

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00255752 3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of IL

5. Covering Period M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2010 through M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2010

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 THOMAS CONWAY [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2011

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2010"/>		<input type="text" value="1495220.03"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1279505.26"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="323392.48"/>	<input type="text" value="1467099.39"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1602897.74"/>	<input type="text" value="2962319.42"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="448920.62"/>	<input type="text" value="1808342.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1153977.12"/>	<input type="text" value="1153977.12"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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).....	295826.00	1256602.00
(ii) Unitemized	27530.00	210297.51
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	323356.00	1466899.51
(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)	323356.00	1466899.51
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.).....	36.48	199.88
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	323392.48	1467099.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	323392.48	1467099.39

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	7620.62	13244.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7620.62	13244.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	966010.00
24. Independent Expenditures (use Schedule E)	409300.00	621280.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	207807.74
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	448920.62	1808342.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	448920.62	1808342.30

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	323356.00	1466899.51
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	323356.00	1466899.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7620.62	13244.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7620.62	13244.56

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 209
	<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. BASEM ABDELMALAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 9500 EUCLID AVE
 DEPT OF ANES E-31
 City CLEVELAND State OH Zip Code 44195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CLEVELAND CLINIC FOUNDATION Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93154
 Amount of Each Receipt this Period
 8.00

B. BASEM ABDELMALAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 9500 EUCLID AVE
 DEPT OF ANES E-31
 City CLEVELAND State OH Zip Code 44195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CLEVELAND CLINIC FOUNDATION Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 459.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2010
Transaction ID : SA11AI.94332
 Amount of Each Receipt this Period
 41.00

C. JOHN ABENSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10978 ELEVENTH AVE., N.W.
 City ORONOCO State MN Zip Code 55960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MAYO CLINIC Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2010
Transaction ID : SA11AI.94194
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1049.00
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 7 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. AMR ABOULEISH

Mailing Address 4303 EVERGREEN ELM CT

City HOUSTON State TX Zip Code 77059

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

Name of Employer UNIVERSITY OF TEXAS MEDICAL BRANCH Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2010
Transaction ID : SA11AI.94369

Amount of Each Receipt this Period
 41.00

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

Mailing Address 7027 KINGSCOTE PARK

City INDEPENDENCE State OH Zip Code 44131

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

Name of Employer UH HOSPITALS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92885

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 10800 MIDLOTHIAN TURNPIKE
 SUITE 265

City RICHMOND State VA Zip Code 23235

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

Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATE Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2010
Transaction ID : SA11AI.94294

Amount of Each Receipt this Period
 41.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1082.00

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 8 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. DANIELA ALEXIANU
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 E BLACKWOOD LN
 City SPOKANE State WA Zip Code 99223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: PHYSICIAN ANES GRP Occupation: ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 21 / 2010
Transaction ID : SA11AI.93943
 Amount of Each Receipt this Period: 1000.00

B. GRAY ALLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 CAMINO ARCO IRIS
 City MADRID State NM Zip Code 87010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: ALBUQUERQUE VETERANS HOSPITAL Occupation: ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 250.00

Date of Receipt: 11 / 01 / 2010
Transaction ID : SA11AI.94361
 Amount of Each Receipt this Period: 125.00

C. ROBERT ALLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4454 WEST GLEN PL.
 City RAPID CITY State SD Zip Code 57702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: RAPID CITY REG HOSP Occupation: PHYSICIAN
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2010
Transaction ID : SA11AI.93205
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1625.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOHN ALLYN
Full Name (Last, First, Middle Initial)

Mailing Address 22 BRAMHALL ST

City PORTLAND State ME Zip Code 04102

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

Name of Employer MAINE MEDICAL CENTER Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 16 / 2010
Transaction ID : SA11AI.93113

Amount of Each Receipt this Period
500.00

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

Mailing Address 5323 BAYSHORE BLVD APT D

City TAMPA State FL Zip Code 33611

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

Name of Employer ALL CHILDREN & SPEC Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
10 / 16 / 2010
Transaction ID : SA11AI.93209

Amount of Each Receipt this Period
1000.00

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

Mailing Address 60975 BILLADEAU RD.

City BEND State OR Zip Code 97702

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

Name of Employer BEND ANES GRP Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
10 / 16 / 2010
Transaction ID : SA11AI.93200

Amount of Each Receipt this Period
1000.00

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 10 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DAVID ANDERSON		Date of Receipt
Mailing Address 1218 STRATFORD RD		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
KANSAS CITY	MO	64113
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.92877
Name of Employer	Occupation	Amount of Each Receipt this Period
HEARTLAND SPINE	ANESTHESIOLOGIST	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. STEVEN ANDEWEG		Date of Receipt
Mailing Address 1 MEDICAL CENTER DR.		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City	State	Zip Code
LEBANON	NH	03756
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.93173
Name of Employer	Occupation	Amount of Each Receipt this Period
DARTMOUTH-HITCHCOCK MED	ANESTHESIOLOGIST	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. THOMAS ANDREWS		Date of Receipt
Mailing Address 1821 ALAQUA DR.		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
City	State	Zip Code
LONGWOOD	FL	32779
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.94300
Name of Employer	Occupation	Amount of Each Receipt this Period
JLR MEDICAL GROUP, MAITLAND, FLORIDA	ANESTHESIOLOGIST	<input type="text" value="41.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="377.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2041.00"/>
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 11 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. JOSEPH ANNIS

Mailing Address 3 SUNDOWN PARKWAY

City State Zip Code
AUSTIN TX 78746

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

Name of Employer Occupation
DARTMOUTH HITCHCOCK PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 / /
 10 / 15 / 2010
Transaction ID : SA11AI.92897

Amount of Each Receipt this Period
1000.00

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

Mailing Address 60 KIRBY DR.

City State Zip Code
ELIZABETHTOWN PA 17022

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

Name of Employer Occupation
RIVERSIDE ANES ASSOC ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 / /
 10 / 17 / 2010
Transaction ID : SA11AI.93347

Amount of Each Receipt this Period
500.00

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

Mailing Address 1376 MIDLAND AVE., #201

City State Zip Code
BRONXVILLE NY 10708

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

Name of Employer Occupation
MONTEFIORE MED CTR ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 / /
 10 / 16 / 2010
Transaction ID : SA11AI.93032

Amount of Each Receipt this Period
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: (check only one)	PAGE 12 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. ROBERT ARDIS
Full Name (Last, First, Middle Initial)

Mailing Address 2521 E 5TH ST

City DULUTH State MN Zip Code 55812

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

Name of Employer SMDC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 14 / 2010
Transaction ID : SA11AI.94542

Amount of Each Receipt this Period
500.00

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

Mailing Address 2000 PEPPERELL PKWY

City OPELIKA State AL Zip Code 36801

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

Name of Employer ANES ASSOC E AL Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 22 / 2010
Transaction ID : SA11AI.94037

Amount of Each Receipt this Period
500.00

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

Mailing Address 469 CONWAY VILLAGE DR

City ST. LOUIS State MO Zip Code 63141

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

Name of Employer WESTERN ANESTHESIOLOGY ASSOC. INC. Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 16 / 2010
Transaction ID : SA11AI.93115

Amount of Each Receipt this Period
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: (check only one)	PAGE 13 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. BRETT ARRON
Full Name (Last, First, Middle Initial)

Mailing Address 52 LAKE STREET

City WAKEFIELD State RI Zip Code 02879

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

Name of Employer NARRAGANSETT BAY ANES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93260

Amount of Each Receipt this Period
 500.00

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

Mailing Address 120 SPRUCE STREET

City PHILADELPHIA State PA Zip Code 19106

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

Name of Employer UNIVERSITY OF PENNSYLVANIA SCHOOL OF M Occupation ANESTHESIOLOGIST - ATTENDING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93650

Amount of Each Receipt this Period
 250.00

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

Mailing Address CHILDRENS WAY, SLOT 203 DEPT OF ANES

City LITTLE ROCK State AR Zip Code 72202

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

Name of Employer ARKANSAS CHILDRENS HOSPITAL Occupation ASSISTANT PROFESSOR PEDIATRIC ANES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2010
Transaction ID : SA11AI.94393

Amount of Each Receipt this Period
 25.00

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 14 OF 209
	<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	<input type="checkbox"/> 17

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

A. RUBEN AZOCAR
Full Name (Last, First, Middle Initial)

Mailing Address 88 E NEWTON ST # RM.2806

City BOSTON	State MA	Zip Code 02118
----------------	-------------	-------------------

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

Name of Employer BOSTON UNIVERSITY MEDICAL CENTER	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
11	/	18	/	2010

Transaction ID : SA11AI.94620

Amount of Each Receipt this Period
500.00

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

Mailing Address 200 FIRST STREET SW, CH1-140

City ROCHESTER	State MN	Zip Code 55905
-------------------	-------------	-------------------

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

Name of Employer MAYO CLINIC COLL OF MED ANES DEPT	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	16	/	2010

Transaction ID : SA11AI.93148

Amount of Each Receipt this Period
1000.00

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

Mailing Address 483 N DAYSTAR MOUNTAIN DR

City TUCSON	State AZ	Zip Code 85745
----------------	-------------	-------------------

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

Name of Employer UNIVERSITY OF ARIZONA MEDICAL CENTER	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
10	/	17	/	2010

Transaction ID : SA11AI.93640

Amount of Each Receipt this Period
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: (check only one)	PAGE 15 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JENNIFER BADIA		Date of Receipt
Mailing Address 3411 RANBIR DR		M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2010
City	State	Zip Code
DURHAM	NC	27713
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.94408
C		Amount of Each Receipt this Period
		350.00
Name of Employer	Occupation	
PHYSICIAN ANESTHESIA SERVICES	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	350.00	

Full Name (Last, First, Middle Initial) B. SHAWN BANKS		Date of Receipt
Mailing Address 601 NE 36TH ST APT 3407		M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2010
City	State	Zip Code
MIAMI	FL	33137
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.94394
C		Amount of Each Receipt this Period
		83.00
Name of Employer	Occupation	
UNIVERSITY OF MIAMI	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	913.00	

Full Name (Last, First, Middle Initial) C. SHAWN BANKS		Date of Receipt
Mailing Address 601 NE 36TH ST APT 3407		M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2010
City	State	Zip Code
MIAMI	FL	33137
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.94562
C		Amount of Each Receipt this Period
		4.00
Name of Employer	Occupation	
UNIVERSITY OF MIAMI	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	917.00	

SUBTOTAL of Receipts This Page (optional).....▶	437.00
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 16 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. STEVEN BARKER		Date of Receipt
Mailing Address PO BOX 245114		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
TUCSON	AZ	85724
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.92860
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
UNIVERSITY OF ARIZONA MEDICAL CENTER	PROFESSOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. RODGER BARNETTE		Date of Receipt
Mailing Address 3401 N BROAD ST FL 3 DEPARTMENT OF ANESTHESIOLOGY		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City	State	Zip Code
PHILADELPHIA	PA	19140
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.93267
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
TEMPLE UNIVERSITY SCHOOL OF MEDICINE	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JAMES BARTLETT		Date of Receipt
Mailing Address 7 LINCOLN PLACE DRIVE		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
City	State	Zip Code
DES MOINES	IA	50312
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.94159
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
MEDICAL CENTER ANESTHESIOLOGISTS, P	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 17 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. SCOTT BARTUSCH
Full Name (Last, First, Middle Initial)

Mailing Address 82 WOOD GROVE ROAD

City MEMPHIS State TN Zip Code 38117

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

Name of Employer METROPOLITAN ANES ALL Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 18 / 2010
Transaction ID : SA11AI.93794

Amount of Each Receipt this Period
500.00

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

Mailing Address 9147 SADDLEBOW DR

City BRENTWOOD State TN Zip Code 37027

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

Name of Employer ANESTHESIA MEDICAL GROUP, P.C. Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
11 / 19 / 2010
Transaction ID : SA11AI.94648

Amount of Each Receipt this Period
500.00

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

Mailing Address 4202 VUH 1211 MEDICAL CENTER DRIVE
OB ANESTHESIOLOGY

City NASHVILLE State TN Zip Code 37232

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

Name of Employer VANDERBILT UNIVERSITY MEDICAL CENTER Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 16 / 2010
Transaction ID : SA11AI.93302

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: (check only one)	PAGE 18 OF 209
	<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	<input type="checkbox"/> 17

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

A. KARL BECKER
Full Name (Last, First, Middle Initial)

Mailing Address 11708 HIGH DR

City LEAWOOD State KS Zip Code 66211

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
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93356

Amount of Each Receipt this Period
 500.00

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

Mailing Address 3966 HOLDEN DR.

City ANN ARBOR State MI Zip Code 48103

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 M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93579

Amount of Each Receipt this Period
 250.00

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

Mailing Address 6114 E. MONTECITO AVE

City SCOTTSDALE State AZ Zip Code 85251

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93593

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: (check only one)	PAGE 19 OF 209
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. EILEEN BEGIN
Full Name (Last, First, Middle Initial)

Mailing Address 110 IRVING ST. NW #G-226

City WASHINGTON	State DC	Zip Code 20010
--------------------	-------------	-------------------

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

Name of Employer WASHINGTON HOSPITAL CENTER	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
418.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2010

Transaction ID : SA11AI.94317

Amount of Each Receipt this Period
41.00

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

Mailing Address 110 IRVING ST. NW #G-226

City WASHINGTON	State DC	Zip Code 20010
--------------------	-------------	-------------------

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

Name of Employer WASHINGTON HOSPITAL CENTER	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
459.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2010

Transaction ID : SA11AI.94391

Amount of Each Receipt this Period
41.00

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

Mailing Address 161 E CHICAGO AVE APT 48F

City CHICAGO	State IL	Zip Code 60611
-----------------	-------------	-------------------

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

Name of Employer NORTHWESTERN UNIVERSITY FEINBERG S	Occupation PHYSICIAN ANESTHESIOLOGIST
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2010

Transaction ID : SA11AI.93300

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	582.00
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 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. ROBERT BERNDT

Mailing Address 755 N. 11TH ST., #P3600

City State Zip Code
BEAUMONT TX 77702

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

Name of Employer Occupation
ANESTHESIA ASSOCIATES PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2010
Transaction ID : SA11AI.93577

Amount of Each Receipt this Period
300.00

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

Mailing Address 30 BATTLE RIDGE DR NE

City State Zip Code
ATLANTA GA 30342

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

Name of Employer Occupation
EMORY UNIVERSITY ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2010
Transaction ID : SA11AI.92848

Amount of Each Receipt this Period
500.00

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

Mailing Address 3597 OTSEGO DR.

City State Zip Code
OKEMOS MI 48864

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

Name of Employer Occupation
LANSING ANES. ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2010
Transaction ID : SA11AI.94357

Amount of Each Receipt this Period
125.00

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 21 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JOHN BIANROSA		Date of Receipt
Mailing Address 2121 RACE ST		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
PHILADELPHIA	PA	19103
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.92841
Name of Employer	Occupation	Amount of Each Receipt this Period
PENN PRESBYTERIAN MED	ANESTHESIOLOGIST	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. DAVID BIEL		Date of Receipt
Mailing Address 2216 MADISON AVE		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
City	State	Zip Code
CINCINNATI	OH	45212
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.94292
Name of Employer	Occupation	Amount of Each Receipt this Period
ANESTHESIA ASSOC. OF CINCINNATI	ANESTHESIOLOGIST ASSISTANT	<input type="text" value="83.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="585.00"/>	

Full Name (Last, First, Middle Initial) C. DANIEL BIGGS		Date of Receipt
Mailing Address 750 NE 13TH ST		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
City	State	Zip Code
OKLAHOMA CITY	OK	73104
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.94181
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIV OF OKLAHOMA HSC	PHYSICIAN	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1083.00"/>
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 22 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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 PHYSICAN
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **672.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2010

Transaction ID : SA11AI.94268

Amount of Each Receipt this Period

83.00

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

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 PHYSICAN
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **755.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2010

Transaction ID : SA11AI.94316

Amount of Each Receipt this Period

83.00

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

Mailing Address EDUCATIONAL AFFAIRS DEPT OF ANES
2301 VUH

City NASHVILLE	State TN	Zip Code 37232
-------------------	-------------	-------------------

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

Name of Employer VANDERBILT UNIV MED CTR	Occupation ANESTHESIOLOGIST
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93636

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶	666.00
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 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. KENNETH BOCHENEK		Date of Receipt
Mailing Address 2000 SPRUCE DR		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
City	State	Zip Code
LAFAYETTE	IN	47905
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.94032
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
ANESTHESIOLOGY ASSOCIATES, P.C.	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1575.00"/>	

Full Name (Last, First, Middle Initial) B. KENNETH BOCHENEK		Date of Receipt
Mailing Address 2000 SPRUCE DR		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
City	State	Zip Code
LAFAYETTE	IN	47905
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.94075
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
ANESTHESIOLOGY ASSOCIATES, P.C.	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1625.00"/>	

Full Name (Last, First, Middle Initial) C. SRINIVAS BOLLIMPALLI		Date of Receipt
Mailing Address 1850 N CENTRAL AVE STE 1600		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
City	State	Zip Code
PHOENIX	AZ	85004
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.94490
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
VALLEY ANES. CONSULTANTS, LTD.	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
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 24 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. BRUCE BOLTON

Mailing Address 2517 NE HAMBLET ST.

City State Zip Code
 PORTLAND OR 97212

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

Name of Employer Occupation
 OREGON ANESTHESIOLOGY GROUP, P.C. ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2010
Transaction ID : SA11AI.94601

Amount of Each Receipt this Period
 250.00

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

Mailing Address 6 WASHINGTON CT.

City State Zip Code
 KENNEBUNKPORT ME 04046

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

Name of Employer Occupation
 DEPT VET VA ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92906

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2950 CLEVELAND CLINIC BLVD
 DEPT. OF ANES.

City State Zip Code
 WESTON FL 33331

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

Name of Employer Occupation
 CLEVELAND CLINIC, FLORIDA ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 498.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2010
Transaction ID : SA11AI.94374

Amount of Each Receipt this Period
 83.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.00

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 25 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ARTHUR BOUDREAU
 Full Name (Last, First, Middle Initial)
 Mailing Address 4493 PRESERVE DR
 City HOOVER State AL Zip Code 35226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF ALABAMA AT BIRMINGHAM Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92998
 Amount of Each Receipt this Period
 1000.00

B. GREGORY BOUSKA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 BOGEY CIR SE
 City OWENS CROSS ROADS State AL Zip Code 35763
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COMPREHENSIVE ANESTHESIA SERVICES Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2010
Transaction ID : SA11AI.94276
 Amount of Each Receipt this Period
 83.00

C. MICHAEL BOYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 E CLARK BASS BLVD #205
 City MCALESTER State OK Zip Code 74501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCALESTER REGIONAL HEALTH CENTER Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2010
Transaction ID : SA11AI.93736
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... **1583.00**
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 26 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. PHILIP BOYLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3069 JOYCE ST
 City ST. CLOUD State MN Zip Code 56303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANES ASSOC ST CLOUD Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93086
 Amount of Each Receipt this Period
 1000.00

B. ERNEST BRADY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3200 TROUP HWY STE 200
 City TYLER State TX Zip Code 75701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer E TX ANES ASSOC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2010
Transaction ID : SA11AI.94090
 Amount of Each Receipt this Period
 250.00

C. MARK BRADY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9403 W. 146TH PL.
 City OVERLAND PARK State KS Zip Code 66221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MIDWEST ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 834.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93253
 Amount of Each Receipt this Period
 4.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1254.00
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 27 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MARK BRADY		Date of Receipt
Mailing Address 9403 W. 146TH PL.		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
City	State	Zip Code
OVERLAND PARK	KS	66221
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
MIDWEST ANESTHESIA ASSOCIATES	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="917.00"/>	
		Transaction ID : SA11AI.94320
		Amount of Each Receipt this Period
		<input type="text" value="83.00"/>

Full Name (Last, First, Middle Initial) B. THOMAS BRALLIAR		Date of Receipt
Mailing Address 22089 SHAKER BLVD		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
SHAKER HEIGHTS	OH	44122
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
CLEVELAND CLINIC	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : SA11AI.92849
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) C. JEFFRY BRAND		Date of Receipt
Mailing Address 44 PLEASANT ST		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
MARBLEHEAD	MA	01945
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
ANESTH ASSOC MASS	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : SA11AI.92864
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1083.00"/>
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 28 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ROBERT BRANDT

Mailing Address 741 MAYFAIR LN

City State Zip Code
CARMEL IN 46032

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

Name of Employer Occupation
ANESTHESIA CONSULTANTS OF INDIANAPC PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93599

Amount of Each Receipt this Period
500.00

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

Mailing Address 11781 WELEBIR ST.

City State Zip Code
LOMA LINDA CA 92354

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

Name of Employer Occupation
LOMA LINDA U ANES PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2010
Transaction ID : SA11AI.93752

Amount of Each Receipt this Period
500.00

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

Mailing Address 1 DEER PARK RD.

