11104 KUERTZMILL DR.		<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	CINCINNATI	OH	45249
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96850
Name of Employer ANESTHESIA GROUP PRACTICE		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

C.	Full Name (Last, First, Middle Initial) JOHN RONCK		Date of Receipt
	Mailing Address 1608 PARK RIDGE WAY		<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	CAVE SPRINGS	AR	72718
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96258
Name of Employer ASBC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 / 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) THOMAS ROOKE		Date of Receipt	
	Mailing Address 3005 HEDGEROW LN		M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.97579
	SPRINGFIELD	IL	62704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer SPRINGFIELD CLINIC		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) GLEN ROSENFELD		Date of Receipt	
	Mailing Address 25 FULTON PLACE		M M / D D / Y Y Y Y Y 0 2 / 2 2 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.97397
	WEST HARTFORD	CT	06107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer MILFORD ANSTHESIA ASSOCIATES		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

C.	Full Name (Last, First, Middle Initial) MICHAEL ROSENFELD		Date of Receipt	
	Mailing Address 145 SHALE BANK RD		M M / D D / Y Y Y Y Y 0 2 / 1 4 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.96986
	MARION	VA	24354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer SMYTH ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) STEPHEN RUBIN		Date of Receipt
	Mailing Address 4997 OAKHURST LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 2 / 2 0 1 1
	City	State	Zip Code
	FRISCO	TX	75034
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97536
Name of Employer PINNACLE ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) CORTESSA RUSSELL		Date of Receipt
	Mailing Address 260 W 52ND ST APT 19E		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 0 / 2 0 1 1
	City	State	Zip Code
	NEW YORK	NY	10019
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96578
Name of Employer WESTSIDE ANESTHESIOLOGY PC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) J. VICTOR RYCKMAN		Date of Receipt
	Mailing Address 9500 EUCLID AVE # E-3		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 2 / 2 0 1 1
	City	State	Zip Code
	CLEVELAND	OH	44195
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97432
Name of Employer CLEVELAND CLINIC FOUND		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 900.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) CAROLYN SABA		Date of Receipt MM / DD / YYYY 02 / 25 / 2011		
	Mailing Address 9566 S SWISS CT		Transaction ID: SA11AI.97790		
	City HEREFORD	State AZ	Zip Code 85615	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SOUTHWEST ANESTH	Occupation PHYSICIAN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
250.00

B.	Full Name (Last, First, Middle Initial) RADWAN SABA		Date of Receipt MM / DD / YYYY 02 / 25 / 2011		
	Mailing Address 9566 S SWISS CT		Transaction ID: SA11AI.97792		
	City HEREFORD	State AZ	Zip Code 85615	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SOUTHWEST ANESTH	Occupation PHYSICIAN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
250.00

C.	Full Name (Last, First, Middle Initial) NICHOLAS SAKELLARIOU		Date of Receipt MM / DD / YYYY 02 / 14 / 2011		
	Mailing Address 1511 IRVING AVE		Transaction ID: SA11AI.96915		
	City GLENDALE	State CA	Zip Code 91201	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
250.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) JULIO SALIMBENI	Date of Receipt MM / DD / YYYY 02 / 22 / 2011
	Mailing Address 13 FOREST HILLS LN	Transaction ID: SA11AI.97464
	City State Zip Code FORT COLLINS CO 80524	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NORTHERN COLORADO ANESTHESIA PARTNER	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) GUY SALOMON	Date of Receipt MM / DD / YYYY 02 / 07 / 2011
	Mailing Address 215 W 98TH ST APT 11B	Transaction ID: SA11AI.96349
	City State Zip Code NEW YORK NY 10025	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer RAMAPO ANESTHESIOLOGISTS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) JOSEPH SANDOR	Date of Receipt MM / DD / YYYY 02 / 25 / 2011
	Mailing Address 8625 E. CLYDESDALE TR.	Transaction ID: SA11AI.97761
	City State Zip Code SCOTTSDALE AZ 85258	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer VALLEY ANES. CONSULTANTS, LTD.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MADHANKUMAR SATHYAMOORTHY		Date of Receipt
	Mailing Address 41 ASTER CT.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 2 / 2 0 1 1
	City	State	Zip Code
	NASHUA	NH	03062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97508
Name of Employer GRANITE STATE ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) ANDREW SATZ		Date of Receipt
	Mailing Address 8611 KEY HARBOUR DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 4 / 2 0 1 1
	City	State	Zip Code
	INDIANAPOLIS	IN	46236
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96213
Name of Employer NORTHSIDE ANES SVCS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) DAVID SCHNEIDER		Date of Receipt
	Mailing Address 7015 YELLOWSTONE PLACE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 1 / 2 0 1 1
	City	State	Zip Code
	BILLINGS	MT	59106
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97362
Name of Employer ANES PART OF MT		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) GREG SCHROEDER	Date of Receipt MM / DD / YYYY 02 / 24 / 2011
	Mailing Address 2813 S. SAINT FRANCIS LANE	Transaction ID: SA11AI.97712
	City State Zip Code SIOUX FALLS SD 57103	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIOLOGY ASSOCIATES, INC. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 250.00	

