10/19/2010 15:01

Image# 10931577911

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE 520 N. NORTHWEST HIGHWAY ADDRESS (number and street) Check if different than previously PARK RIDGE 60068 ΙĻ reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00255752 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day Х (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 11 02 2010 IL Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2010 10 13 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. THOMAS CONWAY Type or Print Name of Treasurer Electronically Filed by THOMAS CONWAY 10 19 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS 2 / 70

FEC Form 3X (Rev. 02/2003)

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

D D 0 1 10 2010 10 13 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 1495220.03 January 1 (b) Cash on Hand at 1504667.26 Begining of Reporting Period ..... 40418.00 1143706.91 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1545085.26 2638926.94 6(a) and 6(c) for Column B) ..... 53600.00 1147441.68 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 1491485.26 1491485.26 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X 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

FEC Form 3X (Rev. 06/2004) 3 / 70

Write or Type Committee Name

### AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

м м 1 0 0 1 м°м 10 1 3 2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 33835.00 960776.00 (i) Itemized (use Schedule A) ...... 6583.00 182767.51 (ii) Unitemized ..... (iii) TOTAL (add 40418.00 1143543.51 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 40418.00 1143543.51 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 163.40 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 40418.00 1143706.91 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 40418.00 1143706.91 (subtract Line 18(c) from Line 19) .....

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 70

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal		
(	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(	(b) Other Federal Operating  Expenditures	0.00	5623.94
(	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	0.00	5623.94
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees	50500.00	201010
	Federal Candidates/Committeesand Other Political Committees	52500.00	934010.00
(	Independent Expenditure (use Schedule E)	0.00	0.00
5. ( (	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
.7. I	Loans Made	0.00	0.00
	Refunds of Contributions To:  (a) Individuals/Persons Other		
(	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(	(b) Political Party Committees	0.00	0.00
(	(c) Other Political Committees (such as PACs)	0.00	0.00
(	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
9. (	Other Disbursements	1100.00	207807.74
0. I	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i euci ai Silaie		
	(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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	53600.00	1147441.68
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	50000 00	447444 00
	from Line 31)	53600.00	1147441.68

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 70

	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)	40418.00	1143543.51
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	40418.00	1143543.51
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	5623.94
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	5623.94

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 70 (check only one)    X   11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personame and address of any political committee to estimate the solution of the sol	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BASEM ABDELMALAK Mailing Address 9500 EUCLID AVE DEPT OF ANES E-3: City CLEVELAND  FEC ID number of contributing federal political committee.  Name of Employer CLEVELAND CLINIC FOUNDATI- ON Receipt For: Primary General Other (specify)	State Zip Code OH 44195  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  410.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial)  AMR ABOULEISH  Mailing Address 4303 EVERGREEN E  City  HOUSTON  FEC ID number of contributing federal political committee.  Name of Employer UNIVERSITY OF TEXAS MEDICAL BRANCH Receipt For:  Primary General  Other (specify)	State Zip Code TX 77059  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date   418.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial)  AMR ABOULEISH  Mailing Address 4303 EVERGREEN E  City  HOUSTON  FEC ID number of contributing federal political committee.  Name of Employer UNIVERSITY OF TEXAS MEDIC-AL BRANCH Receipt For:  Primary General  Other (specify)	State Zip Code TX 77059  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  459.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		123.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)  Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 70 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other that NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by any p n using the name and address of any political committee	ee to solicit contributions from such committee.
AMERICAN SOCIETY OF A	NESTHESIOLOGISTS POLITICAL ACTION C	COMMITTEE
Full Name (Last, First, Middle Initi	<u>′</u>	Date of Receipt
Mailing Address 10800 MIDL SUITE 265	OTHIAN TURNPIKE	10 01 2010
City	State Zip Code	Transaction ID: SA11AI.92582
RICHMOND  FEC ID number of contributing federal political committee.	VA 23235	Amount of Each Receipt this Period 41.00
Name of Employer COMMONWEALTH ANESTHES ASSOCIATES Receipt For:  Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  377.00	
Full Name (Last, First, Middle Initi THOMAS ANDREWS Mailing Address 1821 ALAQU	<u></u>	Date of Receipt
	A Dn.	10 01 2010
City	State Zip Code	Transaction ID: SA11AI.92651
LONGWOOD  FEC ID number of contributing federal political committee.	FL 32779	Amount of Each Receipt this Period 41.00
Name of Employer JLR MEDICAL GROUP, MAITLA ND, FLORIDA Receipt For:  Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  336.00	
Full Name (Last, First, Middle Initi	al)	Date of Receipt
Mailing Address DEPARTME	NT ANESTHESIA AND CRITICAL YLAND AVE., MC 4028	1 0 0 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.92775
CHICAGO  FEC ID number of contributing federal political committee.	IL 60637	Amount of Each Receipt this Period 250.00
Name of Employer UNIVERSITY OF CHICAGO ME ICAL CENTER	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page	(optional)	332.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 70 (check only one)    X
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) JEFFREY APFELBAUM			Date of Receipt
	Mailing Address 2560 GREENVIEW RI			10 05 2010
	City NORTHBROOK	State IL	Zip Code 60062	Transaction ID: SA11AI.92737  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00002	1000.00
	Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSIC		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
— В.	Full Name (Last, First, Middle Initial) LEE ARTHUR	1		Date of Receipt
	Mailing Address 504 MEDICAL CENTER BLVD			M M / D D / Y Y Y Y Y 1 1 0 1 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.92603
	CONROE	TX	77304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer NORTH HOUSTON ANESTHESIOL- OGISTS	Occupation PHYSIC		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]
 C.	Full Name (Last, First, Middle Initial) JENNIFER AUNSPAUGH	1		Date of Receipt
	Mailing Address CHILDRENS WAY, SL DEPT OF ANES	_OT 203		10 01 YYYYY 2010
	City LITTLE ROCK	State AR	Zip Code 72202	Transaction ID: SA11AI.92569  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	12202	25.00
	Name of Employer ARKANSAS CHILDRENS HOSPIT- AL	Occupation ASSISTA	n ANT PROFESSOR PEDIATE	RIC ANESTHES
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)	1		1050.00
	OTAL This Period (last page this line number		<u> </u>	