City State Zip Code
KINGS POINT NY 11024

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

Name of Employer Occupation
MT. SINAI MED CTR ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93398

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: (check only one)	PAGE 29 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. DOUGLAS BROWN
Full Name (Last, First, Middle Initial)
Mailing Address 9512 ELDWICK DR.
City BRENTWOOD State TN Zip Code 37027
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 **11 / 22 / 2010**
Transaction ID : SA11AI.94667
Amount of Each Receipt this Period **250.00**

B. JOSEPH BROWN
Full Name (Last, First, Middle Initial)
Mailing Address 222 STERLING SPRINGS DR.
City JOHNSON CITY State TN Zip Code 37604
FEC ID number of contributing federal political committee. **C**
Name of Employer APCJC Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 18 / 2010**
Transaction ID : SA11AI.93753
Amount of Each Receipt this Period **250.00**

C. DUNCAN BROWNE
Full Name (Last, First, Middle Initial)
Mailing Address 300 S. ARLINGTON AVE.
City RENO State NV Zip Code 89501
FEC ID number of contributing federal political committee. **C**
Name of Employer AAR Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 21 / 2010**
Transaction ID : SA11AI.93961
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 30 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. PATRICIA BROWNE		Date of Receipt
Mailing Address 559 ATSION RD.		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City State Zip Code SHAMONG NJ 08088		Transaction ID : SA11AI.93175
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer CHILDRENS HOSPITAL OF PA	Occupation ANESTHESIOLOGIST	
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"/>	

Full Name (Last, First, Middle Initial) B. CLAUDE BRUNSON		Date of Receipt
Mailing Address 2500 N STATE ST		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
City State Zip Code JACKSON MS 39216		Transaction ID : SA11AI.94266
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.00"/>
Name of Employer UNIV OF MISSISSIPPI MED CTR	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="668.00"/>	

Full Name (Last, First, Middle Initial) C. DAVID BRYANT		Date of Receipt
Mailing Address 13601 PRESTON RD STE 900W		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
City State Zip Code DALLAS TX 75240		Transaction ID : SA11AI.93850
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer PINNACLE ANES. CONSULTANTS	Occupation ANESTHESIOLOGIST	
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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1583.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 31 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. AMANDA BURDEN
Full Name (Last, First, Middle Initial)

Mailing Address 312 S. SMEDLEY ST.

City PHILADELPHIA	State PA	Zip Code 19103
----------------------	-------------	-------------------

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

Name of Employer COOPER UNIVERSITY HOSPITAL	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2010

Transaction ID : SA11AI.93005

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3559 GREYSTONE RD.

City GAINESVILLE	State GA	Zip Code 30506
---------------------	-------------	-------------------

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

Name of Employer ANES ASSOC GAINESVILLE	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2010

Transaction ID : SA11AI.94062

Amount of Each Receipt this Period
250.00

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

Mailing Address 1538 EAGLE RIDGE PL.,N.E.

City ALBUQUERQUE	State NM	Zip Code 87122
---------------------	-------------	-------------------

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

Name of Employer UNIVERSITY OF NM SCHL MED	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93417

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: PAGE 32 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. DANIEL BUSTAMANTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1924 ALCOA HIGHWAY, BOX U109
 City KNOXVILLE State TN Zip Code 37920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF TENNESSEE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93619
 Amount of Each Receipt this Period
 1000.00

B. JOHN BUTTERWORTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 GOLDEN HILL DR
 City INDIANAPOLIS State IN Zip Code 46288
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INDIANA UNIVERSITY SCHOOL OF MEDICINE Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93410
 Amount of Each Receipt this Period
 500.00

C. ASOKUMAR BUVANENDRAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 E BIRCHWOOD AVE
 City HINSDALE State IL Zip Code 60521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RUSH MEDICAL COLLEGE ANES. DEPT. Occupation DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2010
Transaction ID : SA11AI.93714
 Amount of Each Receipt this Period
 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 33 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ANJUM BUX
 Mailing Address P.O. BOX 154
 City DANVILLE State KY Zip Code 40423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DANVILLE ANESTHESIA ASSOCIATES, LLP Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93477
 Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. MICHAEL CAHALAN
 Mailing Address ANESTHESIA DEPARTMENT
 City SALT LAKE CITY State UT Zip Code 84132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF UTAH MEDICAL CENTER Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93358
 Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. ALLEN CAMPBELL
 Mailing Address 1409 LOCUST AVE SE
 City HUNTSVILLE State AL Zip Code 35801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAS Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2010
Transaction ID : SA11AI.93960
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. FREDERICK CAMPBELL
Full Name (Last, First, Middle Initial)

Mailing Address 4100 PARK FOREST DR., #210

City TRAVERSE CITY	State MI	Zip Code 49684
-----------------------	-------------	-------------------

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

Name of Employer TRAVERSE ANESTHESIA ASSOCIATES, PC	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2010

Transaction ID : SA11AI.93608

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3380 W. OAK ST.

City LEBANON	State PA	Zip Code 17042
-----------------	-------------	-------------------

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

Name of Employer A/M CONTRIB REFUND	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
-100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2010

Transaction ID : SA11AI.93786

Amount of Each Receipt this Period
-100.00

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

Mailing Address 14341 BROWN RD

City VERONA	State KY	Zip Code 41092
----------------	-------------	-------------------

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

Name of Employer ANES ASSOC CINCINNATI	Occupation ANESTHESIOLOGIST
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2010

Transaction ID : SA11AI.93740

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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 35 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOAQUIN CANTILLO
Full Name (Last, First, Middle Initial)

Mailing Address 703 WORTHINGTON MILL RD.

City	State	Zip Code
RICHBORO	PA	18954

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

Name of Employer	Occupation
TRENTON ANES ASSOC	ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2010

Transaction ID : SA11AI.93095

Amount of Each Receipt this Period
500.00

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

Mailing Address 1958 COMMON WAY RD

City	State	Zip Code
ORLANDO	FL	32814

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

Name of Employer	Occupation
JLR MEDICAL GROUP	ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
377.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2010

Transaction ID : SA11AI.94299

Amount of Each Receipt this Period
41.00

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

Mailing Address 1333 RIDDLE AVE

City	State	Zip Code
MORGANTOWN	WV	26505

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

Name of Employer	Occupation
WEST VIRGINIA UNIVERSITY DEPT OF ANES	RESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2010

Transaction ID : SA11AI.94293

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional).....▶	582.00
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 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. RICHARD CARR		Date of Receipt
Mailing Address 262 WYNDHAM CIR E		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
NEW BRIGHTON	MN	55112
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.92887
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
TCAA	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CHRISTOPHER CARY		Date of Receipt
Mailing Address 4 ALEXANDER DR		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City	State	Zip Code
CAPE ELIZABETH	ME	04107
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.93136
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
MAINE MEDICAL CENTER	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JOSEPH CASSADY		Date of Receipt
Mailing Address 1215 PLEASANT ST., #400		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City	State	Zip Code
DES MOINES	IA	50309
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.93182
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
ASSOC ANESTH	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3000.00"/>
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 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 701 WELCH RD. STE 216

City	State	Zip Code
PALO ALTO	CA	94304

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

Name of Employer	Occupation
ASSOC. ANESTH. MEDICAL GROUP	ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2010

Transaction ID : SA11AI.92964

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1253 CITADEL DR. NE

City	State	Zip Code
ATLANTA	GA	30324

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

Name of Employer	Occupation
EMORY	ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93366

Amount of Each Receipt this Period
500.00

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

Mailing Address 7737 E PURPLE DESERT PASS

City	State	Zip Code
TUCSON	AZ	85715

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

Name of Employer	Occupation
OLD PUEBLO ANESTHESIA	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2010

Transaction ID : SA11AI.93016

Amount of Each Receipt this Period
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: (check only one)	PAGE 38 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. MAURICE CHAPLIN

Mailing Address 2411 FOUNTAIN VIEW DR STE 200

City	State	Zip Code
HOUSTON	TX	77057

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

Name of Employer	Occupation
GHA	ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2010

Transaction ID : SA11AI.94250

Amount of Each Receipt this Period
250.00

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

Mailing Address 1538 EAGLE RIDGE PL.,N.E.

City	State	Zip Code
ALBUQUERQUE	NM	87122

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

Name of Employer	Occupation
UNIV NEW MEXICO	ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2010

Transaction ID : SA11AI.93123

Amount of Each Receipt this Period
250.00

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

Mailing Address 2065 VENETIAN WAY

City	State	Zip Code
WINTER PARK	FL	32789

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

Name of Employer	Occupation
ANESTHESIOLOGISTS OF GREATER ORLAN	ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2010

Transaction ID : SA11AI.93287

Amount of Each Receipt this Period
1000.00

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 39 OF 209
	<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	<input type="checkbox"/> 17

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

A. CHERYL CHEN
Full Name (Last, First, Middle Initial)

Mailing Address 480 N WINCHESTER BLVD APT 10

City SANTA CLARA	State CA	Zip Code 95050
---------------------	-------------	-------------------

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

Name of Employer COAST ANESTHESIA MEDICAL GROUP	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
10		17		2010

Transaction ID : SA11AI.93379

Amount of Each Receipt this Period
250.00

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

Mailing Address 1118 ROSS CLARK CIR., SUITE 700

City DOTHAN	State AL	Zip Code 36301
----------------	-------------	-------------------

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

Name of Employer ANESTHESIA CONSULTANTS MEDICAL GROUP	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2010

Transaction ID : SA11AI.93918

Amount of Each Receipt this Period
1000.00

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

Mailing Address 149 LUCERNE BLVD

City BIRMINGHAM	State AL	Zip Code 35209
--------------------	-------------	-------------------

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

Name of Employer BIRMINGHAM VA MEDICAL CENTER	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2010

Transaction ID : SA11AI.94264

Amount of Each Receipt this Period
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: PAGE 40 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CHRISTINA CHIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 HICKORY LN
 City GREEN BROOK State NJ Zip Code 08812
 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
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2010
Transaction ID : SA11AI.94192
 Amount of Each Receipt this Period
 500.00

B. GARY CHRISTENSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address PO 22233
 City FLAGSTAFF State AZ Zip Code 86001
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93197
 Amount of Each Receipt this Period
 1000.00

C. RANDALL CLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 HYDE PARK CIRCLE
 City DENVER State CO Zip Code 80209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIV OF COLORADO Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93180
 Amount of Each Receipt this Period
 1000.00

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 41 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. PATRICK CLASS
 Mailing Address 300 S. ARLINGTON AVE.
 City RENO State NV Zip Code 89501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSOC. ANESTHESIOLOGISTS OF RENO Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93099
 Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. JACQUELINE CO
 Mailing Address 180 RIVERSIDE BLVD APT 39E
 City NEW YORK State NY Zip Code 10069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUMMIT ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2010
Transaction ID : SA11AI.94253
 Amount of Each Receipt this Period
 400.00

Full Name (Last, First, Middle Initial)
C. DENNIS COALSON
 Mailing Address 315 KEYSTONE AVE.
 City RIVER FOREST State IL Zip Code 60305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIV OF CHICAGO Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2010
Transaction ID : SA11AI.93880
 Amount of Each Receipt this Period
 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: (check only one)	PAGE 42 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. STACY COFFIN
Full Name (Last, First, Middle Initial)

Mailing Address 404 HAWTHORNE RD., N.

City DULUTH State MN Zip Code 55812

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

Name of Employer ST LUKES HOSPITAL OF DULUTH Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2010
Transaction ID : SA11AI.94670

Amount of Each Receipt this Period 250.00

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

Mailing Address BOX 100254

City GAINESVILLE State FL Zip Code 32610

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

Name of Employer UNIV. OF FLORIDA COLLEGE OF MEDICINE Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2010
Transaction ID : SA11AI.92888

Amount of Each Receipt this Period 1000.00

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

Mailing Address 3743 N. KOSTNER

City CHICAGO State IL Zip Code 60641

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

Name of Employer UNIVERSITY OF CHICAGO Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2010
Transaction ID : SA11AI.93876

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 43 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DANIEL COLE
Full Name (Last, First, Middle Initial)

Mailing Address 5777 E MAYO BLVD
DEPARTMENT OF ANESTHESIOLOGY

City PHOENIX State AZ Zip Code 85054

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

Name of Employer MAYO CLINIC COLLEGE OF MEDICINE Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
10 / 15 / 2010
Transaction ID : SA11AI.92983

Amount of Each Receipt this Period
1000.00

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

Mailing Address 7117 WILLOWLANE AVE NW

City MASSILLON State OH Zip Code 44646

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

Name of Employer AFFINITY MEDICAL CENTER Occupation PHYSICAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 18 / 2010
Transaction ID : SA11AI.93677

Amount of Each Receipt this Period
250.00

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

Mailing Address 8700 BEVERLY BLVD STE 8211

City WEST HOLLYWOOD State CA Zip Code 90048

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

Name of Employer GEN ANES SPECIALISTS Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 15 / 2010
Transaction ID : SA11AI.92853

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 44 OF 209
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. LEBRON COOPER		Date of Receipt
Mailing Address 1757 NE 35TH ST		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
City	State	Zip Code
OAKLAND PARK	FL	33334
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.94352
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIVERSITY OF MIAMI SCHOOL OF MEDICIN	ANESTHESIOLOGIST	<input type="text" value="125.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1125.00"/>	

Full Name (Last, First, Middle Initial) B. ERIC COX		Date of Receipt
Mailing Address 12301 MALLARD BAY DRIVE		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
City	State	Zip Code
KNOXVILLE	TN	37922
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.93615
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIVERSITY ANESTHESIOLOGISTS	ANESTHESIOLOGISTS	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. GRANT CRAVENS		Date of Receipt
Mailing Address 2900 THOMAS AVE S APT 2130		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
City	State	Zip Code
MINNEAPOLIS	MN	55416
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.94674
Name of Employer	Occupation	Amount of Each Receipt this Period
MIDWEST ANESTHESIOLOGISTS, P.A.	ANESTHESIOLOGIST	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	

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: (check only one)	PAGE 45 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5483 DENMANS LOOP

City State Zip Code
BELTON TX 76513

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

Name of Employer Occupation
SCOTT AND WHITE HOSPITAL DEPT. OF ANI PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2010
Transaction ID : SA11AI.93167

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3039 STEEPLGATE CV.

City State Zip Code
GERMANTOWN TN 38138

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

Name of Employer Occupation
MED ANESTH GRP ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2010
Transaction ID : SA11AI.94077

Amount of Each Receipt this Period
250.00

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

Mailing Address 18808 SADDLE RIVER DR

City State Zip Code
EDMOND OK 73012

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

Name of Employer Occupation
AFFIL ANESTH ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2010
Transaction ID : SA11AI.93320

Amount of Each Receipt this Period
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 46 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ALAN CURLE

Mailing Address 67 PALMERSTON RD

City State Zip Code
 ROCHESTER NY 14618

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

Name of Employer Occupation
 HIGHLAND HOSPITAL - UNIVERSITY OF ROC MEDICAL DIRECTOR OF PERIOPERATIVE S

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93278

Amount of Each Receipt this Period
 500.00

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

Mailing Address 50 OVERLOOK DR

City State Zip Code
 CHAPPAQUA NY 10514

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

Name of Employer Occupation
 COLUMBIA UNIVERSITY PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93254

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2806 N FOX POINTE CIR

City State Zip Code
 WICHITA KS 67226

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

Name of Employer Occupation
 MID-CONTINENT ANES ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2010
Transaction ID : SA11AI.94079

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: (check only one)	PAGE 47 OF 209
	<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	<input type="checkbox"/> 17

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

A. PATRICIA DAILEY
Full Name (Last, First, Middle Initial)

Mailing Address 15 CREEKWOOD WAY

City Hillsborough State CA Zip Code 94010

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

Name of Employer ANESTHESIA CARE ASSOC Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2010
Transaction ID : SA11AI.93391

Amount of Each Receipt this Period 250.00

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

Mailing Address 6431 FANNIN ST

City Houston State TX Zip Code 77030

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

Name of Employer UT MED SCHL Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 18 / 2010
Transaction ID : SA11AI.93738

Amount of Each Receipt this Period 500.00

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

Mailing Address 10301 HICKMAN MILLS DR. SUITE #100

City Kansas City State MO Zip Code 64137

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

Name of Employer ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2010
Transaction ID : SA11AI.94485

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 48 OF 209
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. PATRICIA DAVIDSON		Date of Receipt
Mailing Address 27 KESWICK DR		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
NEW ALBANY	OH	43054
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.92893
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
PREMIER ANESTHESIA	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. FRED DAVIS		Date of Receipt
Mailing Address 75 CAMBRIDGE PKWY UNIT E808		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City	State	Zip Code
CAMBRIDGE	MA	02142
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.93750
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
TUFTS MED CTR	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. BHASKAR DEB		Date of Receipt
Mailing Address 8028 PHEASANT RUN		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
City	State	Zip Code
FOGELSVILLE	PA	18051
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.94198
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
READING HOSP MED CENTER	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2500.00"/>
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 49 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. KRAIG DE LANZAC
Full Name (Last, First, Middle Initial)

Mailing Address 12 TARA PL

City METAIRIE State LA Zip Code 70002

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92878

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 945 OUTER DRIVE

City STATE COLLEGE State PA Zip Code 16801

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

Name of Employer POCONO ANESTHESIA ASSOCIATES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93153

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2828 CHICAGO AVE S STE 300

City MINNEAPOLIS State MN Zip Code 55407

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2010
Transaction ID : SA11AI.94411

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 50 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. CHRISTIAN DIEZ

Mailing Address 7915 SW 55 AVENUE

City State Zip Code
MIAMI FL 33143

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

Name of Employer Occupation
UNIVERSITY OF MIAMI MEDICAL GROUP PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
913.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2010
Transaction ID : SA11AI.94384

Amount of Each Receipt this Period
83.00

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

Mailing Address 200 FIRST STREET, SW

City State Zip Code
ROCHESTER MN 55905

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

Name of Employer Occupation
MAYO CLINIC DOCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2010
Transaction ID : SA11AI.93117

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. GARY DI LISIO

Mailing Address 324 GANNETT DR STE 200

City State Zip Code
SOUTH PORTLAND ME 04106

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

Name of Employer Occupation
SPECTRUM MEDICAL GROUP PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
253.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2010
Transaction ID : SA11AI.94287

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional).....▶	416.00
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 51 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DAWN DILLMAN
Full Name (Last, First, Middle Initial)

Mailing Address 3181 SW SAM JACKSON PARK RD DEPT O

City PORTLAND	State OR	Zip Code 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

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2010

Transaction ID : SA11AI.93035

Amount of Each Receipt this Period
250.00

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

Mailing Address 825 N SHERIDAN RD

City LAKE FOREST	State IL	Zip Code 60045
---------------------	-------------	-------------------

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

Name of Employer LAKE FOREST HOSPITAL	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2010

Transaction ID : SA11AI.94115

Amount of Each Receipt this Period
500.00

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

Mailing Address 5123 WATSON ST NW

City WASHINGTON	State DC	Zip Code 20016
--------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2010

Transaction ID : SA11AI.92883

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: (check only one)	PAGE 52 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. WILLIAM DOMINGUEZ
Full Name (Last, First, Middle Initial)

Mailing Address 3205 LA MANCHA DR., N.W.

City	State	Zip Code
ALBUQUERQUE	NM	87104

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

Name of Employer	Occupation
ANES. ASSOC. OF NEW MEXICO, P.C.	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93631

Amount of Each Receipt this Period
500.00

B. MAI-LI DONG
Full Name (Last, First, Middle Initial)

Mailing Address 3150 WOODWALK DR. SE #3401

City	State	Zip Code
ATLANTA	GA	30339

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

Name of Employer	Occupation
PROGRESSIVE ANES	ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93341

Amount of Each Receipt this Period
250.00

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

Mailing Address 1249 PENNY LN.

City	State	Zip Code
TALLAHASSEE	FL	32312

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

Name of Employer	Occupation
ANES ASSOC OF TALLA	ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2010

Transaction ID : SA11AI.94183

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: (check only one)	PAGE 53 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. CHRISTINE DOYLE
Full Name (Last, First, Middle Initial)

Mailing Address 2077 WALNUT GROVE AVENUE

City SAN JOSE State CA Zip Code 95128

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

Name of Employer COAST ANESTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
10 / 29 / 2010
Transaction ID : SA11AI.94210

Amount of Each Receipt this Period
1000.00

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

Mailing Address 4201 LAKE BREEZE DR.

City FORT WORTH State TX Zip Code 76132

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

Name of Employer NORTH STAR ANESTHESIA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 16 / 2010
Transaction ID : SA11AI.93306

Amount of Each Receipt this Period
500.00

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

Mailing Address 736 IRVING AVE

City SYRACUSE State NY Zip Code 13210

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

Name of Employer CNY ANES GRP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 16 / 2010
Transaction ID : SA11AI.93027

Amount of Each Receipt this Period
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: (check only one)	PAGE 54 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. PEGGY DUKE
Full Name (Last, First, Middle Initial)

Mailing Address 1364 CLIFTON ROAD
DEPT OF ANESTHESIOLOGY A303

City ATLANTA State GA Zip Code 30322

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

Name of Employer EMORY UNIVERSITY HOSPITAL Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 16 / 2010
Transaction ID : SA11AI.93145

Amount of Each Receipt this Period
1000.00

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

Mailing Address 520 N NORTHWEST HWY
AQI DEPARTMENT

City PARK RIDGE State IL Zip Code 60068

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

Name of Employer AMERICAN SOCIETY OF ANESTHESIOLOGISTS Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 29 / 2010
Transaction ID : SA11AI.94177

Amount of Each Receipt this Period
1000.00

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

Mailing Address THE READING HOSPITAL AND MEDICAL C
6TH AVE. AND SPRUCE STS.