B.	Full Name (Last, First, Middle Initial) DOUGLAS SEDLACEK	Date of Receipt MM / DD / YYYY 02 / 25 / 2011
	Mailing Address 2250 COUNTRY CLUB PKWY SE	Transaction ID: SA11AI.97751
	City State Zip Code CEDAR RAPIDS IA 52403	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer LINN COUNTY ANESTH Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 300.00	

C.	Full Name (Last, First, Middle Initial) KARA SETTLES	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address 4940 W. 132ND TERR.	Transaction ID: SA11AI.96563
	City State Zip Code LEAWOOD KS 66209	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNION HILL ANESTHESIA Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	800.00
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 147 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
JAMES SHEA
Mailing Address 1236 PISMO ST
City SAN LUIS OBISPO State CA Zip Code 93401
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 15 / 2011
Transaction ID: SA11AI.97089
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
TIMOTHY SHIPE
Mailing Address 1304 MASTERS CT
City CHESAPEAKE State VA Zip Code 23320
FEC ID number of contributing federal political committee. **C**
Name of Employer CAI Occupation ANESRHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 02 / 07 / 2011
Transaction ID: SA11AI.96327
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
RONALD SHORE
Mailing Address 551 OVERLOOK DR
City WYCKOFF State NJ Zip Code 07481
FEC ID number of contributing federal political committee. **C**
Name of Employer MAG Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 08 / 2011
Transaction ID: SA11AI.96416
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 800.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 / 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) DAVID SHORES		Date of Receipt	
	Mailing Address 202 MUIRFIELD CT.		M M / D D / Y Y Y Y Y 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 PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) CHETAN SHUKLA		Date of Receipt	
	Mailing Address 7312 PALAIS CIR.		M M / D D / Y Y Y Y Y 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 ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) BRENT SILVER		Date of Receipt	
	Mailing Address 13002 E TURQUOISE AVE		M M / D D / Y Y Y Y Y 0 2 / 2 5 / 2 0 1 1	
	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 ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

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 149 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
KIRSTEN SIMANONOK

Mailing Address N78 W14573 APPLETON AVE., #212

City State Zip Code
MENOMONEE FALLS WI 53051

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

Name of Employer ORTHOPAEDIC HOSPITAL OF WISCONSIN Occupation ANESTHESIOLOGIST, PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	1

Transaction ID: SA11AI.97399

Amount of Each Receipt this Period
250.00

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

Mailing Address 2011 OAKS PL.

City State Zip Code
ARCADIA CA 91006

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	6	/	2	0	1	1

Transaction ID: SA11AI.97170

Amount of Each Receipt this Period
250.00

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

Mailing Address 2011 OAKS PL.

City State Zip Code
ARCADIA CA 91006

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

Name of Employer SELF EMPLOYES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	6	/	2	0	1	1

Transaction ID: SA11AI.97172

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 150 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) PHILIP SISSONS		Date of Receipt MM / DD / YYYY 02 / 24 / 2011		
	Mailing Address P.O. BOX 8305		Transaction ID: SA11AI.97642		
	City GADSDEN	State AL	Zip Code 35902	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer ANESTHESIA ASSOC		Occupation ANESTHESIOLOGIST		

Aggregate Year-to-Date ▼
500.00

B.	Full Name (Last, First, Middle Initial) NIKOLAOS SKUBAS		Date of Receipt MM / DD / YYYY 02 / 22 / 2011		
	Mailing Address 10 SHADY RD.		Transaction ID: SA11AI.97475		
	City ARDSLEY	State NY	Zip Code 10502	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer WEILL CORNELL MED COLLEGE		Occupation ANESTHESIOLOGIST		

Aggregate Year-to-Date ▼
250.00

C.	Full Name (Last, First, Middle Initial) BRIAN SMITH		Date of Receipt MM / DD / YYYY 02 / 24 / 2011		
	Mailing Address 1588 E. 525 NORTH		Transaction ID: SA11AI.97692		
	City LAYTON	State UT	Zip Code 84040	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer UTAH SOC OF ANESTH		Occupation ANESTHESIOLOGIST		

Aggregate Year-to-Date ▼
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) DEAN SMITH		Date of Receipt
	Mailing Address 1850 N CENTRAL AVE STE 1600		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 1 1
	City	State	Zip Code
	PHOENIX	AZ	85004
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97768
Name of Employer VALLEY ANESTH		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) JOSHUA SMITH		Date of Receipt
	Mailing Address 6240 E. FRONTIER PL.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 6 / 2 0 1 1
	City	State	Zip Code
	TUCSON	AZ	85750
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97171
Name of Employer OLD PUEBLO ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) K. SMITH		Date of Receipt
	Mailing Address 3184 WOOD VALLEY RD NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 3 / 2 0 1 1
	City	State	Zip Code
	ATLANTA	GA	30327
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96876
Name of Employer NORTHSIDE ANESTHESIOLOGY CONSULTANTS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 152 / 186
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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

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

A.