,	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 70
	,	for each category of the	(check only one)
ı	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
		25.652 54	13 14 15 16 17
	Any information copied from such Reports and State	ments may not be sold or used by any perso	n for the purpose of soliciting contributions
K	or for commercial purposes, other than using the na	me and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	AMERICAN SOCIETY OF ANESTHESIO	LOGISTS POLITICAL ACTION COMM	MITTEE
Α.	Full Name (Last, First, Middle Initial) ARNA BANERJEE		Date of Receipt
	Mailing Address DEPARTMENT OF ANES 1211 21ST AVENUE SO		10 01 YYYY 2010
	City	State Zip Code	Transaction ID: SA11AI.92605
	NASHVILLE	TN 37212	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	83.00
		Occupation	7
	ICAL CENTER	ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	830.00	
	Other (specify)	030.00	
- В.	Full Name (Last, First, Middle Initial) SHAWN BANKS		Date of Receipt
	Mailing Address 601 NE 36TH ST APT 34	M M / D D / Y Y Y Y	
		10 01 2010	
	City	State Zip Code	Transaction ID: SA11AI.92575
	MIAMI	FL 33137	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.00
	LINIIVERSITY OF MIAMI	Occupation PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General	Aggregate rear-to-bate *	
	Other (specify) ▼	830.00	
- С.	Full Name (Last, First, Middle Initial) CAROLYN BANNISTER		Date of Receipt
<b>J</b> .	Mailing Address 5102 CHASTLETON DRI	VE	M M / D D / Y Y Y Y Y Y 1 1 0 0 1 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.92612
	STONE MOUNTAIN	GA 30087	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.00
		Occupation MD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	830.00	
Γ			
	SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	249.00
- 1			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 10 / 70   (check only one)     X   11a     11b     11c   12   13   14   15   16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTH			
Full Name (Last, First, Middle Initial) SCOTT BARTUSCH			Date of Receipt
Mailing Address 82 WOOD GROVE	M M / D D / Y Y Y Y Y 1 1 0 0 7 2 0 1 0		
City MEMPHIS	State TN	Zip Code 38117	Transaction ID: SA11AI.92771
FEC ID number of contributing federal political committee.	C	30117	Amount of Each Receipt this Period  250.00
Name of Employer METROPOLITAN ANESTHESIA ALLIANCE	Occupation ANESTH	n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ANDREW BAUDO			Date of Receipt
Mailing Address 627 W BUCKINGHAM PLACE UNIT 1			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHICAGO	State IL	Zip Code 60657	Transaction ID: SA11AI.92615
FEC ID number of contributing federal political committee.	C	00037	Amount of Each Receipt this Period 41.00
Name of Employer NMFF	Occupation ATTEND		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 410.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 110 IRVING ST. NW #G-226			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WASHINGTON	State DC	Zip Code	Transaction ID: SA11AI.92571
FEC ID number of contributing federal political committee.	C	20010	Amount of Each Receipt this Period 41.00
Name of Employer WASHINGTON HOSPITAL CENTER  Occupation ANESTHI		n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 369.00	
SUBTOTAL of Receipts This Page (optiona	1		332.00