City WEST READING State PA Zip Code 19611

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

Name of Employer READING ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 15 / 2010
Transaction ID : SA11AI.92990

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: (check only one)	PAGE 55 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5000 W NATIONAL AVE

City MILWAUKEE State WI Zip Code 53295

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

Name of Employer MEDICAL COLLEGE OF WISCONSIN Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93539

Amount of Each Receipt this Period
 250.00

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

Mailing Address 6 KNOLLWOOD DR.

City LATHAM State NY Zip Code 12110

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

Name of Employer ALBANY MEDICAL CENTER ANES. DEPT. Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2010
Transaction ID : SA11AI.94430

Amount of Each Receipt this Period
 500.00

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

Mailing Address 900 20TH AVENUE SOUTH SUITE 1611

City NASHVILLE State TN Zip Code 37212

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

Name of Employer VANDERILT UNIVERSITY Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2010
Transaction ID : SA11AI.93720

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 56 OF 209
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. JAY ELLIS
Full Name (Last, First, Middle Initial)

Mailing Address 3211 ELYS PATH

City SAN ANTONIO	State TX	Zip Code 78230
---------------------	-------------	-------------------

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

Name of Employer TEJAS ANESTH	Occupation ANESTHESIOLOGIST
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2010

Transaction ID : SA11AI.93957

Amount of Each Receipt this Period
1000.00

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

Mailing Address 10247 ADAMS ST.

City OMAHA	State NE	Zip Code 68127
---------------	-------------	-------------------

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

Name of Employer U OF NEBRASKA MEDICAL CENTER	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2010

Transaction ID : SA11AI.93097

Amount of Each Receipt this Period
500.00

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

Mailing Address 750 NE 13TH ST
ANESTHESIOLOGY DEPARTMENT

City OKLAHOMA CITY	State OK	Zip Code 73104
-----------------------	-------------	-------------------

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

Name of Employer UNIVERSITY OF OKLAHOMA	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2010

Transaction ID : SA11AI.92996

Amount of Each Receipt this Period
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 57 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. 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 OF THE ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt
11 / 01 / 2010
Transaction ID : SA11AI.94265

Amount of Each Receipt this Period
41.00

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

Mailing Address P.O. BOX 5178

City State Zip Code
FRAMINGHAM MA 01701

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

Name of Employer Occupation
PROVIDENCE ANESTH PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 16 / 2010
Transaction ID : SA11AI.93261

Amount of Each Receipt this Period
500.00

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

Mailing Address 1422 KENSINGTON DR

City State Zip Code
KNOXVILLE TN 37922

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

Name of Employer Occupation
UNIVERSITY ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 18 / 2010
Transaction ID : SA11AI.93741

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1041.00

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 58 OF 209
	(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"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JESSE EPPS
Full Name (Last, First, Middle Initial)

Mailing Address 2341 MCCALLIE AVE., #402

City CHATTANOOGA	State TN	Zip Code 37404
---------------------	-------------	-------------------

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

Name of Employer ANESTHESIOLOGISTS ASSOCIATED	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
668.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2010

Transaction ID : SA11AI.94270

Amount of Each Receipt this Period
83.00

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

Mailing Address 7358 SAWGRASS POINT DR

City PINELLAS PARK	State FL	Zip Code 33782
-----------------------	-------------	-------------------

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

Name of Employer AAPC	Occupation ANESTHESIOLOGIST
--------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2010

Transaction ID : SA11AI.92970

Amount of Each Receipt this Period
250.00

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

Mailing Address 28 LOVELL LN

City NEW ROCHELLE	State NY	Zip Code 10804
----------------------	-------------	-------------------

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

Name of Employer MT SINAI SCHL MED	Occupation ANESTHESIOLOGIST
---------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2010

Transaction ID : SA11AI.93127

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	583.00
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 59 OF 209
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. CHARLES TEMPLE ESTOPINAL
Full Name (Last, First, Middle Initial)

Mailing Address 2006 FRANKLIN ST SE STE 301

City HUNTSVILLE	State AL	Zip Code 35801
--------------------	-------------	-------------------

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

Name of Employer COMPREHENSIVE ANES SER	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2010

Transaction ID : SA11AI.94054

Amount of Each Receipt this Period
500.00

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

Mailing Address 13 WOODMERE DR.

City DOTHAN	State AL	Zip Code 36305
----------------	-------------	-------------------

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

Name of Employer ACMG	Occupation ANESTHESIOLOGIST
--------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2010

Transaction ID : SA11AI.94153

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1461 SKYLARK LN

City GREEN BAY	State WI	Zip Code 54313
-------------------	-------------	-------------------

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

Name of Employer GREEN BAY ANESTH	Occupation PHYSICIAN
--------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2010

Transaction ID : SA11AI.93937

Amount of Each Receipt this Period
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 60 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. WILLIAM FEASTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 377 EAGLE TRACE DRIVE
 City HALF MOON BAY State CA Zip Code 94019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STANFORD UNIVERSITY MED Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93255
 Amount of Each Receipt this Period
 500.00

B. GREGORY FERGUSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1261 NEWPORT LANE
 City KAYSVILLE State UT Zip Code 84037
 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
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2010
Transaction ID : SA11AI.93963
 Amount of Each Receipt this Period
 500.00

C. RALPH FILLMORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1118 ROSS CLARK CIR., #700
 City DOTHAN State AL Zip Code 36301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACMG Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92865
 Amount of Each Receipt this Period
 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: (check only one)	PAGE 61 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. GREGORY FISCHER		Date of Receipt 10 / 17 / 2010 Transaction ID : SA11AI.93377
Mailing Address 1 GUSTAVE L LEVY PL		Amount of Each Receipt this Period 250.00
City NEW YORK	State NY	Zip Code 10029
FEC ID number of contributing federal political committee. C		
Name of Employer MOUNT SINAI MEDICAL CENTER	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. JANE C.K. FITCH		Date of Receipt 10 / 29 / 2010 Transaction ID : SA11AI.94196
Mailing Address 7351 BAYLINER LAUNCH		Amount of Each Receipt this Period 1000.00
City EDMOND	State OK	Zip Code 73013
FEC ID number of contributing federal political committee. C		
Name of Employer OKLAHOMA ALLERGY CLINIC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. MARK FLANERY		Date of Receipt 10 / 16 / 2010 Transaction ID : SA11AI.93116
Mailing Address 32721 111TH PL SE		Amount of Each Receipt this Period 500.00
City AUBURN	State WA	Zip Code 98092
FEC ID number of contributing federal political committee. C		
Name of Employer AUBURN ANESTHESIA ASSOCIATES	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).....▶	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 62 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 15 CAMBRIDGE WAY

City WAYSIDE State NJ Zip Code 07712

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

Name of Employer MONMOUTH MEDICAL CENTER Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2010
Transaction ID : SA11AI.93138

Amount of Each Receipt this Period 500.00

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

Mailing Address 3400 SPRUCE ST # 680

City PHILADELPHIA State PA Zip Code 19104

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

Name of Employer UNIVERSITY OF PENNSYLVANIA HEALTH & SC Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2010
Transaction ID : SA11AI.93060

Amount of Each Receipt this Period 500.00

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

Mailing Address 38 HEDGEROW DR

City FALMOUTH State ME Zip Code 04105

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

Name of Employer SPECTRUM MEDICAL GROUP Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 834.00

Date of Receipt 10 / 17 / 2010
Transaction ID : SA11AI.93335

Amount of Each Receipt this Period 4.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1004.00

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 63 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. RICHARD FLOWERDEW		Date of Receipt
Mailing Address 38 HEDGEROW DR		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
City	State	Transaction ID : SA11AI.94342
FALMOUTH	ME	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="83.00"/>
Name of Employer	Occupation	
SPECTRUM MEDICAL GROUP	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="917.00"/>	

Full Name (Last, First, Middle Initial) B. BRYAN FONG		Date of Receipt
Mailing Address 757 WESTWOOD PLZ #3304		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
City	State	Transaction ID : SA11AI.94647
LOS ANGELES	CA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="-20.00"/>
Name of Employer	Occupation	
NON MEM REFUND A/M	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="-20.00"/>	

Full Name (Last, First, Middle Initial) C. PHILLIP FYMAN		Date of Receipt
Mailing Address 18457 AVON RD.		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
City	State	Transaction ID : SA11AI.93385
JAMAICA	NY	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="250.00"/>
Name of Employer	Occupation	
SELF-EMPLOYED	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="313.00"/>
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 64 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. ROBERT GAISER
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 EDINBURGH LN
 City MOUNT LAUREL State NJ Zip Code 08054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF PENNSYLVANIA HEALTH AN Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 10 / 17 / 2010
Transaction ID : SA11AI.93538
 Amount of Each Receipt this Period 300.00

B. JOSEPH GALASSI
 Full Name (Last, First, Middle Initial)
 Mailing Address 193 LILAC DR.
 City ALLENTOWN State PA Zip Code 18104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALLENTOWN ANESTHESIA ASSOCIATES Occupation COMPONENT EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 17 / 2010
Transaction ID : SA11AI.93507
 Amount of Each Receipt this Period 1000.00

C. TONG GAN
 Full Name (Last, First, Middle Initial)
 Mailing Address ANESTHESIA DEPARTMENT BOX 3094
 City DURHAM State NC Zip Code 27710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DUKE UNIVERSITY MEDICAL CENTER Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 10 / 21 / 2010
Transaction ID : SA11AI.93930
 Amount of Each Receipt this Period 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 65 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. EDMUND GARVEY
Full Name (Last, First, Middle Initial)

Mailing Address 133 E. FREDERICK ST.

City LANCASTER	State PA	Zip Code 17602
-------------------	-------------	-------------------

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

Name of Employer ANES ASSOC LANCASTER	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2010

Transaction ID : SA11AI.94050

Amount of Each Receipt this Period
500.00

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

Mailing Address 640 KENESAW AVE.

City KNOXVILLE	State TN	Zip Code 37919
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2010

Transaction ID : SA11AI.94066

Amount of Each Receipt this Period
250.00

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

Mailing Address 4301 W MARKHAM MS 515

City LITTLE ROCK	State AR	Zip Code 72205
---------------------	-------------	-------------------

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

Name of Employer UNIV OF AR FOR MED SCI ANES DEPT	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2010

Transaction ID : SA11AI.94498

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 66 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. BRENDA GENTZ
 Mailing Address P.O. BOX 40428
 City State Zip Code
 TUCSON AZ 85717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY OF ARIZONA HEALTHCARE ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93601
 Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. JAMES GIBBONS
 Mailing Address 13203 GREENBOUGH DR
 City State Zip Code
 SAINT LOUIS MO 63146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WESTERN ANESTH PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93404
 Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. CHARLES GIBBS
 Mailing Address P.O. BOX 98
 City State Zip Code
 RAINBOW LAKE NY 12976
 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 M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93547
 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: (check only one)	PAGE 67 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. N MARTIN GIESECKE
Full Name (Last, First, Middle Initial)

Mailing Address 6037 LLANO AVE

City DALLAS State TX Zip Code 75206

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

Name of Employer UTSMC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010

Transaction ID : SA11AI.93202

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 2336 W. LAKE SHORE DR.

City SPRINGFIELD State IL Zip Code 62712

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

Name of Employer ASSOC ANES SPFLD Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010

Transaction ID : SA11AI.93312

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 2401 SOUTH 31ST

City TEMPLE State TX Zip Code 76508

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

Name of Employer SCOTT & WHITE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010

Transaction ID : SA11AI.93318

Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MICHAEL GOLDBERG		Date of Receipt
Mailing Address 113 N BREAD ST APT 9E		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
PHILADELPHIA	PA	19106
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.92920
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
COOPER UNIV HOSP	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PETER GOLDZWEIG		Date of Receipt
Mailing Address 942 WOOD HOLLOW LN.		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City	State	Zip Code
RIDGEWOOD	NJ	07450
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.93052
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
NVA	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MICHAEL GOSNEY		Date of Receipt
Mailing Address 108 CHASE DR.		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City	State	Zip Code
MUSCLE SHOALS	AL	35661
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.93259
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
ANESTHESIA MEDICAL CONSULTANTS, PC	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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: (check only one)	PAGE 69 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DAVID GRAF		Date of Receipt
Mailing Address PO BOX 8255 WVU MEDICAL SCHOOL		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
MORGANTOWN	WV	26506
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.92987
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
UNIV. OF WEST VIRGINIA MED. SCHOOL	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JAMES GRANT		Date of Receipt
Mailing Address 1574 SODON LAKE DR		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
BLOOMFIELD HILLS	MI	48302
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.92870
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
SOAA	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JAMES GREEN		Date of Receipt
Mailing Address 734 LINDWOOD DR		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
City	State	Zip Code
GREENSBURG	PA	15601
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.94255
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
WPAA	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 70 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CHARLES GREGORIUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2220 THE KNOLLS
 City LINCORN State NE Zip Code 68512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSOCIATED ANESTHESIOLOGISTSS, P.C. Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 15 / 2010
Transaction ID : SA11AI.93001
 Amount of Each Receipt this Period 1000.00

B. BRIAN GROSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 889 RIVERVIEW DR.
 City MORGANTOWN State WV Zip Code 26505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WEST VIRGINA UNIV Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1500.00

Date of Receipt 10 / 17 / 2010
Transaction ID : SA11AI.93323
 Amount of Each Receipt this Period 1000.00

C. BRIAN GROSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 889 RIVERVIEW DR.
 City MORGANTOWN State WV Zip Code 26505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CONTRIB REFUND Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date -750.00

Date of Receipt 11 / 19 / 2010
Transaction ID : SA11AI.94645
 Amount of Each Receipt this Period -750.00

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 71 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. SCOTT GROUDINE
Full Name (Last, First, Middle Initial)

Mailing Address 21 CARRIAGE HILL DRIVE

City LATHAM State NY Zip Code 12110

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

Name of Employer ALBANY MEDICAL CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93274

Amount of Each Receipt this Period
 500.00

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

Mailing Address 23080 CROSS DR

City DEERWOOD State MN Zip Code 56444

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

Name of Employer MN INST. MINIMALLY INVASIVE SURGERY Occupation ANESTHESIA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2010
Transaction ID : SA11AI.94534

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1016 FEATHERSTONE RD

City ROCKFORD State IL Zip Code 61107

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

Name of Employer ROCKFORD ANES ASSOC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93193

Amount of Each Receipt this Period
 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: (check only one)	PAGE 72 OF 209
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. TIMOTHY GUNDLACH		Date of Receipt
Mailing Address 9008 UNBRIDLE LN		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City	State	Zip Code
WAXHAW	NC	28173
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.93125
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
SOUTHEAST ANESTHESIOLOGY CONSULTA	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. HELENA GUNNERSON		Date of Receipt
Mailing Address 8809 LAKE RIDGE DR		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
City	State	Zip Code
DARIEN	IL	60561
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.93362
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
MIDWEST ANESTH	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SARA GUZMAN-REYES		Date of Receipt
Mailing Address 12504 EMERALD SPRINGS DR		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City	State	Zip Code
PEARLAND	TX	77584
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.93749
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
UT HOUSTON SCHL MED	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

**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 73 OF 209
	<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	<input type="checkbox"/> 17

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

A. PHILIP HALL
Full Name (Last, First, Middle Initial)

Mailing Address 4942 HEARTLAND PKY.

City	State	Zip Code
LEXINGTON	KY	40515

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

Name of Employer	Occupation
ANESTH ASSOC	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93349

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1307 E. JEFFERSON BLVD.

City	State	Zip Code
SOUTH BEND	IN	46617

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

Name of Employer	Occupation
MICHIANA ANESTHESIA CARE, P.C.	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93394

Amount of Each Receipt this Period
250.00

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

Mailing Address 3390 N. CAMPBELL AVE., STE. 110

City	State	Zip Code
TUCSON	AZ	85719

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

Name of Employer	Occupation
SOUTHERN ARIZONA ANESTHESIA	ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
917.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2010

Transaction ID : SA11AI.94284

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional).....▶	1333.00
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 74 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ALEXANDER HANNENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 2014 WASHINGTON ST
 City NEWTON State MA Zip Code 02462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COMMONWEALTH ANES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92898
 Amount of Each Receipt this Period
 1000.00

B. JAMES HANSARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3116 E. 87TH PLACE
 City TULSA State OK Zip Code 74137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSOC. ANESTHESIOLOGISTS, INC. Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2010
Transaction ID : SA11AI.94478
 Amount of Each Receipt this Period
 250.00

C. RALPH HARDING
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 VILLAGE DR.
 City DUBLIN State GA Zip Code 31021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WEST VIRGINIA UNIVERSITY HOSPITAL Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92876
 Amount of Each Receipt this Period
 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: (check only one)	PAGE 75 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. H. DAVID HARDMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 GALWAY DR
 City CHAPEL HILL State NC Zip Code 27517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF NORTH CAROLINA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2010
Transaction ID : SA11AI.94138
 Amount of Each Receipt this Period
 1000.00

B. BRIAN HARRINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1837
 City BILLINGS State MT Zip Code 59103
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93423
 Amount of Each Receipt this Period
 500.00

C. MARC HASSID
 Full Name (Last, First, Middle Initial)
 Mailing Address 167 ASHLEY AVE, SUITE 301 MSC 912
 City CHARLESTON State SC Zip Code 29425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MUSC- DEPARTMENT OF ANESTHESIA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2010
Transaction ID : SA11AI.93675
 Amount of Each Receipt this Period
 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: (check only one)	PAGE 76 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. ALLEN HAYMAN

Mailing Address 7 GOLDENROD LN

City FALMOUTH State ME Zip Code 04105

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

Name of Employer YORK HOSPITAL DEPT OF ANESTHESIOLOG Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2010
Transaction ID : SA11AI.93682

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3RD FLOOR DESLOGE TOWER
3635 VISTA AT GRAND BOULEVARD

City ST LOUIS State MO Zip Code 63110

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

Name of Employer ST LOUIS UNIVERSITY Occupation PROFESSOR AND CHAIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93285

Amount of Each Receipt this Period
250.00

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

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
200 FIRST STREET, SW

City ROCHESTER State MN Zip Code 55905

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

Name of Employer MAYO CLINIC COLLEGE OF MEDICINE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93142

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: PAGE 77 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. GEORGE HEFNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 BRIARWOOD LN.
 City LINCOLNSHIRE State IL Zip Code 60069
 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
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92856
 Amount of Each Receipt this Period
 500.00

B. H. A. TILLMANN HEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4251 PARK LN
 City DALLAS State TX Zip Code 75220
 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2010
Transaction ID : SA11AI.93811
 Amount of Each Receipt this Period
 1000.00

C. JAMES HEITZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1009 LOMBARD ST
 City PHILADELPHIA State PA Zip Code 19147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THOMAS JEFFERSON UNIV 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 Y
 10 / 17 / 2010
Transaction ID : SA11AI.93541
 Amount of Each Receipt this Period
 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: (check only one)	PAGE 78 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. LAURA HEMMER			Date of Receipt
Mailing Address 2650 N PAULINA ST			<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
City	State	Zip Code	Transaction ID : SA11AI.93505
CHICAGO	IL	60614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
NORTHWESTERN UNIVERSITYFEINBERG SC	ANESTHESIOLOGIST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. THOMAS HENTHORN			Date of Receipt
Mailing Address LEPRINO OFFICE BLDG 12401 E 17TH AVE., MAIL STOP B113			<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City	State	Zip Code	Transaction ID : SA11AI.93293
AURORA	CO	80045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
UNIVERSITY OF COLORADO DENVER	ANESTHESIOLOGIST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. DAVID HEPNER			Date of Receipt
Mailing Address DEPARTMENT OF ANESTHESIOLOGY 75 FRANCIS ST # L1			<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
City	State	Zip Code	Transaction ID : SA11AI.93658
BOSTON	MA	02115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
BRIGHAM ANWOMENS HOSPITAL, HARVARD	ANESTHESIOLOGIST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="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 79 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ANDREW HERLICH		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2010
Mailing Address 116 HAVERFORD CIRCLE		Transaction ID : SA11AI.93009
City PITTSBURGH	State PA	Zip Code 15228
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 4.00	
Name of Employer UPMC MERCY	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 834.00	

Full Name (Last, First, Middle Initial) B. ANDREW HERLICH		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2010
Mailing Address 116 HAVERFORD CIRCLE		Transaction ID : SA11AI.94307
City PITTSBURGH	State PA	Zip Code 15228
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.00	
Name of Employer UPMC MERCY	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 917.00	

Full Name (Last, First, Middle Initial) C. JOHN HERRING		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2010
Mailing Address 4128 EAGLE RIDGE DR		Transaction ID : SA11AI.94031
City CEDAR RAPIDS	State IA	Zip Code 52411
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer LINN CTY ANESTH	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).....▶	337.00
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 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. LINDA HERTZBERG

Mailing Address **6622 N. FORKNER AVE.**

City State Zip Code
FRESNO CA 93711

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 15 / 2010

Transaction ID : SA11AI.92894

Amount of Each Receipt this Period
1000.00

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

Mailing Address **20287 S LAKE VISTA CT**

City State Zip Code
OREGON CITY OR 97045

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

Name of Employer Occupation
OREGON HEALTH SCIENCES UNIV. ANES. ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 15 / 2010

Transaction ID : SA11AI.92882

Amount of Each Receipt this Period
1000.00

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

Mailing Address **TVC 722 MAB**

City State Zip Code
NASHVILLE TN 37232

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

Name of Employer Occupation
VANDERBILT UNIVERSITY ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 16 / 2010