Full Name (Last, First, Middle Initial) PAUL SMYTHE		Date of Receipt MM / DD / YYYY 02 / 09 / 2011
Mailing Address 1500 E. MEDICAL CENTER ROAD 1H247 UH BOX 0048		Transaction ID: SA11AI.96521
City ANN ARBOR	State Zip Code MI 48109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UNIVERSITY OF MICHIGAN	Occupation ANESTHESIOLOGST	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) ALAN SNYDER		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 8533 N. 17TH PL.		Transaction ID: SA11AI.97967
City PHOENIX	State Zip Code AZ 85020	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) GREGORY SOMERVILLE		Date of Receipt MM / DD / YYYY 02 / 13 / 2011
Mailing Address 6208 DEVILS HOLLOW RD.		Transaction ID: SA11AI.96872
City FORT WAYNE	State Zip Code IN 46814	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS OF FORT W	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 641.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1100.00
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 153 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial) HOWARD SPANG		Date of Receipt MM / DD / YYYY 02 / 17 / 2011
Mailing Address 2818 VALENCIA DR		Transaction ID: SA11AI.97250
City SANTA BARBARA	State CA	Zip Code 93105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AMGSB	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) KRISTIN SPANJIAN		Date of Receipt MM / DD / YYYY 02 / 23 / 2011
Mailing Address 8600 ANGUS AVE.		Transaction ID: SA11AI.97587
City BILLINGS	State MT	Zip Code 59106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) ROGER SPENCER		Date of Receipt MM / DD / YYYY 02 / 17 / 2011
Mailing Address 5101 N BRANCH DR		Transaction ID: SA11AI.97249
City FORT WORTH	State TX	Zip Code 76132
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PINNACLE ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) CAROLYN SPRAGUE		Date of Receipt
	Mailing Address 4573 CHELSEA LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	BLOOMFIELD HILLS	MI	48301
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97992
Name of Employer HENRY FORD HEALTH SYSTEM		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

B.	Full Name (Last, First, Middle Initial) BRETT SPRETEL		Date of Receipt
	Mailing Address 11934 CROSSING DEER CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 7 / 2 0 1 1
	City	State	Zip Code
	ROSCOMMON	MI	48653
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97912
Name of Employer MERCY HOSPITAL GRAYLING DEPT OF ANESTH		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	1000.00

C.	Full Name (Last, First, Middle Initial) MARION STARKS		Date of Receipt
	Mailing Address 1204 N. WINDOMERE AVE.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 1 / 2 0 1 1
	City	State	Zip Code
	DALLAS	TX	75208
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96152
Name of Employer ANESTHESIA RESOURCES FOR CHILDREN		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	125.00

SUBTOTAL of Receipts This Page (optional)	▶	1375.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) STEPHEN STARLING		Date of Receipt
	Mailing Address 2036 MAGNOLIA RIDGE		<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	BIRMINGHAM	AL	35243
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97280
Name of Employer ANES RESOURCES MGMT		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

B.	Full Name (Last, First, Middle Initial) DAVID STEIN		Date of Receipt
	Mailing Address 1550 BOYSON RD.		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	HIAWATHA	IA	52233
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97730
Name of Employer LINN COUNTY ANESTH		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

C.	Full Name (Last, First, Middle Initial) DONALD STOGSDILL		Date of Receipt
	Mailing Address 2569 TURNING LEAF LN.		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	CARMEL	IN	46032
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97162
Name of Employer CARDIOTHORACIC ANESTHESIA OF IN		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 156 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
CRISTINA STOICA

Mailing Address 1640 OAK AVE

City BOULDER State CO Zip Code 80304

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

Name of Employer BOULDER VALLEY ANES COMMUNITY HOSP Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 25 / 2011
Transaction ID: SA11AI.97819
Amount of Each Receipt this Period: 1000.00

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

Mailing Address 2230 GALLOWAY TERRACE

City MIDLOTHIAN State VA Zip Code 23113

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

Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 02 / 15 / 2011
Transaction ID: SA11AI.97153
Amount of Each Receipt this Period: 400.00

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

Mailing Address 7108 ABERDEEN AVE

City DALLAS State TX Zip Code 75230

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

Name of Employer NORTH TEXAS ANESTHESIA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 03 / 2011
Transaction ID: SA11AI.96195
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1650.00

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 157 / 186
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

A.