WASHINGTON   DC   20010	A (FEC Form 3X) RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 70 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A. Full Name (Last, First, Middle Initial)  ELLEN BEGIN  Mailing Address 110 IRVING ST. NW #G-226  City State Zip Code DC 20010  FEC ID number of contributing federal political committee.  Name of Employer WASHINGTON ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ 377.00  Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee.  City State Zip Code Transaction ID: SA11  Amount of Each Receipt  Aggregate Year-to-Date ▼ 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MMITTEE (In Full)		
City State Zip Code WASHINGTON DC 20010  FEC ID number of contributing federal political committee.  Name of Employer WASHINGTON HOSPITAL CENTER  Receipt For: Primary General Other (specify) ▼ 377.00  Full Name (Last, First, Middle Initial) FFEC ID number of contributing federal political committee.  City State Zip Code VESTAVIA HILLS AL 35242  FEC ID number of contributing federal political committee.  Name of Employer Primary General Other (specify) ▼ 500.00  City General Other (specify) ▼ 500.00  Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ 500.00  Full Name (Last, First, Middle Initial) MiCHAEL BERRICAN Mailing Address 900 23RD ST NW, SUITE G-2092  City State Zip Code WASHINGTON DC 20037  FEC ID number of contributing federal political committee.  City State Zip Code WASHINGTON DC 20037  FEC ID number of contributing federal political committee.  City Aggregate Year-to-Date ▼  Name of Employer General City General Occupation ANESTHESIOLOGIST Amount of Each Receipt  Transaction ID: SA11 Amount o			
WASHINGTON  DC 20010  Amount of Each Receipt FEC ID number of contributing federal political committee.  Name of Employer WASHINGTON HOSPITAL CENTER  Receipt For:  Primary General Other (specify) ▼  Date of Receipt  Transaction ID: SA11  Amount of Each Receipt  Aggregate Year-to-Date ▼  10 0 1 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 0 1 0 0 0 0 1 0 0 0 0 1 0 0 0 0 1 0 0 0 0 1 0 0 0 0 1 0			10 04 2010
FEC ID number of contributing federal political committee.  Name of Employer WASHINGTON HOSPITAL CENTER  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) FRANK BEMIS  Mailing Address 700 REYNOLDS PLACE  City State Zip Code FEC ID number of contributing federal political committee.  Name of Employer SELF Primary General Occupation PHYSICIAN  Receipt For: Primary General Occupation PHYSICIAN  Receipt For: Primary General Other (specify) ▼  Date of Receipt  Transaction ID: SA11  Amount of Each Receipt  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11  Amount of Each Receipt  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11  Amount of Each Receipt  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11  Amount of Each Receipt  Aggregate Year-to-Date ▼  Primary General  Aggregate Year-to-Date ▼		·	Transaction ID: SA11AI.92708
WASHINGTON HOSPITAL CENTER  Receipt For:	r of contributing	20010	8.00
Primary	THOODITAL OFFITED   '	IOLOGIST	
Date of Receipt  Mailing Address 700 REYNOLDS PLACE  City  VESTAVIA HILLS  AL  35242  FEC ID number of contributing federal political committee.  Name of Employer  SELF  Primary  Other (specify) ▼  City  Michael Berrigan  Mailing Address 900 23RD ST NW, SUITE G-2092  City  WASHINGTON  FEC ID number of contributing federal political committee.  Date of Receipt  Transaction ID: SA11  Amount of Each Receipt  M M M / D D / 10  1 Transaction ID: SA11  Amount of Each Receipt  M M M / D D D / 10  Transaction ID: SA11  Amount of Each Receipt  City  State Zip Code  WASHINGTON  DC  20037  FEC ID number of contributing federal political committee.  Name of Employer  GEORGE WASHINGTON UNIVERS- ITY MEDICAL C  Receipt For:  Primary  General  Occupation  ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  Primary  General  Aggregate Year-to-Date ▼	General	377.00	
City State Zip Code VESTAVIA HILLS AL 35242  Amount of Each Recei FEC ID number of contributing federal political committee.  Name of Employer SELF Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MICHAEL BERRIGAN Mailing Address 900 23RD ST NW, SUITE G-2092  City State Zip Code WASHINGTON DC 20037  FEC ID number of contributing federal political committee.  Name of Employer GEORGE WASHINGTON UNIVERS- ITY MEDICAL C Receipt For: Primary General  Occupation Amount of Each Receipt  Transaction ID: SA11  Amount of Each Receipt  C  Occupation Amount of Each Receipt  Amount of E	,		Date of Receipt
VESTAVIA HILLS  AL 35242  Amount of Each Receipt  FEC ID number of contributing federal political committee.  Name of Employer SELF  Physician  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  MICHAEL BERRIGAN  Mailing Address 900 23RD ST NW, SUITE G-2092  City State Zip Code Transaction ID: SA11  WASHINGTON DC 20037  FEC ID number of contributing federal political committee.  Name of Employer GEORGE WASHINGTON UNIVERS-ITY MEDICAL C Receipt For:  Primary General Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  Amount of Each Receipt  Transaction ID: SA11  Amount of Each Receipt  Amount of Each Recei	3 700 REYNOLDS PLACE		
FEC ID number of contributing federal political committee.  Name of Employer SELF  Primary		Zip Code	Transaction ID: SA11AI.92665
Receipt For:	ILLS AL	35242	Amount of Each Receipt this Period
Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  MICHAEL BERRIGAN  Mailing Address 900 23RD ST NW, SUITE G-2092  City  State  State  Zip Code  WASHINGTON  DC  20037  FEC ID number of contributing federal political committee.  Name of Employer GEORGE WASHINGTON UNIVERS-ITY MEDICAL C  Receipt For:  Primary  General  Aggregate Year-to-Date  Occupation  ANESTHESIOLOGIST  Aggregate Year-to-Date  Aggregate Year-to-Date  Aggregate Year-to-Date  Aggregate Year-to-Date  Transaction ID: SA11  Amount of Each Receipt  Aggregate Year-to-Date  Aggregate Year-to-Date	committee.		500.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Michael Berrigan Mailing Address 900 23RD ST NW, SUITE G-2092  City State Zip Code WASHINGTON DC 20037  FEC ID number of contributing federal political committee.  Name of Employer GEORGE WASHINGTON UNIVERS-ITY MEDICAL C Receipt For: Primary General  Aggregate Year-to-Date ▼  250.00	yer Occupation PHYSICIAI		