Transaction ID : SA11AI.93265

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 81 OF 209
(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
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. LAUREN HOJDILA

Mailing Address 2313 NESSLEWOOD DR

City WESLEY CHAPEL	State FL	Zip Code 33543
-----------------------	-------------	-------------------

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

Name of Employer NOVA SOUTHEASTERN UNIVERSITY	Occupation ANESTHESIOLOGIST ASSISTANT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2010

Transaction ID : SA11AI.93681

Amount of Each Receipt this Period
500.00

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

Mailing Address 1 GUSTAVE L LEVY PL

City NEW YORK	State NY	Zip Code 10029
------------------	-------------	-------------------

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

Name of Employer MOUNT SINAI MED	Occupation ANESTHESIOLOGIST
-------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93382

Amount of Each Receipt this Period
500.00

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

Mailing Address 5201 N. FORT YUMA TRL

City TUCSON	State AZ	Zip Code 85750
----------------	-------------	-------------------

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

Name of Employer OLD PUEBLO ANES. P.C.	Occupation ANESTHESIOLOGIST
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2010

Transaction ID : SA11AI.94390

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	1025.00
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 82 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. TIMOTHY HOUSEMAN
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1025

City FAIRHOPE State AL Zip Code 36533

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

Name of Employer EASTERN SHORE ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2010

Transaction ID : SA11AI.94271

Amount of Each Receipt this Period
41.00

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

Mailing Address 908 DENNISFORD CT

City COCKEYSVILLE State MD Zip Code 21030

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

Name of Employer MERCY ANES ASSOC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 16 / 2010

Transaction ID : SA11AI.93090

Amount of Each Receipt this Period
1000.00

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

Mailing Address 18 WILKES RD

City ROWLEY State MA Zip Code 01969

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

Name of Employer BRIGHAM & WOMEN'S 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 Y Y
10 / 16 / 2010

Transaction ID : SA11AI.93110

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1291.00
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 83 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ROBERT HSIUNG		Date of Receipt
Mailing Address 4810 S 146TH ST		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
City	State	Zip Code
TUKWILA	WA	98168
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.94086
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
VIRGINIA MASON MED CTR	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SEAN HUNT		Date of Receipt
Mailing Address 100 HITCHCOCK WAY		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City	State	Zip Code
MANCHESTER	NH	03104
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.93795
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
DARTMOUTH-HITCHCOCK CLINIC	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MARC HUNTOON		Date of Receipt
Mailing Address 663 FREDERICH DR NW		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City	State	Zip Code
ROCHESTER	MN	55901
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.93807
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
MAYO CLINIC COLLEGE OF MED	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="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 84 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. BARBARA HURLBERT		Date of Receipt
Mailing Address 9223 DAVENPORT ST.		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City	State	Zip Code
OMAHA	NE	68114
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.93094
Name of Employer	Occupation	Amount of Each Receipt this Period
U OF NE COLL OF MED	ANESTHESIOLOGIST	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JEFFREY JACOBS		Date of Receipt
Mailing Address 11041 PINE LODGE TRAIL		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
City	State	Zip Code
DAVIE	FL	33328
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.94355
Name of Employer	Occupation	Amount of Each Receipt this Period
CLEVELAND CLINIC FLORIDA	ANESTHESIOLOGIST	<input type="text" value="41.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. P. JAMES		Date of Receipt
Mailing Address 3179 NW 71ST AVE		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
City	State	Zip Code
MARGATE	FL	33063
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.94092
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	ANESTHESIOLOGIST	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1041.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 85 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JEFFREY JEKOT
Full Name (Last, First, Middle Initial)

Mailing Address 3804 WOODCUTTER'S WAY

City AUSTIN State TX Zip Code 78746

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

Name of Employer AUSTIN ANES GRP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010

Transaction ID : SA11AI.93351

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 2160 S 1ST AVE BLDG 103 BUILDING 103 - 3111

City MAYWOOD State IL Zip Code 60153

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

Name of Employer LOYOLA UNIVERSITY MEDICAL CENTER Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2010

Transaction ID : SA11AI.93842

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2221 SW 1ST AVE. #1921

City PORTLAND State OR Zip Code 97201

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010

Transaction ID : SA11AI.92912

Amount of Each Receipt this Period
 1000.00

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 86 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CURBY JENKINS
Full Name (Last, First, Middle Initial)

Mailing Address 654 EMILY LN.

City HASLETT State MI Zip Code 48840

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

Name of Employer LANSING ANESTHESIOLOGISTS, PC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2010
Transaction ID : SA11AI.94288

Amount of Each Receipt this Period
 83.00

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

Mailing Address 207 DUNBAR COURT

City DOTHAN State AL Zip Code 36305

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

Name of Employer ACMG, PC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2010
Transaction ID : SA11AI.94401

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1610 QUEENSLAND CT

City ALPHARETTA State GA Zip Code 30005

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

Name of Employer EMORY UNIVERSITY HOSPITAL Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92838

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1583.00

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 87 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JAY JOHANSEN
Full Name (Last, First, Middle Initial)

Mailing Address 1610 QUEENSLAND CT

City ALPHARETTA State GA Zip Code 30005

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

Name of Employer EMORY UNIVERSITY HOSPITAL Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010

Transaction ID : SA11AI.92947

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1610 QUEENSLAND CT

City ALPHARETTA State GA Zip Code 30005

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

Name of Employer CORRECT DUP A/M CONTRIB Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ -500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2010

Transaction ID : SA11AI.94147

Amount of Each Receipt this Period
 -500.00

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

Mailing Address 11415 BLAIR RD.

City APISON State TN Zip Code 37302

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

Name of Employer ANESTH CONSULT Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010

Transaction ID : SA11AI.93353

Amount of Each Receipt this Period
 1000.00

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 88 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. PAUL JOHNSON			Date of Receipt
Mailing Address 39 WOODMERE DR.			<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
City	State	Zip Code	Transaction ID : SA11AI.94400
DOTHAN	AL	36305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
ANESTHESIA CONSULTANTS MEDICAL GRO	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. ROBERT JOHNSTONE			Date of Receipt
Mailing Address 369 LAKEVIEW DR.			<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code	Transaction ID : SA11AI.92900
MORGANTOWN	WV	26508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
UNIV HEALTH ASSOC	ANESTHESIOLOGIST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. STEPHANIE JONES			Date of Receipt
Mailing Address 100 LINCOLN RD			<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code	Transaction ID : SA11AI.92861
WAYLAND	MA	01778	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
BETH ISRAEL DEACONESS MEDICAL CENTE	ANESTHESIOLOGIST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
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 89 OF 209
	<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	<input type="checkbox"/> 17

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

A. GIRISH JOSHI
Full Name (Last, First, Middle Initial)

Mailing Address 5826 BUFRIDGE TRL

City DALLAS State TX Zip Code 75252

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

Name of Employer UNIVERSITY OF TEXAS - SOUTHWESTERN M Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 17 / 2010
Transaction ID : SA11AI.93494

Amount of Each Receipt this Period
250.00

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

Mailing Address 12709 ARLISS DR

City LAKEWOOD State OH Zip Code 44109

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

Name of Employer METROHEALTH MED Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 18 / 2010
Transaction ID : SA11AI.93743

Amount of Each Receipt this Period
500.00

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

Mailing Address 5350 CORBIN AVE

City TARZANA State CA Zip Code 91356

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

Name of Employer UCLA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
10 / 15 / 2010
Transaction ID : SA11AI.92913

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 90 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. BIJU KATTAPURAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 6834 TAMMY CT.
 City State Zip Code
 BETHESDA MD 20817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WASHINGTON HOSP ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93432
 Amount of Each Receipt this Period
 250.00

B. CANDACE KELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 8025 LEGEND CREEK DR
 City State Zip Code
 MIRAMAR BEACH FL 32550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIV OF MISSISSIPPI PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2010
Transaction ID : SA11AI.93799
 Amount of Each Receipt this Period
 1000.00

C. JAMES KELLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 11720 MADISON AVE
 City State Zip Code
 KANSAS CITY MO 64114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDIOTHORACIC ANESTHESIA ASSOCIATI PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93501
 Amount of Each Receipt this Period
 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: (check only one)	PAGE 91 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ANGELA KENDRICK
Full Name (Last, First, Middle Initial)

Mailing Address 7900 S.W. 191ST AVE.

City ALOHA State OR Zip Code 97007

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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010

Transaction ID : SA11AI.93189

Amount of Each Receipt this Period
 500.00

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

Mailing Address MAIL CODE 7838

City SAN ANTONIO State TX Zip Code 78229

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

Name of Employer UTHSCSA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010

Transaction ID : SA11AI.93186

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 240 BAIER DR

City SALEM State VA Zip Code 24153

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

Name of Employer ACV INC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2010

Transaction ID : SA11AI.94072

Amount of Each Receipt this Period
 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: (check only one)	PAGE 92 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ROBERT KETTLER
Full Name (Last, First, Middle Initial)

Mailing Address 9200 W. WISCONSIN AVE.

City MILWAUKEE	State WI	Zip Code 53226
-------------------	-------------	-------------------

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

Name of Employer MED COLL OF WISC	Occupation ANESTHESIOLOGIST
--------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2010

Transaction ID : SA11AI.94084

Amount of Each Receipt this Period
500.00

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

Mailing Address 915 LARCHMONT CRES.

City NORFOLK	State VA	Zip Code 23508
-----------------	-------------	-------------------

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

Name of Employer ATLANTIC ANESTHESIA, INC.	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2010

Transaction ID : SA11AI.94261

Amount of Each Receipt this Period
25.00

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

Mailing Address 9290 E THOMPSON PEAK PKWY UNIT 227

City SCOTTSDALE	State AZ	Zip Code 85255
--------------------	-------------	-------------------

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

Name of Employer VALLEY ANESTHESIOLOGY	Occupation ANESTHESIOLOGIST
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2010

Transaction ID : SA11AI.93089

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1025.00
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 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 4423 KINGS FOREST BLVD

City RICHFIELD State OH Zip Code 44286

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

Name of Employer CLEVELAND CLINIC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010

Transaction ID : SA11AI.93257

Amount of Each Receipt this Period
 500.00

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

Mailing Address 14204 DEARBORN ST

City OVERLAND PARK State KS Zip Code 66223

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

Name of Employer UNIVERSITY OF KANSAS MEDICAL CENTER Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010

Transaction ID : SA11AI.92973

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 165 WILLOW LN

City NORTH LIBERTY State IA Zip Code 52317

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

Name of Employer UNIV OF IA HOSP AND CLINICS ANES DEPT Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2010

Transaction ID : SA11AI.93835

Amount of Each Receipt this Period
 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 94 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CHRIS KITTLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 ROSECROFT CT.
 City WILMINGTON State DE Zip Code 19808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANESTH SERVICES Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93198
 Amount of Each Receipt this Period
 1000.00

B. JEROME KLAFTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4123 HARVEY AVE.
 City WESTERN SPRINGS State IL Zip Code 60558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF CHICAGO 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 Y Y
 10 / 21 / 2010
Transaction ID : SA11AI.93954
 Amount of Each Receipt this Period
 500.00

C. S. LYNN KNOX
 Full Name (Last, First, Middle Initial)
 Mailing Address 1327 OAHU DR
 City TIKI ISLAND State TX Zip Code 77554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UTMB 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 Y
 10 / 17 / 2010
Transaction ID : SA11AI.93459
 Amount of Each Receipt this Period
 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: (check only one)	PAGE 95 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. ROBERT KOEBERT

Mailing Address 541 E ERIE ST UNIT 404

City MILWAUKEE State WI Zip Code 53202

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

Name of Employer AURORA MED GRP Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2010

Transaction ID : SA11AI.93935

Amount of Each Receipt this Period
 500.00

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

Mailing Address 507 RIDGEWOOD ROAD

City LOUISVILLE State KY Zip Code 40207

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

Name of Employer UNIVERSITY OF LOUISVILLE Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2010

Transaction ID : SA11AI.94187

Amount of Each Receipt this Period
 250.00

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

Mailing Address 5500 PRYTANIA ST # 435

City NEW ORLEANS State LA Zip Code 70115

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

Name of Employer TULANE UNIVERSITY MED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010

Transaction ID : SA11AI.93310

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: (check only one)	PAGE 96 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. JOSEPH KRAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 S EUCLID AVE # 8054
 City SAINT LOUIS State MO Zip Code 63110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WASHINGTON UNIV ST. LOUIS Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2010
Transaction ID : SA11AI.93755
 Amount of Each Receipt this Period
 250.00

B. TOM KREJCIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 E. CHICAGO AVE-WARD BLDG. 13-1
 City CHICAGO State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTHWESTERN UNIV FEINBERG SCH Occupation PHYSICIAN - ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2010
Transaction ID : SA11AI.94612
 Amount of Each Receipt this Period
 250.00

C. DAVID KRHOVSKY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2248 SHAWNEE S.E.
 City GRAND RAPIDS State MI Zip Code 49506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANESTHESIA MEDICAL CONSULTANTS PC Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 913.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2010
Transaction ID : SA11AI.94389
 Amount of Each Receipt this Period
 83.00

SUBTOTAL of Receipts This Page (optional).....▶	583.00
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 97 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2205 ISLAND WOOD RD

City AUSTIN State TX Zip Code 78733

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

Name of Employer: CAPITOL ANESTHESIOLOGY ASSOCIATION Occupation: PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 17 / 2010
Transaction ID : SA11AI.93488

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 14 KENDALL DRIVE

City CHAPEL HILL State NC Zip Code 27517

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

Name of Employer: DUKE UNIVERSITY Occupation: PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 16 / 2010
Transaction ID : SA11AI.93058

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 4640 HAWK HOLLOW DR. E.

City BATH State MI Zip Code 48808

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

Name of Employer: LANSING ANESTHESIOLOGISTS, P.C. Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 419.00

Date of Receipt: 11 / 01 / 2010
Transaction ID : SA11AI.94273

Amount of Each Receipt this Period: 83.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2083.00

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 98 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ERIC KUNICHIKA
Full Name (Last, First, Middle Initial)

Mailing Address 2272 ALAQUA DR.

City LONGWOOD State FL Zip Code 32779

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

Name of Employer JLR MED GRP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2010

Transaction ID : SA11AI.93809

Amount of Each Receipt this Period
 500.00

B. HUNG-CHI KWOK
Full Name (Last, First, Middle Initial)

Mailing Address 2732 MUIR WOODS DR., SE

City HAMPTON COVE State AL Zip Code 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2010

Transaction ID : SA11AI.94106

Amount of Each Receipt this Period
 150.00

C. HUNG-CHI KWOK
Full Name (Last, First, Middle Initial)

Mailing Address 2732 MUIR WOODS DR., SE

City HAMPTON COVE State AL Zip Code 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 ▼ 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2010

Transaction ID : SA11AI.94673

Amount of Each Receipt this Period
 150.00

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 99 OF 209
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ROBERT LAGASSE		Date of Receipt
Mailing Address 39 IRON GATE RD		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
City	State	Zip Code
STAMFORD	CT	06903
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.93450
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
YALE UNIVERSITY SCHOOL OF MEDICINE	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. WILLIAM LANE		Date of Receipt
Mailing Address 151 GLENEAGLES CIR.		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
City	State	Zip Code
MACON	GA	31210
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.94207
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
NEXUS MEDICAL GROUP, LLC	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. DENISE LA RUE		Date of Receipt
Mailing Address 10 MYRTLE AVE		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
City	State	Zip Code
SOUTH PORTLAND	ME	04106
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.93316
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
SPECTRUM MED GRP	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 100 OF 209
(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
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

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

Mailing Address 3398 RIVIERE DU CHIEN LPN

City MOBILE	State AL	Zip Code 36693
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FEC ID number of contributing federal political committee. **C**

Name of Employer ANESTHESIA SERV	Occupation PHYSICIAN
-------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2010

Transaction ID : SA11AI.93248

Amount of Each Receipt this Period
1000.00

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

Mailing Address 6911 VAN DORN ST STE 2

City LINCOLN	State NE	Zip Code 68506
-----------------	-------------	-------------------

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

Name of Employer ASSOCIATED ANESTHESIOLOGISTS	Occupation ANESTHEISIOLOGIST
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2010

Transaction ID : SA11AI.93157

Amount of Each Receipt this Period
500.00

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

Mailing Address 6431 FANNIN ST STE 5.196
DEPT OF ANESTHESIOLOGY

City HOUSTON	State TX	Zip Code 77030
-----------------	-------------	-------------------

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

Name of Employer UNIVERSITY OF TEXAS MED SCHOOL	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
418.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2010

Transaction ID : SA11AI.94262

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional).....▶	1541.00
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 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CHARLES LEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2006 FRANKLIN ST., #301
 City HUNTSVILLE State AL Zip Code 35801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COMPREHENSIVE ANESTHESIA Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2010
Transaction ID : SA11AI.94396
 Amount of Each Receipt this Period
 500.00

B. MARC LEIB
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 44527
 City PHOENIX State AZ Zip Code 85064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AHCCCS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93465
 Amount of Each Receipt this Period
 250.00

C. MARK LEMA
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 ROXBURY PARK
 City EAST AMHERST State NY Zip Code 14051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE UNIVERSITY NEW YORK AT BUFFALO Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92985
 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: (check only one)	PAGE 102 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. LEONARD LEWENSTEIN		Date of Receipt
Mailing Address 422 21ST ST.		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City	State	Zip Code
SANTA MONICA	CA	90402
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.93831
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF	MD	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BRENDA LEWIS		Date of Receipt
Mailing Address 646 CHARLES PL.		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
City	State	Zip Code
HIGHLAND HEIGHTS	OH	44143
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.94206
Name of Employer	Occupation	Amount of Each Receipt this Period
CLEVELAND CLINIC	ANESTHESIOLOGIST	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CYNTHIA LIEN		Date of Receipt
Mailing Address 525 E 68TH STREET, RM. M-312-A		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
City	State	Zip Code
NEW YORK	NY	10065
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.93364
Name of Employer	Occupation	Amount of Each Receipt this Period
WEILL CORNELL MED	ANESTHESIOLOGIST	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1050.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 103 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DELLA LIN
Full Name (Last, First, Middle Initial)

Mailing Address 1329 LUSITANA ST., #604

City HONOLULU	State HI	Zip Code 96813
------------------	-------------	-------------------

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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2010

Transaction ID : SA11AI.93840

Amount of Each Receipt this Period

200.00

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

Mailing Address 4902 HOLLOWVINE LN

City KATY	State TX	Zip Code 77494
--------------	-------------	-------------------

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

Name of Employer GREATER HOUSTON ANESTH	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93361

Amount of Each Receipt this Period

1000.00

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

Mailing Address 2014 WASHINGTON ST.