Full Name (Last, First, Middle Initial) KENNETH STONE		Date of Receipt MM / DD / YYYY 02 / 10 / 2011
Mailing Address 317 LAURELWOOD RD		Transaction ID: SA11AI.96627
City ORANGE	State CT	Zip Code 06477
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer BRIDGEPORT ANESTHESIA ASS-OC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) MATTHEW STONER		Date of Receipt MM / DD / YYYY 02 / 23 / 2011
Mailing Address 3098 GETTY WAY #104		Transaction ID: SA11AI.97556
City ORLANDO	State FL	Zip Code 32835
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer JLR MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) CHADWICK STRAIN		Date of Receipt MM / DD / YYYY 02 / 18 / 2011
Mailing Address 1790 DOCKSIDE DR		Transaction ID: SA11AI.97271
City GREENWOOD	State IN	Zip Code 46143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer IU SCHOOL OF MEDICINE	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) GLEN STRANGE	Date of Receipt MM / DD / YYYY 02 / 27 / 2011
	Mailing Address 5166 COLLETON WAY	Transaction ID: SA11AI.97907
	City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AMG ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) ROBERT SUGAR	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 14500 CASTLEROCK RD.	Transaction ID: SA11AI.97092
	City State Zip Code SALINAS CA 93908	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) TIMOTHY SWIFT	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 2937 THOMAS AVE	Transaction ID: SA11AI.97923
	City State Zip Code DALLAS TX 75204	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PINNACLE ANESTHESIA CONSULTANTS ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
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 159 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
SCOTT SWITZER

Mailing Address 26 FARM HILL RD.

City WEST HARTFORD State CT Zip Code 06107

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

Name of Employer MILFORD ANESTHESIA, PC Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 332.00

Date of Receipt 02 / 01 / 2011
Transaction ID: SA11AI.96121
Amount of Each Receipt this Period 166.00

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

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
1500 E. MEDICAL CENTER DRIVE, 1H2

City ANN ARBOR State MI Zip Code 48109

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

Name of Employer UNIVERSITY OF MICHIGAN Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2011
Transaction ID: SA11AI.97888
Amount of Each Receipt this Period 250.00

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

Mailing Address 1225 LAMBETH WAY S.E.

City CONYERS State GA Zip Code 30013

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

Name of Employer LOCUM TEENENS Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 08 / 2011
Transaction ID: SA11AI.96387
Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ► 816.00

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 160 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
DONALD TALLACKSON

Mailing Address 12619 E. SHADOW LAKE

City State Zip Code
CYPRESS TX 77429

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

Name of Employer Occupation
SELF ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11AI.96998

Amount of Each Receipt this Period
250.00

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

Mailing Address 4395 BRIARWOOD DR

City State Zip Code
COPLEY OH 44321

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

Name of Employer Occupation
ANESTHESIOLOGY ASSOCIATES OF AKRON, IN ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11AI.96262

Amount of Each Receipt this Period
250.00

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

Mailing Address 2110 DORSET RD.

City State Zip Code
ANN ARBOR MI 48104

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

Name of Employer Occupation
ANES ASSOC ANN ARBOR PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11AI.96806

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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 161 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
DAVID TAO

Mailing Address 2439 ROAT DR.

City State Zip Code
ORLANDO FL 32835

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

Name of Employer Occupation
JLR MEDICAL GROUP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2011

Transaction ID: SA11AI.97316

Amount of Each Receipt this Period
500.00

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

Mailing Address 802 FERNWOOD RD

City State Zip Code
MOORESTOWN NJ 08057

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

Name of Employer Occupation
BURLINGTON ANESTHESIA ASS-OC. ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11AI.96314

Amount of Each Receipt this Period
250.00

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

Mailing Address 2426 E AVENIDA DE POSADA

City State Zip Code
TUCSON AZ 85718

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

Name of Employer Occupation
ORO VALLEY ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11AI.96907