Michael Berrigan  Mailing Address 900 23RD ST NW, SUITE G-2092  City State Zip Code  WASHINGTON  DC 20037  FEC ID number of contributing federal political committee.  Name of Employer GEORGE WASHINGTON UNIVERS-ITY MEDICAL C Receipt Transaction ID: SA11  Occupation ANESTHESIOLOGIST  Anester Aggregate Year-to-Date ▼  Primary General	General		
City State Zip Code Transaction ID: SA11  WASHINGTON DC 20037  FEC ID number of contributing federal political committee.  Name of Employer GEORGE WASHINGTON UNIVERS-ITY MEDICAL C Receipt For:  Primary General 10 0 4  Transaction ID: SA11  Amount of Each Receipt Amount of Each Receipt Factor And Analysis Amount of Each Receipt Factor Analysis Amount of Each Receipt Factor Amount of Each Receipt Factor Analysis Amount of Each Receipt Factor An	· · · · · · · · · · · · · · · · · · ·		Date of Receipt
WASHINGTON  DC 20037  Amount of Each Receipt For:  Primary  Amount of Each Receipt For:  Aggregate Year-to-Date  Aggregate Year-to-Date  Amount of Each Receipt For:  Aggregate Year-to-Date  Aggregate Year-to-Date	900 23RD ST NW, SUITE G-2092		
FEC ID number of contributing federal political committee.  Name of Employer GEORGE WASHINGTON UNIVERS-ITY MEDICAL C Receipt For: Primary General  C  Occupation ANESTHESIOLOGIST Aggregate Year-to-Date		·	Transaction ID: SA11AI.92697
ITY MEDICAL C Receipt For:  Primary  General  ANEST HESIOLOGIST  Aggregate Year-to-Date ▼	r of contributing	20037	Amount of Each Receipt this Period 250.00
Primary General 250 00		IOLOGIST	
Other (specify) ▼	General	ar-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	I eceipts This Page (optional)	<b>.</b>	758.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 70 (check only one)  X 11a 11b 11c 12  13 14 15 16
or f	r information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
· .	Full Name (Last, First, Middle Initial) DAVID BIEL Mailing Address 2216 MADISON AVE			Date of Receipt  1 0 0 1 2 0 1 0
-	City CINCINNATI FEC ID number of contributing	State OH	Zip Code 45212	Transaction ID: SA11AI.92544  Amount of Each Receipt this Period  83.00
į	Name of Employer ANESTHESIA ASSOC. OF CINC- INNATI Receipt For: Primary Other (specify)	Occupatio ANESTH	n IESIOLOGIST ASSISTANT e Year-to-Date ▼ 502.00	
	Full Name (Last, First, Middle Initial) WENDY BINSTOCK Mailing Address 1122 W MONTANA S	Γ		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.92646
-	CHICAGO	IL	60614	Amount of Each Receipt this Period
1	FEC ID number of contributing federal political committee.	С		83.00
	Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSIC		
İ	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 585.00	
	Full Name (Last, First, Middle Initial) WENDY BINSTOCK Mailing Address 1122 W MONTANA S	Γ		Date of Receipt  10 04 2010
	City	State	Zip Code	Transaction ID: SA11AI.92711
	CHICAGO FEC ID number of contributing federal political committee.	C	60614	Amount of Each Receipt this Period  4.00
i	Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSIC		
Ī	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 589.00	
SI	IBTOTAL of Receipts This Page (optional)		_	170.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 13 / 70   (check only one)			
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH						
Full Name (Last, First, Middle Initial) TIMOTHY BITTENBINDER			Date of Receipt			
Mailing Address 5014 ASCOT PARK	Mailing Address 5014 ASCOT PARKWAY					
City TEMPLE	State TX	Zip Code 76502	Transaction ID: SA11AI.92617  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	7 0002	83.00			
Name of Employer SCOTT WHITE MEMORIAL HOS- PITAL ANES. D	Occupation ANESTH	n ESIOLOGIST				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 830.00	]			
Full Name (Last, First, Middle Initial) JUAN BOTERO			Date of Receipt			
Mailing Address 2950 CLEVELAND DEPT. OF ANES.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City WESTON	State FL	Zip Code 33331	Transaction ID: SA11AI.92518  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		83.00			
Name of Employer CLEVELAND CLINIC, FLORIDA	Occupation	n ESIOLOGIST				
Receipt For: Primary General Other (specify)	<del>-   '</del>	Year-to-Date ▼ 415.00				
Full Name (Last, First, Middle Initial) GREGORY BOUSKA			Date of Receipt			
Mailing Address 3000 BOGEY CIR S	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City OWENS CROSS ROADS	State AL	Zip Code 35763	Transaction ID: SA11AI.92527			
FEC ID number of contributing federal political committee.	C	33763	Amount of Each Receipt this Period 83.00			
Name of Employer COMPREHENSIVE ANESTHESIA SERVICES	<del></del> '	ESIOLOGIST				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1917.00				
			249.00			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 70 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHI	ESIOLOGISTS POLITICAL ACTION COI	MMITTEE
Full Name (Last, First, Middle Initial) MARK BRADY		Date of Receipt
Mailing Address 9403 W. 146TH PL.		10 01 2010
City OVERLAND PARK	State Zip Code KS 66221	Transaction ID: SA11AI.92609  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer MIDWEST ANESTHESIA ASSOCI- ATES	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	
Full Name (Last, First, Middle Initial) CLAUDE BRUNSON		Date of Receipt
Mailing Address 2500 N STATE ST		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.92647
JACKSON  FEC ID number of contributing federal political committee.	MS 39216	Amount of Each Receipt this Period 83.00
Name of Employer UNIV OF MISSISSIPPI MED CTR	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 585.00	
Full Name (Last, First, Middle Initial) JOHN BYRNE		Date of Receipt
Mailing Address 105 N DEVEREUX C	TNW	M M / D D / Y Y Y Y Y Y Y 1 1 0 0 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.92560
ATLANTA  FEC ID number of contributing federal political committee.	GA 30327	Amount of Each Receipt this Period 250.00
Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (optional)		416.00