City NEWTON	State MA	Zip Code 02462
----------------	-------------	-------------------

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

Name of Employer CAA	Occupation ANESTHESIOLOGIST
-------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2010

Transaction ID : SA11AI.93239

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
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 104 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. ASA LOCKHART		Date of Receipt
Mailing Address 2106 KENNEBUNK LN.		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
TYLER	TX	75703
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.92880
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
ETAA	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ASA LOCKHART		Date of Receipt
Mailing Address 2106 KENNEBUNK LN.		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
City	State	Zip Code
TYLER	TX	75703
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.94387
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.00"/>
Name of Employer	Occupation	
EAST TEXAS ANESTHESIOLOGY ASSOCIATES	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="913.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CLAUDIO LOFFREDA-MANCINELLI		Date of Receipt
Mailing Address 4685 DUTCH RIDGE RD.		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City	State	Zip Code
BEAVER	PA	15009
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.93805
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
WPAA	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1333.00"/>
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 105 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. TIMOTHY LONG
Full Name (Last, First, Middle Initial)

Mailing Address 200 1ST ST SW

City ROCHESTER State MN Zip Code 55905

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

Name of Employer MAYO CLINIC COLLEGE OF MEDICINE Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 26 / 2010
Transaction ID : SA11AI.94150

Amount of Each Receipt this Period
500.00

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

Mailing Address 1606 DRAKE AVE SE

City HUNTSVILLE State AL Zip Code 35802

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

Name of Employer COMPREHENSIVE ANESTHESIA SERVICES Occupation ANESTHESIOLOGIST PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt
11 / 01 / 2010
Transaction ID : SA11AI.94285

Amount of Each Receipt this Period
83.00

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

Mailing Address 107 CAVEL LN

City DOTHAN State AL Zip Code 36305

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

Name of Employer ANESTHESIA CONSULTANTS MEDICAL GRO Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
10 / 28 / 2010
Transaction ID : SA11AI.94169

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 1583.00

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 106 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JEFFREY LU
Full Name (Last, First, Middle Initial)

Mailing Address 30 NORTH 1900 EAST

City State Zip Code
SALT LAKE CITY UT 84132

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

Name of Employer Occupation
UNIVERSITY OF UTAH DEPARTMENT OF AN ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2010
Transaction ID : SA11AI.92828

Amount of Each Receipt this Period
250.00

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

Mailing Address 1420 LATHROP AVENUE

City State Zip Code
RIVER FOREST IL 60305

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

Name of Employer Occupation
UNIV OF CHICAGO ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2010
Transaction ID : SA11AI.94045

Amount of Each Receipt this Period
250.00

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

Mailing Address 16 ROBIN HOOD RNCH

City State Zip Code
OAK BROOK IL 60523

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

Name of Employer Occupation
UNIVERSITY ANESTHESIOLOGISTS, SC ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2010
Transaction ID : SA11AI.93679

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 107 OF 209
	(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"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. LINDA LUCAS		Date of Receipt
Mailing Address 5013 OLD FEDERAL RD.		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City State Zip Code LOUISVILLE KY 40207		Transaction ID : SA11AI.93759
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
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 ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. JOSHUA LUMBLEY		Date of Receipt
Mailing Address 410 W 10TH AVE N411 DOAN HALL		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
City State Zip Code COLUMBUS OH 43210		Transaction ID : SA11AI.94295
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="41.00"/>
Name of Employer THE OHIO STATE UNIVERSITY MEDICAL CENTER	Occupation ATTENDING ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="418.00"/>	

Full Name (Last, First, Middle Initial) C. JAMES LUNSFORD		Date of Receipt
Mailing Address 517 SHERITAN WAY SW		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City State Zip Code SMYRNA GA 30082		Transaction ID : SA11AI.93732
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA	Occupation ANESTHESIOLOGIST ASSISTANT	
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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="791.00"/>
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 108 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ANNE LYNN
Full Name (Last, First, Middle Initial)

Mailing Address 6049 51ST AVE NE

City SEATTLE	State WA	Zip Code 98115
-----------------	-------------	-------------------

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

Name of Employer U WA/SEATTLE CHILD	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2010

Transaction ID : SA11AI.93820

Amount of Each Receipt this Period
250.00

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

Mailing Address 45 LINDEN ST

City BANGOR	State ME	Zip Code 04401
----------------	-------------	-------------------

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

Name of Employer SPECTRUM MEDICAL GROUP NORTHERN ANESTH	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93381

Amount of Each Receipt this Period
500.00

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

Mailing Address DEPT. OF ANESTHESIOLOGY
619 S. 19TH ST., JT845

City BIRMINGHAM	State AL	Zip Code 35249
--------------------	-------------	-------------------

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

Name of Employer UNIV. OF ALABAMA - BIRMINGHAM	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1417.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2010

Transaction ID : SA11AI.94259

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional).....▶	833.00
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 109 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. PHILIP MANDATO
Full Name (Last, First, Middle Initial)

Mailing Address 607 FAIRWAY DR

City TELFORD State PA Zip Code 18969

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

Name of Employer GRANDVIEW ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2010
Transaction ID : SA11AI.94158

Amount of Each Receipt this Period
 250.00

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

Mailing Address 7 REID ST

City WEST ORANGE State NJ Zip Code 07052

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

Name of Employer RAMAPO ANESTH Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2010
Transaction ID : SA11AI.94203

Amount of Each Receipt this Period
 500.00

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

Mailing Address 7129 JAMESFORD DR

City TOLEDO State OH Zip Code 43617

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

Name of Employer UNIV OF TOLEDO COLLEGE OF MED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92999

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: (check only one)	PAGE 110 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. KURT MARKGRAF
Full Name (Last, First, Middle Initial)

Mailing Address 3663 MCKINLEY AVE

City FORT MYERS State FL Zip Code 33901

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

Name of Employer MEDICAL ANESTHESIA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **834.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2010

Transaction ID : SA11AI.93233

Amount of Each Receipt this Period
4.00

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

Mailing Address 3663 MCKINLEY AVE

City FORT MYERS State FL Zip Code 33901

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

Name of Employer MEDICAL ANESTHESIA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **917.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2010

Transaction ID : SA11AI.94325

Amount of Each Receipt this Period
83.00

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

Mailing Address ANESTHESIA DEPARTMENT
200 FIRST STREET, S.W.

City ROCHESTER State MN Zip Code 55905

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

Name of Employer MAYO CLINIC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2010

Transaction ID : SA11AI.92982

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **587.00**

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 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DONALD MARTIN		Date of Receipt
Mailing Address 19 GENTRY DR		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City	State	Zip Code
PALMYRA	PA	17078
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.93816
Name of Employer	Occupation	Amount of Each Receipt this Period
PENN STATE UNIV. COLLEGE OF MEDICINE	PHYSICIAN	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. LINDA MASON		Date of Receipt
Mailing Address 1665 HALSEY ST		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
REDLANDS	CA	92373
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.92869
Name of Employer	Occupation	Amount of Each Receipt this Period
LOMA LINDA UNIVERSITY MEDICAL CENTER	ANESTHESIOLOGIST	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. THOMAS MATISKI		Date of Receipt
Mailing Address 3930 E MOUNTAIN VIEW RD		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City	State	Zip Code
PHOENIX	AZ	85028
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.93230
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF	PHYSICIAN	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2500.00"/>
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 112 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JERRY MATSUMURA
Full Name (Last, First, Middle Initial)

Mailing Address 18124 WEDGE PARKWAY, SUITE 232

City	State	Zip Code
RENO	NV	89511

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

Name of Employer	Occupation
SELF-EMPLOYED	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2010

Transaction ID : SA11AI.92874

Amount of Each Receipt this Period
1000.00

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

Mailing Address 6910 WILDGLEN DRIVE

City	State	Zip Code
DALLAS	TX	75230

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

Name of Employer	Occupation
SELF-EMPLOYED	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2010

Transaction ID : SA11AI.93958

Amount of Each Receipt this Period
500.00

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

Mailing Address 5401 S. INGLESIDE AVE.

City	State	Zip Code
CHICAGO	IL	60615

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

Name of Employer	Occupation
UNIV. OF CHICAGO	ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2010

Transaction ID : SA11AI.93953

Amount of Each Receipt this Period
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: (check only one)	PAGE 113 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. EDWARD MCGONIGAL		Date of Receipt
Mailing Address 601 N 30TH ST DEPARTMENT OF ANESTHESIOLOGY		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
City OMAHA	State NE	Zip Code 68131
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.93621
Name of Employer CREIGHTON UNIVERSITY MEDICAL CENTER		Amount of Each Receipt this Period
Occupation PHYSICIAN		<input type="text" value="1000.00"/>
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"/>	

Full Name (Last, First, Middle Initial) B. WILLIAM MCILVAINE		Date of Receipt
Mailing Address 4800 ALBERTA AVE		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City EL PASO	State TX	Zip Code 79905
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.93818
Name of Employer TEXAS TECH UNIVERSITY HSC		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		<input type="text" value="250.00"/>
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"/>	

Full Name (Last, First, Middle Initial) C. ROBERT MCKAY		Date of Receipt
Mailing Address 5 N SAGEBRUSH ST		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City WICHITA	State KS	Zip Code 67230
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.93819
Name of Employer UNIVERSITY OF KANSAS - WICHITA		Amount of Each Receipt this Period
Occupation PHYSICIAN		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 114 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JAMES MCMICHAEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2911 GREENLEE DR
 City State Zip Code
 AUSTIN TX 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CAPITAL ANES ASSN PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93573
 Amount of Each Receipt this Period
 500.00

B. WILLIAM MCNIECE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4311 BROADWAY ST
 City State Zip Code
 INDIANAPOLIS IN 46205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 IU ANESTH ASSOC ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2010
Transaction ID : SA11AI.94047
 Amount of Each Receipt this Period
 500.00

C. KATHRYN MCQUEEN
 Full Name (Last, First, Middle Initial)
 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 ANESTHESIOLOGY CONSULTANTS ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93591
 Amount of Each Receipt this Period
 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: (check only one)	PAGE 115 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GREG MERIJANIAN
Full Name (Last, First, Middle Initial)

Mailing Address 2704 DOWNING ST., S.E.

City HUNTSVILLE	State AL	Zip Code 35801
--------------------	-------------	-------------------

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

Name of Employer COMP ANES SERV	Occupation ANESTHESIOLOGIST
------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2010

Transaction ID : SA11AI.94068

Amount of Each Receipt this Period
1000.00

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

Mailing Address #1 MEDICAL CENTER WAY

City LEBANON	State NH	Zip Code 03756
-----------------	-------------	-------------------

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

Name of Employer DARMOOUTH-HITCHCOCK MEDICAL CENTER	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2010

Transaction ID : SA11AI.92862

Amount of Each Receipt this Period
1000.00

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

Mailing Address DEPARTMENT OF ANESTHESIOLOGY, H187
500 UNIVERSITY DRIVE, ROOM C2840

City HERSHEY	State PA	Zip Code 17033
-----------------	-------------	-------------------

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

Name of Employer PENNSYLVANIA STATE HERSHEY MEDICAL	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2010

Transaction ID : SA11AI.94426

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 116 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ERIC MEYER

Mailing Address PO BOX 773808

City State Zip Code
 STEAMBOAT SPRINGS CO 80477

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 M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010

Transaction ID : SA11AI.93397

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1187 N 1100 E

City State Zip Code
 OREM UT 84097

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

Name of Employer Occupation
 SELF-EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010

Transaction ID : SA11AI.93528

Amount of Each Receipt this Period
 500.00

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

Mailing Address 25 S TREASURE DR

City State Zip Code
 TAMPA FL 33609

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

Name of Employer Occupation
 BRANDON PAIN MEDICINE ANESTHESIOLOGIST PAIN MEDICINE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010

Transaction ID : SA11AI.93330

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 117 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MICHAEL MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 15936 OAK PARK CT
 City WESTFIELD State IN Zip Code 46074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACI,LLC Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 377.00

Date of Receipt 11 / 01 / 2010
Transaction ID : SA11AI.94297
 Amount of Each Receipt this Period 41.00

B. CHRISTOPHER MILLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 WIMBLEDON DR
 City LAS VEGAS State NV Zip Code 89107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DESERT ANESTHESIOLOGISTS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 834.00

Date of Receipt 10 / 16 / 2010
Transaction ID : SA11AI.93134
 Amount of Each Receipt this Period 4.00

C. CHRISTOPHER MILLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 WIMBLEDON DR
 City LAS VEGAS State NV Zip Code 89107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DESERT ANESTHESIOLOGISTS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 917.00

Date of Receipt 11 / 01 / 2010
Transaction ID : SA11AI.94348
 Amount of Each Receipt this Period 83.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 128.00
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 118 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MITCHELL MINANA
Full Name (Last, First, Middle Initial)

Mailing Address 1306 E WELDEN DR

City SPOKANE State WA Zip Code 99223

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

Name of Employer: PHYS ANESTH GRP Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 10 / 22 / 2010
Transaction ID : SA11AI.94040

Amount of Each Receipt this Period: 100.00

B. W. STEPHEN MINORE
Full Name (Last, First, Middle Initial)

Mailing Address 2202 HARLEM RD STE 200

City LOVES PARK State IL Zip Code 61111

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

Name of Employer: RAA Occupation: PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 16 / 2010
Transaction ID : SA11AI.93053

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 625 LENOX AVE.

City WESTFIELD State NJ Zip Code 07090

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

Name of Employer: U OF MED & DENTISTRY Occupation: PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 16 / 2010
Transaction ID : SA11AI.93085

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2100.00

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 OF 209
	<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	<input type="checkbox"/> 17

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

A. JOHN MITCHELL
Full Name (Last, First, Middle Initial)

Mailing Address 15 CHALK ST

City CAMBRIDGE State MA Zip Code 02139

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

Name of Employer BETH ISRAEL DEACONESS MEDICAL CENTE Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 15 / 2010
Transaction ID : SA11AI.93008

Amount of Each Receipt this Period
500.00

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

Mailing Address 6713 LAKEWOOD BLVD

City DALLAS State TX Zip Code 75214

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

Name of Employer SCOTT & WHITE HLTH Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
10 / 22 / 2010
Transaction ID : SA11AI.94094

Amount of Each Receipt this Period
1000.00

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

Mailing Address 435 E CAMDEN AVE

City MOORESTOWN State NJ Zip Code 08057

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

Name of Employer DEBORAH HEART & LUNG CENTER Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
10 / 17 / 2010
Transaction ID : SA11AI.93611

Amount of Each Receipt this Period
1000.00

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 120 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1748 VESTWOOD HILLS DR.

City VESTAVIA HILLS State AL Zip Code 35216

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

Name of Employer UNIVERSITY OF ALABAMA SCHOOL OF MED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2010
Transaction ID : SA11AI.94360

Amount of Each Receipt this Period
 125.00

B. ROBERT R MORGAN
Full Name (Last, First, Middle Initial)

Mailing Address 1007 GROVE RD # B

City GREENVILLE State SC Zip Code 29605

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

Name of Employer GREENVILLE ANESTH Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93203

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1365 CLIFTON RD.,N.E.
BLDG. B, STE. BT209

City ATLANTA State GA Zip Code 30322

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

Name of Employer EMORY CLINIC AMBULATORY SURGERY CE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93532

Amount of Each Receipt this Period
 250.00

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 121 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JOHN MOYERS		Date of Receipt
Mailing Address 200 HAWKINS DR.		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City	State	Zip Code
IOWA CITY	IA	52242
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.93241
Name of Employer	Occupation	Amount of Each Receipt this Period
UIHC	PHYSICIAN	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JOHN MRACHEK		Date of Receipt
Mailing Address 4520 W. WOODLLAND RD.		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
City	State	Zip Code
EDINA	MN	55424
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.94538
Name of Employer	Occupation	Amount of Each Receipt this Period
NORTHWEST ANESTHESIA, PA	PHYSICIAN	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JEFF MUELLER		Date of Receipt
Mailing Address 9121 E PALM TRE DR		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
City	State	Zip Code
SCOTTSDALE	AZ	85255
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.94209
Name of Employer	Occupation	Amount of Each Receipt this Period
MAYO CLINIC HOSPITAL	PHYSICIAN	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 122 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CRAIG MUETTERTIES
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 DEERFIELD CT.
 City State Zip Code
 GLEN MILLS PA 19342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PINNACLE MID-ATLANTIC PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93023
 Amount of Each Receipt this Period
 250.00

B. MARK MURRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1924 ALCOA HIGHWAY, BOX U-109
 DEPARTMENT OF ANESTHESIA
 City State Zip Code
 KNOXVILLE TN 37920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY ANESTHESIOLOGISTS DOCTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2010
Transaction ID : SA11AI.94291
 Amount of Each Receipt this Period
 83.00

C. ROBERT MURRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 ELM PARK BLVD.
 City State Zip Code
 PLEASANT RIDGE MI 48069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SOAA PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92916
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1333.00
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 123 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ROSS MUSUMECI		Date of Receipt
Mailing Address 9 LINCOLN ST.		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
City State Zip Code WESTON MA 02493		Transaction ID : SA11AI.94416
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="8.00"/>
Name of Employer ANES. ASSOC. OF MASSACHUSETTS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="418.00"/>	

Full Name (Last, First, Middle Initial) B. ROSS MUSUMECI		Date of Receipt
Mailing Address 9 LINCOLN ST.		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
City State Zip Code WESTON MA 02493		Transaction ID : SA11AI.94417
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="41.00"/>
Name of Employer ANES. ASSOC. OF MASSACHUSETTS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="459.00"/>	

Full Name (Last, First, Middle Initial) C. MICHAEL MUZI		Date of Receipt
Mailing Address N140W13726 CEDAR LN		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
City State Zip Code GERMANTOWN WI 53022		Transaction ID : SA11AI.93933
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer AURORA MED GRP	Occupation ANESTHESIOLOGIST	
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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="549.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. PETER NAGI
Full Name (Last, First, Middle Initial)

Mailing Address 3924 FOREST AVE

City BIRMINGHAM State AL Zip Code 35213

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

Name of Employer UNIV. OF ALABAMA AT BIRMINGHAM DEPT C Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 25 / 2010
Transaction ID : SA11AI.94127

Amount of Each Receipt this Period 500.00

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

Mailing Address 4301 W. MARKHAM STREET DEPARTMENT OF ANESTHESIOLOGY

City LITTLE ROCK State AR Zip Code 72205

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

Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2010
Transaction ID : SA11AI.93709

Amount of Each Receipt this Period 250.00

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

Mailing Address 4270 PLYMOUTH RD

City ANN ARBOR State MI Zip Code 48109

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

Name of Employer UNIV OF MICHIGAN- EAST ANN ARBOR SUR Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2010
Transaction ID : SA11AI.94378

Amount of Each Receipt this Period 125.00

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 125 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7632 TIMBER SPRINGS DR.

City State Zip Code
FISHERS IN 46038

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

Name of Employer Occupation
SOUTHEAST ANESTHESIOLOGISTS PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
834.00

Date of Receipt
 / /
 11 / 01 / 2010
Transaction ID : SA11AI.94296

Amount of Each Receipt this Period
83.00

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

Mailing Address 3025 RIVER NORTH PKWY NW

City State Zip Code
ATLANTA GA 30328

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

Name of Employer Occupation
NORTHSIDE ANES. CONSULT ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 / /
 10 / 15 / 2010
Transaction ID : SA11AI.92901

Amount of Each Receipt this Period
1000.00

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

Mailing Address 113 WOODLAWN DR

City State Zip Code
BEAVER PA 15009

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

Name of Employer Occupation
WESTERN PA ANES ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 / /
 10 / 17 / 2010
Transaction ID : SA11AI.93463

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1333.00

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 OF 209
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MARGARET NEGRETE		Date of Receipt
Mailing Address 5812 DIAMOND POINT		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
City	State	Zip Code
EL PASO	TX	79912
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.94657
ANESTHESIA CONSULTANTS ASSOCIATED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) B. BRIAN NELSON		Date of Receipt
Mailing Address 1708 E 3450 N		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
City	State	Zip Code
LOGAN	UT	84341
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.93389
IWAA	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) C. MATTHEW NORCIA		Date of Receipt
Mailing Address 11100 EUCLID AVE		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City	State	Zip Code
CLEVELAND	OH	44106
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.93822
U HOSP CASE MED CTR	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="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 127 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. CRAIG NORDHUES

Mailing Address 104 INVERNESS DR

City State Zip Code
 DOTHAN AL 36305

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

Name of Employer Occupation
 ANESTHESIA CONSULTANTS MEDICAL GRP STAFF ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2010
Transaction ID : SA11AI.94402

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. L. CHARLES NOVAK

Mailing Address 325 NINTH AVE., BOX 359724

City State Zip Code
 SEATTLE WA 98104

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

Name of Employer Occupation
 UNIV OF WASHINGTON ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93102

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. COLLEEN O'LEARY

Mailing Address 750 E ADAMS ST

City State Zip Code
 SYRACUSE NY 13210

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

Name of Employer Occupation
 UPSTATE MED ANES ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93028

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 128 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. KATHLEEN O'LEARY
Full Name (Last, First, Middle Initial)

Mailing Address 666 ELM AND CARLTON ST

City	State	Zip Code
BUFFALO	NY	14263

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

Name of Employer	Occupation
ROSWELL PARK CANCER INSTITUTE	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2010

Transaction ID : SA11AI.93815

Amount of Each Receipt this Period
500.00

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

Mailing Address 255 IRON MOUNTAIN RD.

City	State	Zip Code
CANTON	GA	30115

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

Name of Employer	Occupation
NORTH POINT ANESTHESIA CONSULTANTS	ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2010

Transaction ID : SA11AI.92971

Amount of Each Receipt this Period
1000.00

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

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
1501 N. CAMPBELL AVENUE

City	State	Zip Code
TUCSON	AZ	85724

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

Name of Employer	Occupation
UNIVERSITY OF ARIZONA HEALTH AND SCIENCE	ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2010

Transaction ID : SA11AI.92992

Amount of Each Receipt this Period
1000.00

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 129 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. LYNN OWEN

Mailing Address 5656 WISTFUL VISTA DR

City State Zip Code
 WEST DES MOINES IA 50266

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

Name of Employer Occupation
 MEDICAL CENTER ANESTHESIOLOGISTS, P ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2010

Transaction ID : SA11AI.94471

Amount of Each Receipt this Period
 250.00

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

Mailing Address 4301 W. MARKHAM, SLOT 515

City State Zip Code
 LITTLE ROCK AR 72205

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

Name of Employer Occupation
 UNIV OF AR FOR MED SCI ANES DEPT ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2010

Transaction ID : SA11AI.94552

Amount of Each Receipt this Period
 250.00

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

Mailing Address 17 WINDSOR TERRACE LN

City State Zip Code
 CREVE COEUR MO 63141

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

Name of Employer Occupation
 WESTERN ANESTH PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010

Transaction ID : SA11AI.93056

Amount of Each Receipt this Period
 1000.00

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 130 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JUHAN PAISTE
Full Name (Last, First, Middle Initial)

Mailing Address 1245 S. CEDAR CREST BLVD.

City ALLENTOWN, PA	State PA	Zip Code 18103
-----------------------	-------------	-------------------

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

Name of Employer ALLENTOWN ANES ASSOC	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93322

Amount of Each Receipt this Period
1000.00

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

Mailing Address 6641 N PLACITA ALTA REPOSA

City TUCSON	State AZ	Zip Code 85750
----------------	-------------	-------------------

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

Name of Employer UNIVERSITY OF ARIZONA HSC	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93372

Amount of Each Receipt this Period
500.00

C. LEILA MEI PANG
Full Name (Last, First, Middle Initial)

Mailing Address 10 CARLOTTA WAY

City DEMAREST	State NJ	Zip Code 07627
------------------	-------------	-------------------

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

Name of Employer COLUMBIA U COLL PHYS	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2010

Transaction ID : SA11AI.93108

Amount of Each Receipt this Period
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: (check only one)	PAGE 131 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. RICHARD PARK		Date of Receipt
Mailing Address 11299 ROSS CT		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
City	State	Zip Code
UNION	KY	41091
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.93524
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. RAFAEL PASCUAL		Date of Receipt
Mailing Address 1488 JESSE JEWELL PKY SE, STE. 100		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
City	State	Zip Code
GAINESVILLE	GA	30501
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.94060
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
ANESTHESIA ASSOC. OF GA	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. RITA PATEL		Date of Receipt
Mailing Address 3471 5TH AVE STE 910 LSK - ANES DE		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
City	State	Zip Code
PITTSBURGH	PA	15213
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.93627
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
UNIVERSITY OF PITTSBURGH SCHOOL OF M	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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 132 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DENNIS PATIN
Full Name (Last, First, Middle Initial)

Mailing Address 1475 N.W. 12TH AVE.