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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 162 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) WALTER TAYLOR		Date of Receipt MM / DD / YYYY 02 / 11 / 2011		
	Mailing Address 1270 HUNTER RUN		Transaction ID: SA11AI.96722		
	City GRENADA	State MS	Zip Code 38901	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) WILLIAM TAYLOR		Date of Receipt MM / DD / YYYY 02 / 10 / 2011		
	Mailing Address 5403 REDFIELD CIRCLE		Transaction ID: SA11AI.96670		
	City DUNWOODY	State GA	Zip Code 30338	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA, P	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) ZUHAIR THALJI		Date of Receipt MM / DD / YYYY 02 / 07 / 2011		
	Mailing Address 8434 BUCKINGHAM CT.		Transaction ID: SA11AI.96363		
	City WILLOW SPRINGS	State IL	Zip Code 60480	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MIDWEST ANESTHESIOLOGISTS	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) ERIC THOMAS		Date of Receipt
	Mailing Address 4625 BRADFORD HTS.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 2 / 2 0 1 1
	City	State	Zip Code
	COLORADO SPRINGS	CO	80906
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97415
Name of Employer ANES ASSOC CO SPGS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) GARY THOMPSON		Date of Receipt
	Mailing Address 109 S HERMITAGE RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 4 / 2 0 1 1
	City	State	Zip Code
	BEAUFORT	SC	29902
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97627
Name of Employer LOWCOUNTRY ANESTHESIA, PA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) GREGORY THORLEY		Date of Receipt
	Mailing Address 1850 N. CENTRAL AVE., #1600		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	City	State	Zip Code
	PHOENIX	AZ	85004
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96791
Name of Employer VALLEY ANES CONSULT		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) JEFFREY THUE	Date of Receipt
	Mailing Address 120 33RD STREET	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 8 / 2 0 1 1
	City State Zip Code MANHATTAN BEACH CA 90266	Transaction ID: SA11AI.96422
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
	Name of Employer SELF Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) BENJAMIN TIBBALS	Date of Receipt
	Mailing Address 2771 HEMLOCK ST	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 1 / 2 0 1 1
	City State Zip Code BREMERTON WA 98310	Transaction ID: SA11AI.97372
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
	Name of Employer HARRISON MED CTR Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) ROSALIE TOCCO-BRADLEY	Date of Receipt
	Mailing Address 3664 DEER RIDGE CT	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 6 / 2 0 1 1
	City State Zip Code ANN ARBOR MI 48105	Transaction ID: SA11AI.96242
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
	Name of Employer ST. JOSEPH MERCY HEALTH SYSTEM Occupation ANESTHESIOLOGISTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
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 165 / 186
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

A.

Full Name (Last, First, Middle Initial)
DANIEL TOLPIN

Mailing Address 4918 CHEENA DR

City HOUSTON State TX Zip Code 77096

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

Name of Employer BAYLOR COLLEGE OF MEDICINE ANESTHESIOLOGIST
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 22 / 2011
Transaction ID: SA11AI.97550
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
THOMAS TOOMEY

Mailing Address 704 SWEET CHERRY COURT

City NASHVILLE State TN Zip Code 37215

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

Name of Employer ANESTHESIA MEDICAL GROUP
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.98099
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
FREDERICK TORRES

Mailing Address 2218 CAMPESTRE TERR.

City NAPLES State FL Zip Code 34119

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

Name of Employer ANESTHESIA ASSOCIATES OF NAPLES
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 09 / 2011
Transaction ID: SA11AI.96482
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 / 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) THAO TRAN		Date of Receipt
	Mailing Address 7717 127TH ST. CT. E		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	PUYALLUP	WA	98373
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97067
Name of Employer SELF EMPLOYED		Occupation PHYSICIAN ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) BETH TRAYLOR		Date of Receipt
	Mailing Address 5303 JAMES CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	CARMEL	IN	46033
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97122
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) KEVIN TREMPER		Date of Receipt
	Mailing Address 1500 E. MEDICAL CENTER DR., 1H247		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	ANN ARBOR	MI	48109
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97542
Name of Employer UNIVERSITY OF MICHIGAN HEALTH SYSTEM		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1000.00	<input type="text"/> 1000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) JOHN TROBAUGH	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address 1050 BORGHESE LN APT 1706	Transaction ID: SA11AI.96611
	City State Zip Code NAPLES FL 34114	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer PHYSICIANS REGIONAL MEDICAL CENTER	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) CRAIG TROOP	Date of Receipt MM / DD / YYYY 02 / 22 / 2011
	Mailing Address 4701 AUGUSTA DR	Transaction ID: SA11AI.97519
	City State Zip Code FRISCO TX 75034	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer PINNACLE ANESTHESIA CONSULTANT	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) KENNETH TUMAN	Date of Receipt MM / DD / YYYY 02 / 12 / 2011
	Mailing Address 1325 HACKBERRY LANE	Transaction ID: SA11AI.96856
	City State Zip Code WINNETKA IL 60093	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer RUSH UNIVERSITY MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MARY TUMAN		Date of Receipt MM / DD / YYYY 02 / 03 / 2011		
	Mailing Address 313 SHERIDAN RD		Transaction ID: SA11AI.96204		
	City WILMETTE	State IL	Zip Code 60091	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA CONSULTANTS LTD	Occupation PHYSICIAN ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) SRINIVAS TUMULURI		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 689 N CLINTON ST APT 209		Transaction ID: SA11AI.97945		
	City SYRACUSE	State NY	Zip Code 13204	Amount of Each Receipt this Period 270.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANES GRP ONONDAGA	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00			