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 70 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commer	cial purposes, other than using the COMMITTEE (In Full)	e name and add	y not be sold or used by any persondress of any political committee to S POLITICAL ACTION COM	on for the purpose of soliciting contributions solicit contributions from such committee.  MITTEE
JAMES CAI	(Last, First, Middle Initial) RLSEN dress 1958 COMMON WAY		7. 0.4	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	mber of contributing tical committee.	State FL	Zip Code 32814	Transaction ID: SA11AI.92586  Amount of Each Receipt this Period  41.00
Name of E JLR MEDI Receipt Fo	mployer CAL GROUP r:		n IESIOLOGIST e Year-to-Date ▼	
Full Name JOHN CAR Mailing Add	·· <del>··</del> ·			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MORGAN		State WV	Zip Code 26505	Transaction ID: SA11AI.92546  Amount of Each Receipt this Period
Name of El WEST VIE DEPT OF Receipt Fo Prima	r: ary General r (specify) <b>▼</b>	Occupatio RESIDEI Aggregate		41.00
ANTONIO (	Full Name (Last, First, Middle Initial) ANTONIO CASSARA Mailing Address 1236 MURRAY HILL AVE.			Date of Receipt  1 0 0 1 2 0 1 0
City	IDCLI	State	Zip Code	Transaction ID: SA11AI.92590
	mber of contributing tical committee.	PA C	15217	Amount of Each Receipt this Period  83.00
Name of E	mployer ILDRENS	Occupatio RESIDEI		
Receipt Fo Prima Othe		Aggregate	e Year-to-Date ▼ 830.00	
SUBTOTAL	of Receipts This Page (optional)	1		165.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>()</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 70 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial)  MARTYN CAVALLO  Mailing Address 110-29TH AVE. NO	DTU #201		Date of Receipt
City	State	Zip Code	1 0 0 1 2 0 1 0 Transaction ID: SA11AI.92611
NASHVILLE  FEC ID number of contributing federal political committee.	C	37203	Amount of Each Receipt this Period 41.00
Name of Employer ANESTHESIA MEDICAL GROUP	Occupation ANESTH	ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 410.00	]
Full Name (Last, First, Middle Initial) DEAN CHASSAY			Date of Receipt
Mailing Address 571 LARUE CIRCLE	=		10 04 2010
City	State	Zip Code	Transaction ID: SA11AI.92692
GUNTERSVILLE  FEC ID number of contributing	AL	35976	Amount of Each Receipt this Period
federal political committee.	<u>C</u>		500.00
Name of Employer MARSHALL COUNTY ANESTHESI- OLOGY AND PAI	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General  Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) JOHN CHATELAIN			Date of Receipt
Mailing Address 1319 S.9TH ST.			10 01 2010
City	State	Zip Code	Transaction ID: SA11AI.92634
FARGO  FEC ID number of contributing federal political committee.	C	58103	Amount of Each Receipt this Period 41.00
Name of Employer MERITCARE MEDICAL GROUP	Occupation ANESTH	ESIOLOGIST	
Receipt For: Primary General	<del>'</del>	Year-to-Date ▼	
Other (specify) ▼		410.00	
SUBTOTAL of Receipts This Page (optional	)		582.00
TOTAL This Period (last page this line numb	per only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 70 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  SAMUEL CHERRY  Mailing Address 149 LUCERNE BLV	'D		Date of Receipt  1 0 0 1 2 0 1 0
City BIRMINGHAM  FEC ID number of contributing federal political committee.	State AL	Zip Code 35209	Transaction ID: SA11AI.92652  Amount of Each Receipt this Period  125.00
Name of Employer BIRMINGHAM VA MEDICAL CENTER Receipt For: Primary General Other (specify)	Occupation ANESTH	ESIOLOGIST  Year-to-Date   875.00	
Full Name (Last, First, Middle Initial) WILLIAM CLAY Mailing Address DEPT. ANESTHESI 468 CADIEUX RD. City	A State	Zip Code	Date of Receipt    M
GROSSE POINTE  FEC ID number of contributing federal political committee.	C	48230	Amount of Each Receipt this Period 250.00
Name of Employer BON SECOURS HOSPITAL  Receipt For: Primary General Other (specify)	<del>- ' '</del>	ESIOLOGIST  Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) GERARD COSTELLO Mailing Address 7404 N. LANDINGS	TRAIL		Date of Receipt
City  MUNCIE  FEC ID number of contributing	State IN	Zip Code 47303	Transaction ID: SA11AI.92794  Amount of Each Receipt this Period  250.00
Name of Employer	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	)	<b>\</b>	625.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 70 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
NAN	ormation copied from such Reports and St ommercial purposes, other than using the ME OF COMMITTEE (In Full) ERICAN SOCIETY OF ANESTHES			on for the purpose of soliciting contributions solicit contributions from such committee.
A. Full THC Mail City CH FEC fede	Name (Last, First, Middle Initial)  MAS CUTTER  ing Address 5841 S MARYLAND AV  ANESTHESIA AND CR	/E # MC402	28 RE Zip Code 60637	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Rec	eipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1000.00	
3. <u>VIN</u>	Name (Last, First, Middle Initial) CENT DEGENHART ing Address 415 HARDEN ST.			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City		State	Zip Code	Transaction ID: SA11AI.92633
<u>CO</u>	LUMBIA	SC	29205	Amount of Each Receipt this Period
fede	CID number of contributing prairies of committee.	C		41.00
Nan CRI	ne of Employer TICAL HEALTH SYSTEMS	Occupatio ANESTH	n IESIOLOGIST	
Rec	eipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		410.00	
	Name (Last, First, Middle Initial)			Date of Receipt
Mail	ing Address 1422 WILLOWBROOK	E CIR.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.92762
FEC	ANKLIN CID number of contributing paral political committee.	C	37069	Amount of Each Receipt this Period 500.00
Nam ANE P.C	ne of Employer STHESIA MEDICAL GROUP,	Occupatio ANESTH	n IESIOLOGIST	
	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
SUBT	OTAL of Receipts This Page (optional)			1541.00
тота	L This Period (last page this line number o	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 70 (check only one)    X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\angle$	Full Name (Last, First, Middle Initial)		3 FOLITICAL ACTION CON	
۸.	CHRISTIAN DIEZ  Mailing Address 7915 SW 55 AVENUE			Date of Receipt  1 0 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.92561
	MIAMI FEC ID number of contributing federal political committee.	FL C	33143	Amount of Each Receipt this Period 83.00
	Name of Employer UNIVERSITY OF MIAMI MEDIC- AL GROUP	Occupatio PHYSICI	AN	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 830.00	
 3.	Full Name (Last, First, Middle Initial) JANE EASDOWN			Date of Receipt
	Mailing Address 5106 CORNWALL DR			10 04 2010
	City BRENTWOOD	State TN	Zip Code	Transaction ID: SA11AI.92707
	FEC ID number of contributing federal political committee.	C	37027	Amount of Each Receipt this Period 250.00
	Name of Employer VANDERBILT UNIVERSITY	Occupatio MD ANE	n STHESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) CHARLES ELLIOTT			Date of Receipt
	Mailing Address PO BOX 1584			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.92720
	DECATUR FEC ID number of contributing federal political committee.	C	35602	Amount of Each Receipt this Period 250.00
	Name of Employer ANESTHESIA SERVICES OF DE- CATUR	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)	1		583.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 70 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and ado	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	1MITTEE
∠ A.	Full Name (Last, First, Middle Initial) KENNETH ELMASSIAN			Date of Receipt
	Mailing Address 2399 PINE HOLLOW	DR.		10 01 2010
	City	State MI	Zip Code	Transaction ID: SA11AI.92632
	EAST LANSING FEC ID number of contributing federal political committee.	C	48823	Amount of Each Receipt this Period  83.00
	Name of Employer INGHAM REGIONAL MEDICAL CENTER	Occupation PHYSICIA		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 830.00	
– 3.	Full Name (Last, First, Middle Initial) GREGORY ENDERS			Date of Receipt
	Mailing Address 206 WINDLAKE DR.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.92649
	SENECA FEC ID number of contributing federal political committee.	SC C	29672	Amount of Each Receipt this Period 41.00
	Name of Employer ANESTHESIOLOGY CONSULTANTS OF THE UPST	Occupation ANESTH	n ESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ♥	Aggregate	Year-to-Date ▼ 254.00	
_ ).	Full Name (Last, First, Middle Initial) MICHELLE ENGLISH			Date of Receipt
	Mailing Address 12 STRAWBERRY LA	ANE		10 08 YYYYY 10 08 2010
	City SAVANNAH	State GA	Zip Code 31411	Transaction ID: SA11AI.92774  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF	Occupation ANESTH	n ESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		374.00