City MIAMI	State FL	Zip Code 33136
---------------	-------------	-------------------

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

Name of Employer UNIV OF MIAMI DEPT OF ANES	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2010

Transaction ID : SA11AI.92840

Amount of Each Receipt this Period
500.00

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

Mailing Address 18 SIERRA VISTA

City LAGUNA NIGUEL	State CA	Zip Code 92677
-----------------------	-------------	-------------------

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

Name of Employer CAAMG, INC.	Occupation PHYSICIAN ANESTHESIOLOGIST
---------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2010

Transaction ID : SA11AI.93012

Amount of Each Receipt this Period
1000.00

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

Mailing Address 5901 E VIA DEL CIELO

City PARADISE VALLEY	State AZ	Zip Code 85253
-------------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2010

Transaction ID : SA11AI.93594

Amount of Each Receipt this Period
1000.00

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 133 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. LEE PERRIN
Full Name (Last, First, Middle Initial)

Mailing Address 3 POWDERMILL LANE

City SOUTHBOROUGH State MA Zip Code 01772

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

Name of Employer CAP ANESTHESIA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 16 / 2010
Transaction ID : SA11AI.93207

Amount of Each Receipt this Period
500.00

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

Mailing Address 180 S 216TH CIR

City ELKHORN State NE Zip Code 68022

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

Name of Employer NE MED CTR Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 17 / 2010
Transaction ID : SA11AI.93461

Amount of Each Receipt this Period
250.00

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

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
MEDICAL CENTER BLVD.

City WINSTON SALEM State NC Zip Code 27157

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

Name of Employer WAKE FOREST UNIVERSITY SCHOOL OF ME Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 17 / 2010
Transaction ID : SA11AI.93652

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 134 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. BEVERLY PHILIP

Mailing Address 75 FRANCIS ST

City State Zip Code
BOSTON MA 02115

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

Name of Employer Occupation
BRIGHAM & WOMAN'S HOSP ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 29 2010
Transaction ID : SA11AI.94199

Amount of Each Receipt this Period
1000.00

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

Mailing Address 75 FRANCIS ST

City State Zip Code
BOSTON MA 02115

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

Name of Employer Occupation
BRIGHAM & WOMENS HOSP ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 29 2010
Transaction ID : SA11AI.94201

Amount of Each Receipt this Period
500.00

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

Mailing Address 12740 S 14TH CIR.

City State Zip Code
JENKS OK 74037

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

Name of Employer Occupation
SOUTHCREST HOSPITAL SOUTHCREST AN ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 15 2010
Transaction ID : SA11AI.92836

Amount of Each Receipt this Period
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: (check only one)	PAGE 135 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MARGARET PITTS		Date of Receipt
Mailing Address 25 BIRCHDALE RD		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
City	State	Zip Code
BOW	NH	03304
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.94290
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.00"/>
Name of Employer	Occupation	
ANESTHESIA ASSOCIATES PA	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="353.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. EVAN PIVALIZZA		Date of Receipt
Mailing Address 6431 FANNIN ST # 5.020		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
HOUSTON	TX	77030
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.92866
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
UNIVERSITY OF TEXAS -HOUSTON	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JEFFREY PLAGENHOEF		Date of Receipt
Mailing Address 1118 ROSS CLARK CIRCLE, SUITE 700		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
DOTHAN	AL	36301
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.92904
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
ANES CONSULTANTS MEDICAL GROUP	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1583.00"/>
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 136 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. VITA PLISKOW
Full Name (Last, First, Middle Initial)

Mailing Address 3502 OLYMPIC BLVD., W.

City TACOMA	State WA	Zip Code 98466
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93348

Amount of Each Receipt this Period
500.00

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

Mailing Address 2259 ARAGON CANYON ST

City LAS VEGAS	State NV	Zip Code 89135
-------------------	-------------	-------------------

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

Name of Employer ANESTHESIOLOGY CONSULTANTS, INC	Occupation ANESTHESIOLOGIST
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2010

Transaction ID : SA11AI.94279

Amount of Each Receipt this Period
83.00

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

Mailing Address 204 MEREWOOD RD

City BELMONT	State NC	Zip Code 28012
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FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN ANESTH	Occupation PHYSICIAN
-------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2010

Transaction ID : SA11AI.93184

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....▶	2583.00
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 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. REX PONNUDURAI
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 BOVENSIEPEN CT.
 City ROSELAND State NJ Zip Code 07068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF MEDICINE AND DENTISTRY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93232
 Amount of Each Receipt this Period
 1000.00

B. TAJDIN POPATIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 8862 CHATSWORTH DR
 City HOUSTON State TX Zip Code 77024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GULF ANESTHESIA 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 Y
 10 / 18 / 2010
Transaction ID : SA11AI.93797
 Amount of Each Receipt this Period
 250.00

C. DONALD PORTELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1555 INDIAN RIVER BLVD STE B120
 City VERO BEACH State FL Zip Code 32960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANESTHESIA OF INDIAN RIVER 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 Y
 11 / 02 / 2010
Transaction ID : SA11AI.94409
 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 138 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DAVID POWELL		Date of Receipt
Mailing Address P.O. BOX 5587		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
City	State	Zip Code
BEAUMONT	TX	77726
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
ANESTHESIA ASSOCIATES	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Transaction ID : SA11AI.93354
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. JOHNATHAN PREGLER		Date of Receipt
Mailing Address 10556 DUNLEER DR		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
City	State	Zip Code
LOS ANGELES	CA	90064
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
UCLA	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : SA11AI.93373
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) C. MARC PRESSMAN		Date of Receipt
Mailing Address 4605 JASMINE DR.		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
City	State	Zip Code
ROCKVILLE	MD	20853
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
OUTPATIENT ANES SER	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Transaction ID : SA11AI.94042
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

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

**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 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. VERNON PRUITT			Date of Receipt
Mailing Address 201 KIRK LN.			<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City	State	Zip Code	Transaction ID : SA11AI.94616
DOTHAN	AL	36305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
ANESTHESIA CONSULTANTS MED. GRP	ANESTHESIOLOGIST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. JEFFORY PRYLINSKI			Date of Receipt
Mailing Address 5610 TARLETON DR SE			<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
City	State	Zip Code	Transaction ID : SA11AI.94286
HUNTSVILLE	AL	35802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="83.00"/>
Name of Employer	Occupation		
CAS, INC.	ANESTHESIOLOGIST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="253.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. ERIN PUKENAS			Date of Receipt
Mailing Address 114 GILL RD			<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City	State	Zip Code	Transaction ID : SA11AI.93745
HADDONFIELD	NJ	08033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
COOPER UNIVERSITY HOSP	ANESTHESIOLOGIST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1583.00"/>
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 140 OF 209
	<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	<input type="checkbox"/> 17

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

A. VISHAL RAIZADA
Full Name (Last, First, Middle Initial)

Mailing Address 6131 SIENNA ARBOR LN

City HOUSTON State TX Zip Code 77041

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

Name of Employer NORTH CYPRESS ANES ASSOC Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2010
Transaction ID : SA11AI.93332

Amount of Each Receipt this Period 500.00

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

Mailing Address 2411 FOUNTAIN VIEW DR STE 200

City HOUSTON State TX Zip Code 77057

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

Name of Employer GREATER HOUSTON ANESTHESIOLOGY Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2010
Transaction ID : SA11AI.93228

Amount of Each Receipt this Period 1000.00

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

Mailing Address 56 LOCHMOOR BLVD.

City GROSSE POINTE SHOR State MI Zip Code 48236

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

Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATE Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2010
Transaction ID : SA11AI.94179

Amount of Each Receipt this Period 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: (check only one)	PAGE 141 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. SIMRAT RANDHAWA
Full Name (Last, First, Middle Initial)

Mailing Address 3300 OAK LAWN AVE STE 200

City	State	Zip Code
DALLAS	TX	75219

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

Name of Employer	Occupation
METRO ANESTHESIA ADM	ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93596

Amount of Each Receipt this Period
500.00

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

Mailing Address 223 GRAND CANAL

City	State	Zip Code
NEWPORT BEACH	CA	92662

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2010

Transaction ID : SA11AI.93155

Amount of Each Receipt this Period
500.00

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

Mailing Address 1504 BAY RD APT 3307

City	State	Zip Code
MIAMI BEACH	FL	33139

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

Name of Employer	Occupation
RYDER TRAUMA CENTER ANESTHESIOLOG	ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
419.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2010

Transaction ID : SA11AI.94274

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional).....▶	1083.00
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 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOHN RASK
Full Name (Last, First, Middle Initial)

Mailing Address 756 FAIRWAY RD., NW

City ALBUQUERQUE State NM Zip Code 87107

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

Name of Employer UNM Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93376

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1504 TAUB LOOP
BTGH: DEPT OF ANES

City HOUSTON State TX Zip Code 77030

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

Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation DIRECTOR RESIDENCY TRAINING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2010
Transaction ID : SA11AI.94448

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1950 W. 86TH STREET #208

City INDIANAPOLIS State IN Zip Code 46260

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

Name of Employer ANESTHESIA PAIN CONSULTANTS OF INDIA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93325

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 143 OF 209
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 102 WATERSTONE CV

City State Zip Code
GEORGETOWN TX 78628

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

Name of Employer Occupation
NORTHSTAR ANESTHESIA DEPT. OF ANEST ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
377.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2010
Transaction ID : SA11AI.94298

Amount of Each Receipt this Period
41.00

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

Mailing Address 1118 ROSS CLARK CIRCLE, #700

City State Zip Code
DOTHAN AL 36301

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

Name of Employer Occupation
ANES. CONSULTANTS MEDICAL GROUP ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2010
Transaction ID : SA11AI.94613

Amount of Each Receipt this Period
1000.00

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

Mailing Address MUSC DEPT OF ANESTHESIA

City State Zip Code
CHARLESTON SC 29425

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

Name of Employer Occupation
MUSC ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2010
Transaction ID : SA11AI.93368

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1541.00
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 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1 GUSTAVE L LEVY PL BOX 1010
DEPARTMENT OF ANESTHESIOLOGY

City NEW YORK State NY Zip Code 10029

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

Name of Employer MOUNT SINAI SCHOOL OF MEDICINE Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2010
Transaction ID : SA11AI.92980

Amount of Each Receipt this Period
500.00

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

Mailing Address 350 ARCHERS MEAD

City WILLIAMSBURG State VA Zip Code 23185

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

Name of Employer VAPCS Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2010
Transaction ID : SA11AI.93338

Amount of Each Receipt this Period
250.00

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

Mailing Address 8151 GLENWYND DR.

City KALAMAZOO State MI Zip Code 49009

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

Name of Employer KALAMAZOO ANESTHESIOLOGY, P.C. Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2010
Transaction ID : SA11AI.92988

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 145 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. CAMERON RICKS
Full Name (Last, First, Middle Initial)

Mailing Address 989 GLENNEYRE ST

City LAGUNA BEACH State CA Zip Code 92651

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

Name of Employer UC IRVINE DEPT ANES Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 07 / 2010
Transaction ID : SA11AI.94461

Amount of Each Receipt this Period 250.00

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

Mailing Address 17302 YUCCA CIRCLE

City BELLEVUE State NE Zip Code 68123

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

Name of Employer UNIVERSITY OF NE MEDICAL CENTER Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 17 / 2010
Transaction ID : SA11AI.93586

Amount of Each Receipt this Period 250.00

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

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
P.O. BOX 100254

City GAINESVILLE State FL Zip Code 32610

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

Name of Employer UNIVERSITY OF FLORIDA Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 01 / 2010
Transaction ID : SA11AI.94392

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00

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 146 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. WESLEY ROBINSON
Full Name (Last, First, Middle Initial)

Mailing Address 8226 FAIRVIEW RD.

City CHARLOTTE	State NC	Zip Code 28226
-------------------	-------------	-------------------

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

Name of Employer AMERICAN ANESTH	Occupation PHYSICIAN
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93315

Amount of Each Receipt this Period
1000.00

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

Mailing Address 7305 HELMSDALE RD.

City BETHESDA	State MD	Zip Code 20817
------------------	-------------	-------------------

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

Name of Employer UHC	Occupation ANESTHESIOLOGIST
-------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2010

Transaction ID : SA11AI.93195

Amount of Each Receipt this Period
500.00

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

Mailing Address 21050 POINT PLACE #305
ATLANTIC 3 AT THE POINT

City AVENTURA	State FL	Zip Code 33180
------------------	-------------	-------------------

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

Name of Employer SHERIDAN HEALTHCARE INC	Occupation MEDICAL DIRECTOR OF THE SURGERY CE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
913.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2010

Transaction ID : SA11AI.94385

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional).....▶	1583.00
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 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ALEC ROOKE

Mailing Address 3103 S CHARLES ST

City State Zip Code
 SEATTLE WA 98144

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

Name of Employer Occupation
 UNIVERSITY OF WASHINGTON PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2010
Transaction ID : SA11AI.93824

Amount of Each Receipt this Period
 250.00

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

Mailing Address 10004 CRYSTALLINE COURT

City State Zip Code
 ORLANDO FL 32836

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

Name of Employer Occupation
 JLR MEDICAL GROUP STAFF ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2010
Transaction ID : SA11AI.94301

Amount of Each Receipt this Period
 41.00

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

Mailing Address 55 FIELD LANE

City State Zip Code
 ROSLYN HEIGHTS NY 11577

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

Name of Employer Occupation
 NYU SCHOOL OF MED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2010
Transaction ID : SA11AI.94186

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 541.00

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 148 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MEG ROSENBLATT
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 E 86TH ST # 6-D
 City NEW YORK State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MOUNT SINAI SCHOOL OF MED 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 Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93252
 Amount of Each Receipt this Period
 500.00

B. RICHARD ROSENQUIST
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 HAWKINS DR.
 City IOWA CITY State IA Zip Code 52242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF IOWA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92895
 Amount of Each Receipt this Period
 1000.00

C. FRANK ROSINIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 IDLEWOOD PL
 City RIVER RIDGE State LA Zip Code 70123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TULANE UNIVERSITY SCHOOL OF MEDICINE Occupation CHAIRMAN, DEPARTMENT OF ANESTHESIC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 414.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2010
Transaction ID : SA11AI.94240
 Amount of Each Receipt this Period
 4.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1504.00
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 149 OF 209
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. FRANK ROSINIA		Date of Receipt
Mailing Address 23 IDLEWOOD PL		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
City	State	Zip Code
RIVER RIDGE	LA	70123
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.94354
Name of Employer	Occupation	Amount of Each Receipt this Period
TULANE UNIVERSITY SCHOOL OF MEDICINE	CHAIRMAN, DEPARTMENT OF ANESTHESIC	<input type="text" value="83.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="497.00"/>	

Full Name (Last, First, Middle Initial) B. FRANK ROSINIA		Date of Receipt
Mailing Address 23 IDLEWOOD PL		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
City	State	Zip Code
RIVER RIDGE	LA	70123
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.94386
Name of Employer	Occupation	Amount of Each Receipt this Period
TULANE UNIVERSITY SCHOOL OF MEDICINE	CHAIRMAN, DEPARTMENT OF ANESTHESIC	<input type="text" value="41.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="538.00"/>	

Full Name (Last, First, Middle Initial) C. THEODORE ROTHMAN		Date of Receipt
Mailing Address 10 WILDFLOWER CT		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City	State	Zip Code
GREENVILLE	SC	29615
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.93061
Name of Employer	Occupation	Amount of Each Receipt this Period
GREENVILLE ANESTHESIOLOGY, PA	ANESTHESIOLOGIST	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1124.00"/>
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 150 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. LAWRENCE ROUTENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 1318 FOX HOLLOW ROAD
 City State Zip Code
 SCHENECTADY NY 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SCHENECTADY ANESTHESIA ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92914
 Amount of Each Receipt this Period
 250.00

B. JOHN ROWLINGSON
 Full Name (Last, First, Middle Initial)
 Mailing Address BOX 800710, UVA HS
 City State Zip Code
 CHARLOTTESVILLE VA 22908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIV OF VIRGINIA HLTH SYS PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93187
 Amount of Each Receipt this Period
 1000.00

C. WINNIE RUO
 Full Name (Last, First, Middle Initial)
 Mailing Address 326 HAMBLETONIAN DR.
 City State Zip Code
 OAK BROOK IL 60523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ELMHURST ANES. ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92837
 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 151 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KEITH RUSKIN
Full Name (Last, First, Middle Initial)

Mailing Address 333 CEDAR ST # TMP4.

City NEW HAVEN	State CT	Zip Code 06510
-------------------	-------------	-------------------

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

Name of Employer YALE UNIV	Occupation ANESTHESIOLOGIST
-------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2010

Transaction ID : SA11AI.92968

Amount of Each Receipt this Period
250.00

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

Mailing Address 412 FARWELL DR

City MADISON	State WI	Zip Code 53704
-----------------	-------------	-------------------

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

Name of Employer UNIV OF WI HOSP. & CLINICS DEPT OF ANE	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93565

Amount of Each Receipt this Period
250.00

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

Mailing Address 1748 BLUE BANKS FARM RD

City GREENVILLE	State NC	Zip Code 27834
--------------------	-------------	-------------------

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

Name of Employer PITT COUNTY ANES. ASSOC.	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2010

Transaction ID : SA11AI.93276

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 152 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 462 CHUKKER VALLEY

City ELLISVILLE	State MO	Zip Code 63021
--------------------	-------------	-------------------

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

Name of Employer WAAI	Occupation PHYSICIAN
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2010

Transaction ID : SA11AI.93151

Amount of Each Receipt this Period
1000.00

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

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, P.C.	Occupation ANESTHESIOLOGIST
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2010

Transaction ID : SA11AI.92908

Amount of Each Receipt this Period
250.00

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

Mailing Address 1500 E MEDICAL CENTER DRIVE, 1H247

City ANN ARBOR	State MI	Zip Code 48109
-------------------	-------------	-------------------

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

Name of Employer UNIVERSITY OF MICHIGAN HEALTH SYSTEM	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2010

Transaction ID : SA11AI.93121

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 153 OF 209
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 3578 CHERRY LN

City State Zip Code
WOODBURY MN 55129

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

Name of Employer Occupation
AAPA ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2010
Transaction ID : SA11AI.93387

Amount of Each Receipt this Period
500.00

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

Mailing Address 642 S 2ND ST APT 902

City State Zip Code
LOUISVILLE KY 40202

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

Name of Employer Occupation
JEWISH HOSPITAL ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2010
Transaction ID : SA11AI.93272

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1 MOBILE INFIRMARY CIR., 2ND FLOOR

City State Zip Code
MOBILE AL 36607

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

Name of Employer Occupation
ANESTHESIA SERVICES ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2010
Transaction ID : SA11AI.94035

Amount of Each Receipt this Period
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: (check only one)	PAGE 154 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. FRANKLIN SCAMMAN
Full Name (Last, First, Middle Initial)

Mailing Address 200 HAWKINS DR.

City IOWA CITY State IA Zip Code 52242

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

Name of Employer UNIVERSITY OF IOWA HSC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93370

Amount of Each Receipt this Period
 500.00

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

Mailing Address 112 SAMUEL LYON WAY

City SAVANNAH State GA Zip Code 31411

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

Name of Employer SOUTH UNIVERSITY Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93119

Amount of Each Receipt this Period
 250.00

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

Mailing Address 320 SOUTH ST

City SOUTH HERO State VT Zip Code 05486

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

Name of Employer UNIVERSITY OF VERMONT COLLEGE OF ME Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2010
Transaction ID : SA11AI.94662

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: (check only one)	PAGE 155 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MARK SCHELLER		Date of Receipt
Mailing Address 2801 COWAN CIR.		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City	State	Zip Code
LAS VEGAS	NV	89107
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.93191
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PHYSICIAN	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. CATHERINE SCHMIDT		Date of Receipt
Mailing Address 117 SUNSET RIM		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
City	State	Zip Code
CODY	WY	82414
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.94184
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	ANESTHESIOLOGIST	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. CATHERINE SCHOLL		Date of Receipt
Mailing Address 2007 ROBIN HOOD TRAIL		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City	State	Zip Code
AUSTIN	TX	78703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.93179
Name of Employer	Occupation	Amount of Each Receipt this Period
AUSTIN ANESTH	ANESTHESIOLOGIST	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2500.00"/>
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 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MICHAEL SCHOSTAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 26150 VILLAGE LN APT 201
 City BEACHWOOD State OH Zip Code 44122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CLEVELAND CLINIC Occupation RESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2010
Transaction ID : SA11AI.94245
 Amount of Each Receipt this Period
 250.00

B. MARK SCHROEDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 CHEYENNE TRAIL
 City MADISON State WI Zip Code 53705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UWWMF Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93623
 Amount of Each Receipt this Period
 500.00

C. ARMIN SCHUBERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3031 CHESTNUT ST
 City NEW ORLEANS State LA Zip Code 70115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OCHSNER CLINIC Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93092
 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 157 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MIKE SCHWEITZER

Mailing Address 1927 HOLSTEIN LN.