C.	Full Name (Last, First, Middle Initial) TODD TYSON		Date of Receipt MM / DD / YYYY 02 / 22 / 2011		
	Mailing Address 162 ELM GROVE CIR		Transaction ID: SA11AI.97426		
	City MC GREGOR	State TX	Zip Code 76657	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer S & W CLINIC	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	770.00
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 169 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
OSCAR VEGA

Mailing Address 1600 MEDICAL CENTER ST., #214

City State Zip Code
EL PASO TX 79902

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

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11AI.96929

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
ROBERT VELA

Mailing Address 211 CAPE COD DR

City State Zip Code
CORPUS CHRISTI TX 78412

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

Name of Employer Occupation
GULFSHORE ANESTHESIA ASSO- CIATES ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.98022

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
SALLY VETTER

Mailing Address 9535 N PLACITA ROCA DE BRONCE

City State Zip Code
TUCSON AZ 85704

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

Name of Employer Occupation
ORO VALLEY ANESTH PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11AI.97787

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) JUAN VILLARREAL	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address 705 WEDGEWOOD CIR	Transaction ID: SA11AI.96619
	City State Zip Code BOWLING GREEN KY 42103	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA & PAIN SPECIALISTS OF BOWLING GREEN ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) J. WAGNER	Date of Receipt MM / DD / YYYY 02 / 14 / 2011
	Mailing Address 6634 KLEIN ST. NW	Transaction ID: SA11AI.96941
	City State Zip Code OLYMPIA WA 98502	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OLYMPIA ANESTHESIA ASSOCIATES ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) ADAM WALDMAN	Date of Receipt MM / DD / YYYY 02 / 09 / 2011
	Mailing Address 7200 MEEKER CREEK DRIVE	Transaction ID: SA11AI.96487
	City State Zip Code DAYTON OH 45414	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AANWD ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) JAMES WALKER	Date of Receipt MM / DD / YYYY 02 / 22 / 2011
	Mailing Address 1451 N GLEN WOOD CT	Transaction ID: SA11AI.97538
	City State Zip Code WICHITA KS 67230	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA CONSULTING SERVICES, PA Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

B.	Full Name (Last, First, Middle Initial) WILLIAM WARE	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 9849 WYNCHASE CIR	Transaction ID: SA11AI.97990
	City State Zip Code MONTGOMERY AL 36117	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AMBULATORY ANESTHESIA ASS-OC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

C.	Full Name (Last, First, Middle Initial) JAMES WELLER	Date of Receipt MM / DD / YYYY 02 / 01 / 2011
	Mailing Address 6905 FOX HILL LN	Transaction ID: SA11AI.96179
	City State Zip Code CINCINNATI OH 45236	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA GROUP PRACTICE Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	2000.00
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 172 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) BLAKE WENDELBURG		Date of Receipt MM / DD / YYYY 02 / 16 / 2011		
	Mailing Address 7326 OAKVIEW		Transaction ID: SA11AI.97208		
	City SHAWNEE	State KS	Zip Code 66216	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer MIDWEST ANESTHESIA ASSOCIATES, P.A.		Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) JANET WENDELN		Date of Receipt MM / DD / YYYY 02 / 22 / 2011		
	Mailing Address 13739 FOXDALE LAKE DRIVE		Transaction ID: SA11AI.97497		
	City CARMEL	State IN	Zip Code 46032	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer ANESTHESIA CONSULTANTS OF INDIANAPOLIS		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) DAVID WERKMEISTER		Date of Receipt MM / DD / YYYY 02 / 25 / 2011		
	Mailing Address 1025 MARSH STREET		Transaction ID: SA11AI.97867		
	City MANKATO	State MN	Zip Code 56002	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer MAA		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) STEVE WICKLUND		Date of Receipt
	Mailing Address 9824 QUARRY TRAIL RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 4 / 2 0 1 1
	City	State	Zip Code
	SCOTTSDALE	AZ	85262
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97631
Name of Employer VALLEY ANES. CONSULTANTS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) CHARLES WIDEBURG		Date of Receipt
	Mailing Address 3627 LONG FURROW RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 5 / 2 0 1 1
	City	State	Zip Code
	FRANKSVILLE	WI	53126
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97088
Name of Employer GREAT LAKES ANESTHESIA & PAIN SPECIALI		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) CHRISTOPHER WILHOIT		Date of Receipt
	Mailing Address 3049 HAWKS GLEN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 7 / 2 0 1 1
	City	State	Zip Code
	TALLAHASSEE	FL	32312
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97885
Name of Employer ANESTHESIOLOGY ASSOCIATES OF TALLAHASS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 174 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) ADRIENNE WILLIAMS Mailing Address 4128 W STONEWATER DR City State Zip Code PEORIA IL 61615 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 1 1 Transaction ID: SA11AI.96525 Amount of Each Receipt this Period 500.00
	Name of Employer Occupation MIDWEST ANESTHESIA CONSULTANTS, SC ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	
B.	Full Name (Last, First, Middle Initial) COURTNEY WILLIAMS Mailing Address 300 LAGO VISTA ST City State Zip Code KEMAH TX 77565 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 1 1 Transaction ID: SA11AI.96952 Amount of Each Receipt this Period 250.00
	Name of Employer Occupation UNIV OF TEXAS MEDICAL BRANCH - GALVEST PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) FRANKLIN WILLIAMS Mailing Address 1410 BLANDING ST., STE. 1 City State Zip Code COLUMBIA SC 29201 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 1 Transaction ID: SA11AI.97629 Amount of Each Receipt this Period 1000.00
	Name of Employer Occupation CRITICAL HEALTH SYS SC ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)