				_
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 21 / 70 (check only one)
	II EMIZED RECEIP 15		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements ma name and ad	ay not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
1	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHESI	OLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) JESSE EPPS			Date of Receipt
	Mailing Address 2341 MCCALLIE AVE.,	#402		10 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.92650
	CHATTANOOGA	TN	37404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer ANESTHESIOLOGISTS ASSOCIA- TED	Occupation ANESTH	on HESIOLOGIST	
	Receipt For:	Aggregate	te Year-to-Date 🔻	
	Primary General Other (specify) ▼		585.00	
В.	Full Name (Last, First, Middle Initial) JOHN ERICKSON			Date of Receipt
	Mailing Address 1008 FAIR OAKS AVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.92736
	OAK PARK	IL	60302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UNIV OF CHICAGO	Occupation TEACHE		
	Receipt For:	Aggregate	te Year-to-Date 🔻	
	Primary General Other (specify) ▼		750.00	
с.	Full Name (Last, First, Middle Initial) RITCHIE FEVRIER			Date of Receipt
	Mailing Address 9837 GLADIOLUS BUL	B LOOP		10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City FORT MYERS	State FL	Zip Code 33908	Transaction ID: SA11AI.92616  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer MEDICAL ANESTHESIA AND PA- IN MANAGEMENT	Occupation ANESTH	on HESIOLOGIST	
	Receipt For:	Aggregate	te Year-to-Date	
	Primary General Other (specify) ▼		410.00	
	SUBTOTAL of Receipts This Page (optional)			374.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 70 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHI	he name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RICHARD FLOWERDEW Mailing Address 38 HEDGEROW DR			Date of Receipt  1 0 0 1 2 0 1 0
City FALMOUTH FEC ID number of contributing	State ME	Zip Code 04105	Transaction ID: SA11AI.92594  Amount of Each Receipt this Period
Name of Employer SPECTRUM MEDICAL GROUP	Occupation ANESTH	n IESIOLOGIST	83.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 830.00	
Full Name (Last, First, Middle Initial) WILLIAM FRAME  Mailing Address 2300 N EDWARD S  DEPT. OF ANESTHI			Date of Receipt  1 0 0 1 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.92599
DECATUR  FEC ID number of contributing federal political committee.	C	62526	Amount of Each Receipt this Period  83.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS OF DECATU Receipt For:	Occupation PHYSICI Aggregate		
Primary General Other (specify) ▼	35 3 3	830.00	
Full Name (Last, First, Middle Initial) PRASAD GADIRAJU Mailing Address 8 SWAN ISLE BLVD	,		Date of Receipt
			10 06 2010
City MISSOURI CITY	State TX	Zip Code 77459	Transaction ID: SA11AI.92760
FEC ID number of contributing federal political committee.	C	17439	Amount of Each Receipt this Period 250.00
Name of Employer GREATER HOUSTON ANESTHESI- OLOGY Receipt For:	<u> </u>	n IESIOLOGY • Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	250.00	
SUBTOTAL of Receipts This Page (optional)			416.00

ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 23 / 70   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTH			
Full Name (Last, First, Middle Initial) JOHN GALDUN			Date of Receipt
Mailing Address 5332 BENT RIVER	BLVD.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City KNOXVILLE	State TN	Zip Code 37919	Transaction ID: SA11AI.92742  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3.0.10	250.00
Name of Employer ANESTHESIA MEDICAL ALLIAN- CE OF E. TN	Occupation ANESTH	n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) RAVI GANGAVALLI			Date of Receipt
Mailing Address 212 SIMONSON C	Т		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State	Zip Code	Transaction ID: SA11AI.92722
FLORHAM PARK	NJ	07932	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ACNJ	Occupation ANESTH	n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DHANESH GUPTA			Date of Receipt
Mailing Address 303 E CHICAGO A WARD BUILDING,			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHICAGO	State IL	Zip Code 60611	Transaction ID: SA11AI.92744
FEC ID number of contributing federal political committee.	C	00011	Amount of Each Receipt this Period  1000.00
Name of Employer NORTHWESTERN UNIVERSITY FEINBERG SCHOO		ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]
			1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 70 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any p the name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
` '	IESIOLOGISTS POLITICAL ACTION C	OMMITTEE
Full Name (Last, First, Middle Initial)  AARON HAMMOND		Date of Receipt
Mailing Address 3390 N. CAMPBELI City	_ AVE., STE. 110 State Zip Code	10 01 2010
TUCSON	AZ 85719	Transaction ID: SA11AI.92535  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer SOUTHERN ARIZONA ANESTHES- IA	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 834.00	
Full Name (Last, First, Middle Initial) STEVEN HATTAMER		Date of Receipt
Mailing Address 8 PROSPECT STR	EET	1 0 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.92623
NASHUA	NH 03060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer NASHUA ANESTHESIA PARTNERS	Occupation PHYSICIAN	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify)	747.00	
Full Name (Last, First, Middle Initial) PETER HAYNAL		Date of Receipt
Mailing Address 1711 RIVER RIDGE	E DR	M M / D D / Y Y Y Y Y 1 1 0 0 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.92629
SPRING VALLEY FEC ID number of contributing federal political committee.	OH 45370	Amount of Each Receipt this Period 41.00
Name of Employer KETTERING ANESTHESIA ASSO- CIATES	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	
CURTOTAL of December This Design (astisses	)	207.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 25 / 70   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTH			
Full Name (Last, First, Middle Initial) MICHAEL HECHT			Date of Receipt
Mailing Address 10675 N. SUMMER	MOON PL.		M M / D D / Y Y Y Y Y 1 1 0 0 6 2 0 1 0
City TUCSON	State AZ	Zip Code 85737	Transaction ID: SA11AI.92752  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SOUTHERN ARIZONA ANESTHES- IA	Occupation ANESTH	n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) PETER HENDRICKS			Date of Receipt
Mailing Address 1590 PANORAMA D	DR		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92630
BIRMINGHAM  FEC ID number of contributing federal political committee.	C	35216	Amount of Each Receipt this Period 83.00
Name of Employer SELF	Occupation ANESTH	n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 830.00	
Full Name (Last, First, Middle Initial) ANDREW HERLICH			Date of Receipt
Mailing Address 116 HAVERFORD C	CIRCLE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PITTSBURGH	State PA	Zip Code 15228	Transaction ID: SA11AI.92642  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer UPMC MERCY	Occupation ANESTH	n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 830.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		416.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 70 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
or for commercial purposes, other than usi	and Statements may not be sold or used by any person ng the name and address of any political committee to	solicit contributions from such committee.
AMERICAN SOCIETY OF ANES	THESIOLOGISTS POLITICAL ACTION COMM	MITTEE
Full Name (Last, First, Middle Initial) ROBERT HORVATH		Date of Receipt
Mailing Address 5201 N. FORT Y	UMA TRL	10 01 2010
City	State Zip Code	Transaction ID: SA11AI.92573
TUCSON	AZ 85750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer OLD PUEBLO ANES. P.C.	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) TIMOTHY HOUSEMAN		Date of Receipt
Mailing Address PO BOX 1025		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.92551
FAIRHOPE	AL 36533	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.00
Name of Employer EASTERN SHORE ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	
Full Name (Last, First, Middle Initial) WILLIAM HURFORD		Date of Receipt
Mailing Address DEPARTMENT C 231 ALBERT SAB	OF ANESTHESIOLOGY BIN WAY	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CINCINNATI	State Zip Code OH 45267	Transaction ID: SA11AI.92595  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.00
Name of Employer UNIVERSITY OF CINCINNATI MEDICAL CENTE	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	
SUBTOTAL of Receipts This Page (optic	onal)	107.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 70 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may g the name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANEST	HESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) JEFFREY JACOBS			Date of Receipt
Mailing Address 11041 PINE LODG			10 01 2010
City DAVIE	State FL	Zip Code	Transaction ID: SA11AI.92486
FEC ID number of contributing federal political committee.	C	33328	Amount of Each Receipt this Period 41.00
Name of Employer CLEVELAND CLINIC	Occupation ANESTH	n IESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 418.00	
Full Name (Last, First, Middle Initial) JEFFREY JACOBS Mailing Address 11041 PINE LODG	GE TRAIL		Date of Receipt
City	State	Zip Code	1 0 0 1 2 0 1 0 Transaction ID: SA11AI.92625
DAVIE	FL	33328	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer CLEVELAND CLINIC	Occupation ANESTH	n IESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 459.00	
Full Name (Last, First, Middle Initial) ALIRAZA JAFFER			Date of Receipt
Mailing Address 5070 BROOKDAL	E ROAD		10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92606
BLOOMFIELD HILLS	MI	48304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES	Occupation ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼		830.00	
			1