City State Zip Code
 LAUREL MT 59044

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

Name of Employer Occupation
 ST. VINCENT HEALTHCARE PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010

Transaction ID : SA11AI.93004

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1512 CORNELL DR NE

City State Zip Code
 ALBUQUERQUE NM 87106

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

Name of Employer Occupation
 ALBUQUERQUE VAMC ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2010

Transaction ID : SA11AI.94597

Amount of Each Receipt this Period
 500.00

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

Mailing Address 12 CHOWNING DR

City State Zip Code
 MALVERN PA 19355

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

Name of Employer Occupation
 THOMAS JEFFERSON UNIV PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010

Transaction ID : SA11AI.93380

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: (check only one)	PAGE 158 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. ERIC SHAPIRO

Mailing Address 2845 SHUMARD OAK DR

City State Zip Code
BRASELTON GA 30517

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

Name of Employer Occupation
ANESTHESIA ASSOCIATES OF GAINESVILLE 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 Y
10 / 20 / 2010
Transaction ID : SA11AI.93856

Amount of Each Receipt this Period
250.00

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

Mailing Address 619 S 19TH ST

City State Zip Code
BIRMINGHAM AL 35249

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

Name of Employer Occupation
UNIV OF AL HLTH SYSTEM ANES DEPT ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2010
Transaction ID : SA11AI.94275

Amount of Each Receipt this Period
83.00

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

Mailing Address 6800 LAKE SHORE ROAD

City State Zip Code
DERBY NY 14047

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

Name of Employer Occupation
MAPLE GATE ANES. PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2010
Transaction ID : SA11AI.93383

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	583.00
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 159 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1805 GREENCREEK DR.

City SAN JOSE	State CA	Zip Code 95124
------------------	-------------	-------------------

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 ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93317

Amount of Each Receipt this Period
1000.00

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

Mailing Address 28 NORWOOD RD.

City CHARLESTON	State WV	Zip Code 25314
--------------------	-------------	-------------------

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

Name of Employer GEN ANES SERV	Occupation ANESTHESIOLOGIST
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93343

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2995 APPLEWAY

City ANN ARBOR	State MI	Zip Code 48104
-------------------	-------------	-------------------

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

Name of Employer ANESTHESIA ASSOC. OF ANN ARBOR, P.C.	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2010

Transaction ID : SA11AI.94659

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional).....▶	2600.00
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 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ALEXEY SLUCKY

Mailing Address 333 W. HAMPDEN AVE., SUITE 600

City State Zip Code
 ENGLEWOOD CO 80110

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

Name of Employer Occupation
 SOUTH DENVER ANESTHESIOLOGISTS, PC PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 834.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010

Transaction ID : SA11AI.93492

Amount of Each Receipt this Period
 4.00

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

Mailing Address 333 W. HAMPDEN AVE., SUITE 600

City State Zip Code
 ENGLEWOOD CO 80110

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

Name of Employer Occupation
 SOUTH DENVER ANESTHESIOLOGISTS, PC PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 917.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2010

Transaction ID : SA11AI.94330

Amount of Each Receipt this Period
 83.00

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

Mailing Address 2138 LOCKLIN LN.

City State Zip Code
 WEST BLOOMFIELD MI 48324

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

Name of Employer Occupation
 SOUTH OAKLAND ANESTHESIA PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010

Transaction ID : SA11AI.93644

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1087.00

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 161 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. GREGORY SOMERVILLE		Date of Receipt
Mailing Address 6208 DEVILS HOLLOW RD.		M M / D D / Y Y Y Y Y Y 11 / 01 / 2010
City	State	Zip Code
FORT WAYNE	IN	46814
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.94263
Name of Employer ASSOCIATED ANESTHESIOLOGISTS OF FOF		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		41.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	418.00	

Full Name (Last, First, Middle Initial) B. WEI SONG		Date of Receipt
Mailing Address 8447 SW 138TH TER		M M / D D / Y Y Y Y Y Y 10 / 19 / 2010
City	State	Zip Code
PALMETTO BAY	FL	33158
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.93849
Name of Employer UNIV OF MIAMI		Amount of Each Receipt this Period
Occupation PHYSICIAN		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1000.00	

Full Name (Last, First, Middle Initial) C. KAREN SOUTER		Date of Receipt
Mailing Address 6244 50TH AVE NE		M M / D D / Y Y Y Y Y Y 10 / 15 / 2010
City	State	Zip Code
SEATTLE	WA	98115
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.92843
Name of Employer U OF WASHINGTON		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		500.00
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).....▶	1541.00
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 162 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 325 9TH AVE, BOX 359724

City SEATTLE	State WA	Zip Code 98104
-----------------	-------------	-------------------

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

Name of Employer U OF WASHINGTON	Occupation PHYSICIAN
-------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2010

Transaction ID : SA11AI.92858

Amount of Each Receipt this Period
500.00

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

Mailing Address WOODLAND ANES. PAIN MGMT.CTR.
114 WOODLAND ST.

City HARTFORD	State CT	Zip Code 06105
------------------	-------------	-------------------

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

Name of Employer WOODLAND ANESTHESIOLOGY ASSOC.	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2010

Transaction ID : SA11AI.94548

Amount of Each Receipt this Period
250.00

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

Mailing Address 1414 SAN RAFAEL DR.

City DALLAS	State TX	Zip Code 75218
----------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2010

Transaction ID : SA11AI.93734

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 163 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. CAROLYN SPRAGUE
 Mailing Address 4573 CHELSEA LN
 City State Zip Code
 BLOOMFIELD HILLS MI 48301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HENRY FORD HEALTH SYSTEM ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93359
 Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. NANCY STAATS
 Mailing Address 47 ORCHARD LANE
 City State Zip Code
 COLTS NECK NJ 07722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 STAATS ANESTHESIA, P.A. ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2010
Transaction ID : SA11AI.94131
 Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. JAMES STANGL
 Mailing Address 3633 PACIFIC AVE STE 204
 City State Zip Code
 TACOMA WA 98418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TACOMA ANESTHESIA ASSOC ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93597
 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: (check only one)	PAGE 164 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. TIMOTHY STARCK
Full Name (Last, First, Middle Initial)

Mailing Address 11583 PRESTWICK RD.

City BELVIDERE	State IL	Zip Code 61008
-------------------	-------------	-------------------

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

Name of Employer ROCKFORD ANESTHESIOLOGISTS ASSOCIATION	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2010

Transaction ID : SA11AI.93304

Amount of Each Receipt this Period
500.00

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

Mailing Address 1204 N. WINDOMERE AVE.

City DALLAS	State TX	Zip Code 75208
----------------	-------------	-------------------

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

Name of Employer ANESTHESIA RESOURCES FOR CHILDREN	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2010

Transaction ID : SA11AI.94269

Amount of Each Receipt this Period
125.00

C. M. CHRISTINE STOCK
Full Name (Last, First, Middle Initial)

Mailing Address 251 E HURON ST-STE 5-704
FEINBERG PAVILION

City CHICAGO	State IL	Zip Code 60611
-----------------	-------------	-------------------

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

Name of Employer NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE	Occupation ANESTHESIOLOGIST
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2010

Transaction ID : SA11AI.92962

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1125.00
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 165 OF 209
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. TRACY STRANDHAGEN			Date of Receipt
Mailing Address 600 RIDERS TRAIL			<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
City	State	Zip Code	Transaction ID : SA11AI.93497
AUSTIN	TX	78733	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
AUSTIN ANESTHESIOLOGY GROUP	ANESTHESIOLOGIST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. ERIN SULLIVAN			Date of Receipt
Mailing Address 200 LOTHROP ST			<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code	Transaction ID : SA11AI.92892
PITTSBURGH	PA	15213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
UPP PHYSICIANS	ANESTHESIOLOGIST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. RAYMOND SULLIVAN			Date of Receipt
Mailing Address 20 MEDICAL VILLAGE DR., SUITE 258			<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City	State	Zip Code	Transaction ID : SA11AI.93170
EDGEWOOD	KY	41017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
INDEPENDENT ANESTH	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 166 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. WILLIAM SWAGMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3333 EVERGREEN DRIVE, NE
 City GRAND RAPIDS State MI Zip Code 49525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMC Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2010
Transaction ID : SA11AI.94080
 Amount of Each Receipt this Period
 500.00

B. STEVEN SWEEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 MARCHAND CT., N.W.
 City ATLANTA State GA Zip Code 30328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PSA Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92871
 Amount of Each Receipt this Period
 1000.00

C. CHRISTOPHER SWIDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3181 SW SAM JACKSON PARK RD # UHS-
 City PORTLAND State OR Zip Code 97239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OREGON HEALTH SCIENCES UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93633
 Amount of Each Receipt this Period
 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: (check only one)	PAGE 167 OF 209
	<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	<input type="checkbox"/> 17

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

A. SCOTT SWITZER
Full Name (Last, First, Middle Initial)

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 ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2010
Transaction ID : SA11AI.94359

Amount of Each Receipt this Period
 166.00

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

Mailing Address 837 5TH ST., 2ND FL

City SANTA ROSA State CA Zip Code 94504

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

Name of Employer AAMGI Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93467

Amount of Each Receipt this Period
 250.00

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

Mailing Address 5038 VAN NESS ST NW

City WASHINGTON State DC Zip Code 20016

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

Name of Employer SURGICAL ANESTH Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93263

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	916.00
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 168 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JOHN SZEWCZYK
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 2905
 City State Zip Code
 LOVES PARK IL 61132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ROCKFORD ANES ASSOC ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92961
 Amount of Each Receipt this Period
 500.00

B. JOSEPH SZOKOL
 Full Name (Last, First, Middle Initial)
 Mailing Address 976 SUNSET RD.
 City State Zip Code
 WINNETKA IL 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EVANSTON NORTHWESTERN HEALTHCARE PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010
Transaction ID : SA11AI.93144
 Amount of Each Receipt this Period
 1000.00

C. JOSEPH TALARICO
 Full Name (Last, First, Middle Initial)
 Mailing Address DEPARTMENT OF ANESTHESIOLOGY
 200 LOTHROP ST # 463
 City State Zip Code
 PITTSBURGH PA 15213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY OF PITTSBURGH MEDICAL CEN ASSISTANT PROFESSOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93337
 Amount of Each Receipt this Period
 8.00

SUBTOTAL of Receipts This Page (optional)..... ► 1508.00
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 169 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOSEPH TALARICO
Full Name (Last, First, Middle Initial)

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
200 LOTHROP ST # 463

City PITTSBURGH State PA Zip Code 15213

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

Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CEN Occupation ASSISTANT PROFESSOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
459.00

Date of Receipt
11 / 01 / 2010
Transaction ID : SA11AI.94322

Amount of Each Receipt this Period
41.00

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

Mailing Address WEST 1358 BIOMEDICAL SCIENCES TOW

City PITTSBURGH State PA Zip Code 15261

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

Name of Employer UNIV PITTSBURGH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 17 / 2010
Transaction ID : SA11AI.93345

Amount of Each Receipt this Period
1000.00

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

Mailing Address 11304 W. 140TH ST.

City OVERLAND PARK State KS Zip Code 66221

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

Name of Employer KUAF Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 16 / 2010
Transaction ID : SA11AI.93250

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1541.00

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 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JEANA TARZIERS
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1025

City State Zip Code
FAIRHOPE AL 36533

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

Name of Employer Occupation
EASTERN SHORE ANESTHESIA ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
11 / 03 / 2010
Transaction ID : SA11AI.94418

Amount of Each Receipt this Period
100.00

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

Mailing Address 5504 BROOKBERRY FARM RD.

City State Zip Code
WINSTON SALEM NC 27106

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

Name of Employer Occupation
WAKE FOREST UNIV. SCHOOL OF MEDICINE PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 17 / 2010
Transaction ID : SA11AI.93613

Amount of Each Receipt this Period
250.00

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

Mailing Address 5504 BROOKBERRY FARM RD

City State Zip Code
WINSTON SALEM NC 27106

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

Name of Employer Occupation
WAKE FOREST UNIVERSITY ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 16 / 2010
Transaction ID : SA11AI.93101

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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 171 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. SHAWN THOMAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3200 TROUP HWY #200
 City TYLER State TX Zip Code 75701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EAST TEXAS ANES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2010
Transaction ID : SA11AI.94025
 Amount of Each Receipt this Period
 250.00

B. SYDNEY THOMSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6224 HIDDEN MEADOW CT.
 City SAN JOSE State CA Zip Code 95135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COAST ANESTH Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93371
 Amount of Each Receipt this Period
 500.00

C. JOHN THORNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1336 WILLIAM ST
 City RIVER FOREST State IL Zip Code 60305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASA Occupation ASSOCIATE EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92854
 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 172 OF 209
	(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"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. PALOMA TOLEDO
Full Name (Last, First, Middle Initial)

Mailing Address 130 N GARLAND CT APT 1309

City CHICAGO	State IL	Zip Code 60602
-----------------	-------------	-------------------

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

Name of Employer NORTHWESTERN UNIVERSITY	Occupation ANESTHESIOLOGIST
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2010

Transaction ID : SA11AI.92902

Amount of Each Receipt this Period
1000.00

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

Mailing Address 200 FIRST ST SW

City ROCHESTER	State MN	Zip Code 55905
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FEC ID number of contributing federal political committee. **C**

Name of Employer MAYO CLINIC	Occupation ANESTHESIOLOGIST
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2010

Transaction ID : SA11AI.93458

Amount of Each Receipt this Period
250.00

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

Mailing Address 3073 OBRIEN DR.

City TALLAHASSEE	State FL	Zip Code 32309
---------------------	-------------	-------------------

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

Name of Employer SHERIDAN HEALTHCARE	Occupation ANESTHESIOLOGIST
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2010

Transaction ID : SA11AI.93901

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 173 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JAMES TOTTEN		Date of Receipt
Mailing Address 3073 OBRIEN DR		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
City	State	Zip Code
TALLAHASSEE	FL	32309
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.94460
Name of Employer	Occupation	Amount of Each Receipt this Period
TALLAHASSEE MEMORIAL HOSPITAL	ANESTHESIOLOGIST	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. TYRON TOWNSEND		Date of Receipt
Mailing Address 12818 SAGAMORE RD.		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City	State	Zip Code
LEAWOOD	KS	66209
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.93756
Name of Employer	Occupation	Amount of Each Receipt this Period
LIBERTY HOSPITAL	ANESTHESIOLOGIST	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) C. KEVIN TREMPER		Date of Receipt
Mailing Address 1500 E. MEDICAL CENTER DR., 1H247		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City	State	Zip Code
ANN ARBOR	MI	48109
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.93172
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIVERSITY OF MICHIGAN	PHYSICIAN	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="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 174 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JOSEPH TRICARICO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1650 4TH ST SE
 City ROCHESTER State MN Zip Code 55904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OLMSTED MEDICAL CENTER Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2010
Transaction ID : SA11AI.94541
 Amount of Each Receipt this Period
 250.00

B. CHRISTOPHER TROIANOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 HEIGHTS DR
 City GIBSONIA State PA Zip Code 15044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WESTERN PENNSYLVANIA HOSPITAL Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 834.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.93019
 Amount of Each Receipt this Period
 4.00

C. CHRISTOPHER TROIANOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 HEIGHTS DR
 City GIBSONIA State PA Zip Code 15044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WESTERN PENNSYLVANIA HOSPITAL Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 917.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2010
Transaction ID : SA11AI.94308
 Amount of Each Receipt this Period
 83.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 337.00
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 175 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. REBECCA TWERSKY
Full Name (Last, First, Middle Initial)

Mailing Address 450 CLARKSON AVE # 6

City State Zip Code
BROOKLYN NY 11203

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

Name of Employer Occupation
SUNY DOWNSTATE MEDICAL CENTER PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2010
Transaction ID : SA11AI.94435

Amount of Each Receipt this Period
1000.00

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

Mailing Address 24192 PINEY CREEK DR.

City State Zip Code
ATHENS AL 35613

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

Name of Employer Occupation
COMPREHENSIVE ANESTHESIA SERVICES ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2010
Transaction ID : SA11AI.93912

Amount of Each Receipt this Period
1000.00

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

Mailing Address 582 S REX BLVD

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Occupation
DVA ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2010
Transaction ID : SA11AI.93718

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOHN ULATOWSKI
Full Name (Last, First, Middle Initial)

Mailing Address 600 N. WOLFE ST..
BLALOCK 1415

City Baltimore State MD Zip Code 21287

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

Name of Employer JOHNS HOPKINS UNIVERSITY SCHOOL OF M Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2010
Transaction ID : SA11AI.94452

Amount of Each Receipt this Period 250.00

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

Mailing Address 2139 AUBURN AVE

City CINCINNATI State OH Zip Code 45219

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

Name of Employer ANES ASSOC OF CINCINNATI Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2010
Transaction ID : SA11AI.93106

Amount of Each Receipt this Period 250.00

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

Mailing Address 20 YORK ST
EAST PAVILLION 3-608

City NEW HAVEN State CT Zip Code 06510

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

Name of Employer YALE- NEW HAVEN HOSPITAL Occupation PHYSICIAN ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2010
Transaction ID : SA11AI.93784

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 177 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. HECTOR VILA
Full Name (Last, First, Middle Initial)

Mailing Address 4304 W AZEELE ST

City TAMPA State FL Zip Code 33609

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

Name of Employer FLORIDA OFFICE ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010

Transaction ID : SA11AI.92873

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 26 RAMBLEWOOD CT.

City NISKAYUNA State NY Zip Code 12309

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

Name of Employer NAPA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2010

Transaction ID : SA11AI.93037

Amount of Each Receipt this Period
 250.00

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

Mailing Address 135 DEVONWOOD DR.

City PITTSBURGH State PA Zip Code 15241

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
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010

Transaction ID : SA11AI.93346

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 178 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. J. MICHAEL VOLLERS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2010 Transaction ID : SA11AI.93002
Mailing Address 1 CHILDRENS WAY SLOT 203, S-319		Amount of Each Receipt this Period 4.00
City LITTLE ROCK	State AR	Zip Code 72202
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL S	Occupation PROFESSOR OF ANESTHESIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 834.00	

Full Name (Last, First, Middle Initial) B. J. MICHAEL VOLLERS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2010 Transaction ID : SA11AI.94310
Mailing Address 1 CHILDRENS WAY SLOT 203, S-319		Amount of Each Receipt this Period 83.00
City LITTLE ROCK	State AR	Zip Code 72202
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI	Occupation PROFESSOR OF ANESTHESIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 917.00	

Full Name (Last, First, Middle Initial) C. TAMIM WAFI		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2010 Transaction ID : SA11AI.93030
Mailing Address 2700 ACAPULCO WAY		Amount of Each Receipt this Period 250.00
City MODESTO	State CA	Zip Code 95355
FEC ID number of contributing federal political committee. C		
Name of Employer SUTTER GOULD FOUNDATION DEPT OF ANI	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).....▶	337.00
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 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ROBERT WAGNER

Mailing Address 3550 SOUTH UNIVERSITY DRIVE

City State Zip Code
DAVIE FL 33328

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

Name of Employer Occupation
NOVA SOUTHEASTERN UNIV ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 / /
 10 / 16 / 2010
Transaction ID : SA11AI.93176

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2160 SUNSET CREST DR

City State Zip Code
LOS ANGELES CA 90046

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

Name of Employer Occupation
UCLA PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 / /
 10 / 17 / 2010
Transaction ID : SA11AI.93374

Amount of Each Receipt this Period
500.00

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

Mailing Address 200 FIRST STREET S.W.

City State Zip Code
ROCHESTER MN 55905

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

Name of Employer Occupation
MAYO CLINIC COLLEGE OF MED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 / /
 10 / 16 / 2010
Transaction ID : SA11AI.93204

Amount of Each Receipt this Period
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 180 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ELLEN WANG

Mailing Address **48 HARFORD # 2**

City **BEAUFORT** State **SC** Zip Code **29906**

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

Name of Employer **CHILDRENS HOSPITAL BOSTON** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
10 / 17 / 2010
Transaction ID : SA11AI.93425

Amount of Each Receipt this Period
500.00

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

Mailing Address **200 FIRST ST SW**

City **ROCHESTER** State **MN** Zip Code **55905**

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

Name of Employer **MAYO CLINIC** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
10 / 15 / 2010
Transaction ID : SA11AI.92896

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. MARY ELLEN WARNER

Mailing Address **3535 BAMBER VALLEY RD SW**

City **ROCHESTER** State **MN** Zip Code **55902**

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

Name of Employer **MAYO CLINIC** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
10 / 15 / 2010
Transaction ID : SA11AI.92890

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **4000.00**

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 181 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MARY WEBER

Mailing Address P.O. BOX 50546

City State Zip Code
 CASPER WY 82605

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

Name of Employer Occupation
 GASDOC PC ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010

Transaction ID : SA11AI.93639

Amount of Each Receipt this Period
 500.00

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

Mailing Address 960 ROYAL ARMS DR.