1750.00

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 175 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) HAMPTON WILLIAMS		Date of Receipt
	Mailing Address 800 E. DAWSON		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	TYLER	TX	75701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97937
Name of Employer TRINITY CLINIC ANES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) NATHAN WILLIAMS		Date of Receipt
	Mailing Address PO BOX 5050		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 1 / 2 0 1 1
	City	State	Zip Code
	SILVER CITY	NM	88062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.96684
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) TODD WILLIAMS		Date of Receipt
	Mailing Address 14 RED FOX LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 1 1
	City	State	Zip Code
	KEARNEY	NE	68845
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.97757
Name of Employer THE PHYSICIANS NETWORK		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 / 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) DAVID WILLIAMSON	Date of Receipt MM / DD / YYYY 02 / 08 / 2011
	Mailing Address 318 WILSHIRE PL	Transaction ID: SA11AI.96438
	City State Zip Code CORPUS CHRISTI TX 78411	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer GULF SHORE ANESTHESIOLOGY ASSOCIATES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) GORDON WILLIFORD	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address 3300 WHEELER RD.	Transaction ID: SA11AI.96579
	City State Zip Code AUGUSTA GA 30909	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SELF	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) JON WILLIS	Date of Receipt MM / DD / YYYY 02 / 11 / 2011
	Mailing Address 516 N.W. 148TH ST.	Transaction ID: SA11AI.96687
	City State Zip Code EDMOND OK 73013	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 / 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) DAVID WINEK		Date of Receipt
	Mailing Address 110 29TH AVE N STE 202		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 4 / 2 0 1 1
	City	State	Zip Code
	NASHVILLE	TN	37203
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.97705
Name of Employer ANESTHESIA MEDICAL GROUP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) THOMAS WITKOWSKI		Date of Receipt
	Mailing Address 204 SUFFOLK RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 4 / 2 0 1 1
	City	State	Zip Code
	FLOURTOWN	PA	19031
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.97678
Name of Employer THOMAS JEFFERSON UNIV		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) JOHN WOLFE		Date of Receipt
	Mailing Address 10409 HIGH GROVE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 1 1
	City	State	Zip Code
	CARMEL	IN	46032
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.97859
Name of Employer IU ANES ASSOC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 178 / 186
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) MARGARET ANN YOAKUM-PYLE		Date of Receipt MM / DD / YYYY 02 / 20 / 2011		
	Mailing Address 6354 LOCUST ST		Transaction ID: SA11AI.97324		
	City SHAWNEE MISSION	State KS	Zip Code 66218	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer ANESTHESIOLOGY CHARTERED		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) LAWRENCE YOUNG		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 1717 VALLEY FORGE DR.		Transaction ID: SA11AI.97924		
	City HIXSON	State TN	Zip Code 37343	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer ANESTH ASSOC		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) THOMAS YUE		Date of Receipt MM / DD / YYYY 02 / 07 / 2011		
	Mailing Address 8718 ALVARADO TRL		Transaction ID: SA11AI.96273		
	City INVER GROVE HEIGHT	State MN	Zip Code 55077	Amount of Each Receipt this Period 900.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 900.00		
Name of Employer		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	1525.00
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 179 / 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
TIM YUEN

Mailing Address 11803 GOSHEN AVE PH 4

City State Zip Code
LOS ANGELES CA 90049

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

Name of Employer Occupation
OLIVE VIEW-UCLA MEDICAL ANESTHESIOLOGIST
CENTER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.96182

Amount of Each Receipt this Period
250.00

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

Mailing Address 6650 NATURE PRESERVE CT.