City State Zip Code
 GIRARD OH 44420

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

Name of Employer Occupation
 BEL-PARK ANES. ASSOC. INC. ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010

Transaction ID : SA11AI.93491

Amount of Each Receipt this Period
 4.00

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

Mailing Address 960 ROYAL ARMS DR.

City State Zip Code
 GIRARD OH 44420

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

Name of Employer Occupation
 BEL-PARK ANES. ASSOC. INC. ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 419.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2010

Transaction ID : SA11AI.94323

Amount of Each Receipt this Period
 83.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 587.00

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 182 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. REBECCA HASSOUN WELCH
 Full Name (Last, First, Middle Initial)
 Mailing Address PEDIATRIC ANESTH. DEPT.
 92 W. MILLER ST., MP 305
 City State Zip Code
 ORLANDO FL 32806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ARNOLD PALMER HOSPITAL FOR CHILDREN ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93402
 Amount of Each Receipt this Period
 1000.00

B. LYNDA TORFREDA WELLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4098 WOOD LN
 City State Zip Code
 KESWICK VA 22947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UVA HEALTH SYSTEM ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93581
 Amount of Each Receipt this Period
 1000.00

C. ERIC WERNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3804 ROYAL FOX DR
 City State Zip Code
 SAINT CHARLES IL 60174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WEST CENTRAL ANESTHESIOLOGY GROUP PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2010
Transaction ID : SA11AI.93825
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JAMES WEST
Full Name (Last, First, Middle Initial)

Mailing Address 5229 COSGROVE CV.

City MEMPHIS	State TN	Zip Code 38117
-----------------	-------------	-------------------

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

Name of Employer MEDICAL ANES GRP	Occupation ANESTHESIOLOGIST
--------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2010

Transaction ID : SA11AI.94193

Amount of Each Receipt this Period
1000.00

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

Mailing Address 6101 PINE RIDGE RD

City NAPLES	State FL	Zip Code 34119
----------------	-------------	-------------------

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

Name of Employer ANES ASSOC NAPLES	Occupation ANESTHESIOLOGIST
---------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2010

Transaction ID : SA11AI.92847

Amount of Each Receipt this Period
500.00

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

Mailing Address 5400 SUNCREST DR STE B3

City EL PASO	State TX	Zip Code 79912
-----------------	-------------	-------------------

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

Name of Employer ANESTHESIA CONSULTANTS ASSOC	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2010

Transaction ID : SA11AI.94443

Amount of Each Receipt this Period
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 184 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ROBERT WHITCOMB
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 CHURCH RD.
 City WINNETKA State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ELMHURST MEMORIAL HOSPITAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92907
 Amount of Each Receipt this Period
 250.00

B. STEVEN WHITEHURST
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 LOTHROP STREET - PUH C 201
 City PITTSBURGH State PA Zip Code 15213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11AI.92976
 Amount of Each Receipt this Period
 500.00

C. DANNY WILKERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4301 W MARKHAM ST # 515
 City LITTLE ROCK State AR Zip Code 72205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAMS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2010
Transaction ID : SA11AI.93308
 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 185 OF 209
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JOHN WILLIAMS		Date of Receipt
Mailing Address 3550 TERRACE ST A1305 SCAIFE HALL		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City	State	Zip Code
PITTSBURGH	PA	15261
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.93289
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
UNIVERSITY OF PITTSBURGH MEDICAL CEN	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. TIMOTHY WILLIAMS		Date of Receipt
Mailing Address 145 WILDWOOD TRL		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City	State	Zip Code
FLORENCE	AL	35630
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.94622
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
BEER, SIMON, WILLIAMS, MOODY AND ASSO	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. MARK WILLIS		Date of Receipt
Mailing Address 1118 ROSS CLARK CIRCLE, STE. 700		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
City	State	Zip Code
DOTHAN	AL	36301
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.94200
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
ANESTHESIA CONSULTANTS MED. GROUP	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
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 186 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 4 BREWSTER CT

City SETAUKET	State NY	Zip Code 11733
------------------	-------------	-------------------

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

Name of Employer STONY BROOK ANES	Occupation PHYSICIAN
--------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2010

Transaction ID : SA11AI.92851

Amount of Each Receipt this Period
500.00

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

Mailing Address 1 UNIVERSITY OF NEW MEXICO

City ALBUQUERQUE	State NM	Zip Code 87131
---------------------	-------------	-------------------

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

Name of Employer UNIVERSITY OF NEW MEXICO SCHOOL OF MED.	Occupation ANESTHESIOLOGIST
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93513

Amount of Each Receipt this Period
500.00

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

Mailing Address 4242 MEDICAL DR., SUITE #3100

City SAN ANTONIO	State TX	Zip Code 78229
---------------------	-------------	-------------------

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

Name of Employer TEJAS ANESTHESIA, P.A.	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93395

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: (check only one)	PAGE 187 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 210 W 107TH ST

City NEW YORK State NY Zip Code 10025

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

Name of Employer SUNY DOWNSTATE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2010

Transaction ID : SA11AI.93932

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 600 HIGHLAND AVE., ANES. DEPT.

City MADISON State WI Zip Code 53792

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

Name of Employer UNIV. OF WISCONSIN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010

Transaction ID : SA11AI.92845

Amount of Each Receipt this Period
 500.00

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

Mailing Address 80 BROOKSIDE LN

City LITTLE SILVER State NJ Zip Code 07739

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

Name of Employer SHREWSBURY SURGERY CENTER Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2010

Transaction ID : SA11AI.93858

Amount of Each Receipt this Period
 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: (check only one)	PAGE 188 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. CRYSTAL WRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 3032 JARRARD ST.

City HOUSTON State TX Zip Code 77005

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

Name of Employer BAYLOR COLLEGE OF MEDICINE DEPT. OF Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2010
Transaction ID : SA11AI.93520

Amount of Each Receipt this Period 1000.00

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

Mailing Address 401 E ONTARIO ST APT 4401

City CHICAGO State IL Zip Code 60611

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

Name of Employer NORTHWESTERN UNIVERSITY Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2010
Transaction ID : SA11AI.93413

Amount of Each Receipt this Period 1000.00

C. H. KENDLE YATES
Full Name (Last, First, Middle Initial)

Mailing Address 1249 CONCORD HUNT DR

City BRENTWOOD State TN Zip Code 37027

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

Name of Employer ANESTHESIA MEDICAL GROUP, P.C. Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2010
Transaction ID : SA11AI.94536

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: (check only one)	PAGE 189 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CHRISTOPHER YEAKEL
Full Name (Last, First, Middle Initial)

Mailing Address 206 BEAVER LAKE DR.

City ELGIN State SC Zip Code 29045

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

Name of Employer ACC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 16 / 2010
Transaction ID : SA11AI.93146

Amount of Each Receipt this Period
1000.00

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

Mailing Address 115 AMBROISE

City NEWPORT COAST State CA Zip Code 92657

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

Name of Employer CA ANESTH ASSOC 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 Y
10 / 15 / 2010
Transaction ID : SA11AI.92922

Amount of Each Receipt this Period
250.00

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

Mailing Address 1111 N LEE AVE STE 236

City OKLAHOMA CITY State OK Zip Code 73103

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 18 / 2010
Transaction ID : SA11AI.93712

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 190 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JAMES YORK		Date of Receipt
Mailing Address 126 WENTWORTH DR		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City State Zip Code DOTHAN AL 36305		Transaction ID : SA11AI.93055
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation ANES CONSUL MED GRP ANESTHESIOLOGIST		<input type="text" value="1000.00"/>
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"/>	

Full Name (Last, First, Middle Initial) B. PAUL YOST		Date of Receipt
Mailing Address 485 SCHOONER WAY		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City State Zip Code SEAL BEACH CA 90740		Transaction ID : SA11AI.93057
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation AAMG ANESTHESIOLOGIST		<input type="text" value="1000.00"/>
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"/>	

Full Name (Last, First, Middle Initial) C. LAWRENCE YOUNG		Date of Receipt
Mailing Address 1717 VALLEY FORGE DR.		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
City State Zip Code HIXSON TN 37343		Transaction ID : SA11AI.94388
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation ANESTHESIOLOGISTS ASSOCIATED PHYSICIAN		<input type="text" value="125.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1375.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2125.00"/>
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 191 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. LILY YOUNG
 Full Name (Last, First, Middle Initial)
 Mailing Address 3997 BROWN ROAD
 City TUCKER State GA Zip Code 30084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMORY UNIV SCHOOL OF MED. DEPT OF AN Occupation FACULTY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 16 / 2010**
Transaction ID : SA11AI.93150
 Amount of Each Receipt this Period **250.00**

B. ZDRAVKA ZAFIROVA
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 E 13TH ST
 City CHICAGO State IL Zip Code 60605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF CHICAGO Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 20 / 2010**
Transaction ID : SA11AI.93860
 Amount of Each Receipt this Period **250.00**

C. JAMES ZAIDAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4986 CHEDWORTH DR
 City STONE MOUNTAIN State GA Zip Code 30087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMORY UNIVERSITY SCHOOL OF MEDICINE Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 31 / 2010**
Transaction ID : SA11AI.94256
 Amount of Each Receipt this Period **1000.00**

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 192 OF 209
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 8700 BEVERLY BLVD # 8211

City WEST HOLLYWOOD	State CA	Zip Code 90048
------------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93328

Amount of Each Receipt this Period
500.00

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

Mailing Address 6702 RIVA RIDGE DR

City RICHMOND	State TX	Zip Code 77406
------------------	-------------	-------------------

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

Name of Employer GHA	Occupation PHYSICIAN
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2010

Transaction ID : SA11AI.92868

Amount of Each Receipt this Period
1000.00

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

Mailing Address 24833 PASEO DEL RANCHO

City CALABASAS	State CA	Zip Code 91302
-------------------	-------------	-------------------

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

Name of Employer UCLA MED CTR	Occupation ANESTHESIOLOGIST
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2010

Transaction ID : SA11AI.93545

Amount of Each Receipt this Period
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: (check only one)	PAGE 193 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5304 EAGLE RIDGE LN

City SYLVANIA State OH Zip Code 43560

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

Name of Employer ANESTHESIOLOGY CONSULTANTS OF TOLE Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2010
Transaction ID : SA11AI.93710

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1612 SAINT GREGORY DRIVE

City LAS VEGAS State NV Zip Code 89117

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 834.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2010
Transaction ID : SA11AI.93757

Amount of Each Receipt this Period
 4.00

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

Mailing Address 1612 SAINT GREGORY DRIVE

City LAS VEGAS State NV Zip Code 89117

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 917.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2010
Transaction ID : SA11AI.94350

Amount of Each Receipt this Period
 83.00

SUBTOTAL of Receipts This Page (optional).....▶	1087.00
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 194 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ANDREW ZURA

Mailing Address **8185 THACKERAY CT**

City **BROADVIEW HEIGHTS** State **OH** Zip Code **44147**

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

Name of Employer **CLEVELAND CLINIC FOUNDATION** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt
10 / 17 / 2010

Transaction ID : SA11AI.93313

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	295826.00

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

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

FOR LINE NUMBER: PAGE 195 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. NORTHERN TRUST CO
 Mailing Address 50 S LASALLE
 City State Zip Code
 CHICAGO IL 60675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 199.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2010
Transaction ID : SA17.94718
 Amount of Each Receipt this Period
 36.48
INTEREST INCOME

Full Name (Last, First, Middle Initial)
B.
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	36.48
TOTAL This Period (last page this line number only).....▶	36.48

**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 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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City CHICAGO State IL Zip Code 60675

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2010

Transaction ID : SB21B.94719

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

B. NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City CHICAGO State IL Zip Code 60675

Purpose of Disbursement
CC FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2010

Transaction ID : SB21B.94720

Amount of Each Disbursement this Period

7560.62

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

7620.62

7620.62

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BEN QUAYLE FOR CONGRESS

Mailing Address 4247 N 44TH STREET

City PHOENIX State AZ Zip Code 85018

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: AZ District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2010

Transaction ID : SB23.94691

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BLUMENAUER FOR CONGRESS

Mailing Address 830 NE HOLLADAY #105

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: OR District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2010

Transaction ID : SB23.94688

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CHUCK FLEISCHMANN FOR CONGRESS COMM

Mailing Address PO BOX 11091 #1000, JAMES BLDG

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: TN District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2010

Transaction ID : SB23.94692

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CIRO RODRIGUEZ FOR CONGRESS

Mailing Address P.O. BOX 14528

City State Zip Code
SAN ANTONIO TX 78214

Purpose of Disbursement
CK VOIDED ORIG ISSUED 10/13/10

Candidate Name

Office Sought: House
 Senate
 President
State: TX District: 28

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2010			

Transaction ID : SB23.94683

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

B. COUNT FOR COSTA 2010

Mailing Address 2037 W BULLARD AVE, #355

City State Zip Code
FRESNO CA 93711

Purpose of Disbursement
2010 RECOUNT FUND

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 20

Disbursement For: 2010
 Primary General
 Other (specify) ▼
Recount

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2010			

Transaction ID : SB23.94714

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. DIANE BLACK FOR CONGRESS

Mailing Address 819 PLANTATION BLVD

City State Zip Code
GALLATIN TN 37066

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: TN District: 06

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2010			

Transaction ID : SB23.94689

Amount of Each Disbursement this Period

2000.00

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

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

2000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRANISCO CANSECO FOR CONGRESS

Mailing Address 10004 WURZBACH RD, #366

City State Zip Code
SAN ANTONIO TX 78230

Purpose of Disbursement
2010 GENERAL DEBT RETIREMENT

Candidate Name

Office Sought: House
 Senate
 President
State: TX District: 23

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2010

Transaction ID : **SB23.94708**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FREEDOM PAC

Mailing Address PO BOX 2458

City State Zip Code
SPRINGFIELD VA 22152

Purpose of Disbursement
CK VOIDED ORIG ISSUED 10/06/10- CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2010

Transaction ID : **SB23.94676**

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

C. FREEDOM PAC

Mailing Address PO BOX 2458

City State Zip Code
SPRINGFIELD VA 22152

Purpose of Disbursement
2010 CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2010

Transaction ID : **SB23.94705**

Amount of Each Disbursement this Period

2500.00

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN SARBANES

Mailing Address PO Box 6854

City Towson State MD Zip Code 21285

Purpose of Disbursement
CK VOIDED ORIG ISSUED 10/6/10

Candidate Name

Office Sought: House
 Senate
 President
State: MD District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB23.94682

Amount of Each Disbursement this Period

-	1	5	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SCOTT DESJARLAIS

Mailing Address PO BOX 311

City JASPER State TN Zip Code 37347

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: TN District: 04

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB23.94698

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. HOOSIERS FOR ROKITA

Mailing Address 7643 E US 36

City AVON State IN Zip Code 46123

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: IN District: 04

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB23.94700

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

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

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

2	5	0	0	0	0
---	---	---	---	---	---

2	5	0	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JERRY MCNERNEY RECOUNT

Mailing Address 6250 VILLAGE PKWY, 2ND FL

City DUBLIN State CA Zip Code 94568

Purpose of Disbursement
2010 RECOUNT FUND

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 11

Disbursement For: 2010
 Primary General
 Other (specify) Recount

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2010

Transaction ID : SB23.94716

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. KIRK FOR SENATE

Mailing Address PO BOX 8

City WINNETKA State IL Zip Code 60093

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: IL District:

Disbursement For: 2010
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2010

Transaction ID : SB23.94702

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. LATOURETTE FOR CONGRESS COMM

Mailing Address 320 KENARDEN DR

City HIGHLAND HTS State OH Zip Code 44143

Purpose of Disbursement
CK VOIDED ORIG ISSUED 9/30/10

Candidate Name

Office Sought: House
 Senate
 President
State: OH District: 14

Disbursement For: 2010
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2010

Transaction ID : SB23.94679

Amount of Each Disbursement this Period

-500.00

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. LATOURETTE FOR CONGRESS COMM

Mailing Address 320 KENARDEN DR

City State Zip Code
HIGHLAND HTS OH 44143

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: OH District: 14

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2010

Transaction ID : SB23.94703

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. MARKEY COMMITTEE

Mailing Address PO BOX 526

City State Zip Code
MEDFORD MA 02155

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MA District: 07

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2010

Transaction ID : SB23.94694

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MARTHA ROBY FOR CONGRESS

Mailing Address PO BOX 195

City State Zip Code
MONTGOMERY AL 36101

Purpose of Disbursement
REDESIGNATION OF CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: AL District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2010

Transaction ID : SB23.94710

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NATIONAL LEADERSHIP PAC

Mailing Address P.O. BOX 5577

City NEW YORK State NY Zip Code 10027

Purpose of Disbursement
CK VOIDED ORIG ISSUED 12/16/09- 09 CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2010			

Transaction ID : SB23.94687

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE REPUBLICAN STATE COMM

Mailing Address 10 WATER ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2010			

Transaction ID : SB23.94696

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. NY VICTORY FUND 2010

Mailing Address 1050 17TH STREET, NW, #590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
2010 RECOUNT FUND

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2010			

Transaction ID : SB23.94712

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ROBERT HURT FOR CONGRESS

Mailing Address PO BOX 2

City CHATHAM State VA Zip Code 24531

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: VA District: 05

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2010			

Transaction ID : SB23.94704

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. RUSH HOLT FOR CONGRESS

Mailing Address P.O. BOX 782

City PENNINGTON State NJ Zip Code 08534

Purpose of Disbursement
CK VOIDED ORIG ISSUED 11/18/09

Candidate Name

Office Sought: House
 Senate
 President
State: NJ District: 12

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2010			

Transaction ID : SB23.94686

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

C. SCHOCK FOR CONGRESS

Mailing Address P.O. BOX 10555

City PEORIA State IL Zip Code 61612

Purpose of Disbursement
CK VOIDED ORIG ISSUED 11/04/09

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 18

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2010			

Transaction ID : SB23.94685

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

-500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SOUTHWEST PENNSYLVANIA PAC

Mailing Address 499 S CAPITOL ST, SW, #404

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
2010 CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2010

Transaction ID : SB23.94706

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2500.00

32000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C C00255752
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee DYNAMIC MARKETING, INC.	Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2010
Mailing Address 1145 W COLLINS AVE	Amount 50000.00
City ORANGE State CA Zip Code 92867	
Purpose of Expenditure PLACEMENT & PRODUCTION MAILER	Category/Type Transaction ID : SE.94739
Name of Federal Candidate Supported or Opposed by Expenditure: LARRY BUCSHON	Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 50000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee DYNAMIC MARKETING, INC.	Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2010
Mailing Address 1145 W COLLINS AVE	Amount 50000.00
City ORANGE State CA Zip Code 92867	
Purpose of Expenditure PLACEMENT & PRODUCTION MAILER	Category/Type Transaction ID : SE.94741 004
Name of Federal Candidate Supported or Opposed by Expenditure: CHARLIE DENT	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 50000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS CONWAY

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2011

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00255752 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee DYNAMIC MARKETING, INC.	Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2010 </div>
Mailing Address 1145 W COLLINS AVE	Amount <div style="border: 1px solid black; padding: 2px;"> 50000.00 </div>
City ORANGE State CA Zip Code 92867	Transaction ID : SE.94743
Purpose of Expenditure PLACEMENT & PRODUCTION MAILER	Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ANDY HARRIS	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 197830.00 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee PUBLIC RESPONSE GROUP, INC	Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2010 </div>
Mailing Address 12400 S HARLEM, 2ND FL NW	Amount <div style="border: 1px solid black; padding: 2px;"> 50000.00 </div>
City PALO HEIGHTS State IL Zip Code 60463	Transaction ID : SE.94728
Purpose of Expenditure PRODUCTION & PLACEMENT RADIO AD	Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BOBBY BRIGHT	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 50000.00 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> 100000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS CONWAY
 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
10 / 03 / 2011

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00255752 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee PUBLIC RESPONSE GROUP, INC		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 19 / 2010 </div>
Mailing Address 12400 S HARLEM, 2ND FL NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7000.00</div>
City PALO HEIGHTS State IL Zip Code 60463		
Purpose of Expenditure PRODUCTION & PLACEMENT RADIO AD	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BOBBY BRIGHT		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">57000.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : SE.94731

Full Name (Last, First, Middle Initial) of Payee PUBLIC RESPONSE GROUP, INC		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 22 / 2010 </div>
Mailing Address 12400 S HARLEM, 2ND FL NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>
City PALO HEIGHTS State IL Zip Code 60463		
Purpose of Expenditure PRODUCTION & PLACEMENT RADIO AD	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: AMI BERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : SE.94734

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">57000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS CONWAY

Signature _____ [Electronically Filed] Date 10 / 03 / 2011

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00255752 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee PUBLIC RESPONSE GROUP, INC		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 23 / 2010 </div>
Mailing Address 12400 S HARLEM, 2ND FL NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">76150.00</div>
City PALO HEIGHTS State IL Zip Code 60463	Transaction ID : SE.94737	
Purpose of Expenditure PLACEMENT & PRODUCTION MAILER	Category/Type	Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK KIRK		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee PUBLIC RESPONSE GROUP, INC		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 27 / 2010 </div>
Mailing Address 12400 S HARLEM, 2ND FL NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">76150.00</div>
City PALO HEIGHTS State IL Zip Code 60463	Transaction ID : SE.94738	
Purpose of Expenditure PLACEMENT & PRODUCTION MAILER	Category/Type	Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK KIRK		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">152300.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">409300.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS CONWAY
 Signature

[Electronically Filed] Date 10 / 03 / 2011