City State Zip Code
NAPLES FL 34109

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

Name of Employer Occupation
ANESTHESIA ASSOCIATES OF PHYSICIAN
NAPLES

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.96867

Amount of Each Receipt this Period
500.00

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

Mailing Address 8621 WITNEY AVE NW

City State Zip Code
NORTH CANTON OH 44720

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

Name of Employer Occupation
AULTMAN HOSPITAL ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.96384

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ► 206185.00

**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)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO		Date of Receipt																					
	Mailing Address 50 S LASALLE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	8		2	0	1	1														
	City State Zip Code CHICAGO IL 60675		Transaction ID: SA17.98126																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.47																					
Name of Employer Occupation		INTEREST INCOME																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)	▶	11.47

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 181 / 186

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

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

A.

Full Name (Last, First, Middle Initial)

FIRST DATA

Mailing Address PO BOX 6600

City HAGERSTOWN State MD Zip Code 21741

Purpose of Disbursement
CC/AMEX/BANK FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.98127

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2011

Amount of Each Disbursement this Period

2275.07

SUBTOTAL of Disbursements This Page (optional)

2275.07

TOTAL This Period (last page this line number only)

2275.07

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

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

FOR LINE NUMBER:
(check only one)

PAGE 182 / 186

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

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

A.	Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS	Transaction ID: SB23.98107
	Mailing Address PO BOX 426	Date of Disbursement 02 / 16 / 2011
	City STEVENSVILLE State MD Zip Code 21666	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHESAPEAKE PAC	Transaction ID: SB23.98122
	Mailing Address 264 N LUMPKIN ST #202	Date of Disbursement 02 / 16 / 2011
	City ATHENS State GA Zip Code 20601	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement 2011 CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS MURPHY	Transaction ID: SB23.98124
	Mailing Address PO BOX 127	Date of Disbursement 02 / 23 / 2011
	City CHESHIRE State CT Zip Code 06410	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	12500.00
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

FOR LINE NUMBER:
(check only one)

PAGE 183 / 186

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

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

A.	Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL COMMITTEE	Transaction ID: SB23.98109 Date of Disbursement 02 / 16 / 2011
	Mailing Address PO BOX 16128	Amount of Each Disbursement this Period 1500.00
	City HOUSTON State TX Zip Code 77222	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HENSARLING FOR CONGRESS	Transaction ID: SB23.98121 Date of Disbursement 02 / 16 / 2011
	Mailing Address P.O. BOX 820504	Amount of Each Disbursement this Period 2000.00
	City DALLAS State TX Zip Code 75382	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LEGPAC	Transaction ID: SB23.98103 Date of Disbursement 02 / 03 / 2011
	Mailing Address 38 IVY STREET, SE	Amount of Each Disbursement this Period 5000.00
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement 2011 CONTRIBUTION	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8500.00
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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC</p> <p>Mailing Address PO BOX 3750</p> <p>City BRENTWOOD State TN Zip Code 37024</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.98118</p> <p>Date of Disbursement <input type="text"/> 0 2 / <input type="text"/> 1 6 / <input type="text"/> 2 0 1 1</p> <p>Amount of Each Disbursement this Period <input type="text"/> 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) MARTHA ROBY FOR CONGRESS</p> <p>Mailing Address PO BOX 195</p> <p>City MONTGOMERY State AL Zip Code 36101</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.98120</p> <p>Date of Disbursement <input type="text"/> 0 2 / <input type="text"/> 1 6 / <input type="text"/> 2 0 1 1</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) MCCAUL FOR CONGRESS</p> <p>Mailing Address 815 BRAZOS ST PMB 230</p> <p>City AUSTIN State TX Zip Code 78701</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.98106</p> <p>Date of Disbursement <input type="text"/> 0 2 / <input type="text"/> 0 9 / <input type="text"/> 2 0 1 1</p> <p>Amount of Each Disbursement this Period <input type="text"/> 5000.00</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text"/> 8000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 185 / 186

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

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

<p>A. Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS</p> <p>Mailing Address PO BOX 2334</p> <p>City DENTON State TX Zip Code 76202</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 26</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.98115</p> <p>Date of Disbursement 02 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COM</p> <p>Mailing Address 320 FIRST ST SE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement 2011 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.98111</p> <p>Date of Disbursement 02 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMM</p> <p>Mailing Address 425 SECOND ST NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement 2011 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.98113</p> <p>Date of Disbursement 02 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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

FOR LINE NUMBER:
(check only one)

PAGE 186 / 186

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

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

A.

Full Name (Last, First, Middle Initial)

ORRIN HATCH ELECTION COMMITTEE INC

Transaction ID: SB23.98104

Date of Disbursement

Mailing Address 175 SW TEMPLE STE 650

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	1

City State Zip Code
SALT LAKE CITY UT 84101

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District:

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

TOTAL This Period (last page this line number only) ►

46000.00