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 28 / 70   (check only one)
Any information copied from or for commercial purpose	m such Reports and Statements m s, other than using the name and a	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTE AMERICAN SOCIE	EE (In Full) TY OF ANESTHESIOLOGIS	TS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, DANIEL JANIK	Middle Initial)		Date of Receipt
-	05 E PRENTICE DR		M M / D D / Y Y Y Y Y 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0
City CENTENNIAL	State CO	Zip Code 80015	Transaction ID: SA11AI.92641  Amount of Each Receipt this Period
FEC ID number of con federal political commit			83.00
Name of Employer UNIVERSITY OF COI	Occupati ORADO PHYSIO		
Receipt For: Primary Other (specify)	General Aggrega	tte Year-to-Date ▼ 747.00	
Full Name (Last, First, BASIA JENKINS	Middle Initial)		Date of Receipt
	3 TOPSIDE RD.		M M / D D / Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City KNOXVILLE	State TN	Zip Code 37920	Transaction ID: SA11AI.92557  Amount of Each Receipt this Period
FEC ID number of con federal political commit	tributing	07,020	500.00
Name of Employer ANESTHESIA MEDIC CE OF E. TN	AL ALLIAN- Occupati	ion HESIOLOGIST	
Receipt For: Primary	Aggrega General	te Year-to-Date ▼	
Other (specify)		500.00	
Full Name (Last, First, DENISE JOFFE	Middle Initial)		Date of Receipt
-	2 78TH AVE. SE		10 07 2010
City MERCER ISLAND	State WA	Zip Code 98040	Transaction ID: SA11AI.92766
FEC ID number of confederal political commit	tributing	90040	Amount of Each Receipt this Period 500.00
Name of Employer SEATTLE CHILDREN	S HOSPITAL Occupati	ion	
Receipt For: Primary Other (specify)	General Aggrega	te Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts			1083.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 70 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any per ng the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TRIPTI KATARIA	THE SIDE OF THE PARTIES OF THE PARTI	Date of Receipt
Mailing Address 130 S CANAL ST		M M / D D / Y Y Y Y Y 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0
CHICAGO	State Zip Code IL 60606	Transaction ID: SA11AI.92614  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	
Full Name (Last, First, Middle Initial) SCOTT KERCHEVILLE	1	Date of Receipt
Mailing Address MAIL CODE 7838 7703 FLOYD CUI		10 01 7 2010
City SAN ANTONIO	State Zip Code TX 78229	Transaction ID: SA11AI.92644  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer UTHSCSA	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) LAURA KIHLSTROM Mailing Address 915 LARCHMON	T CRES	Date of Receipt
		10 01 2010
City <u>NORFOLK</u>	State Zip Code VA 23508	Transaction ID: SA11AI.92576  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer ATLANTIC ANESTHESIA, INC.	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	•	233.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 70 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHES	OLOGIST	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) KEVIN KINKEAD			Date of Receipt
Mailing Address 1776 MCCONNELL DF	₹.		10 01 2010
City	State	Zip Code	Transaction ID: SA11AI.92553
WILLIAMSPORT	PA	17701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		166.00
Name of Employer ANESTHESIA ASSOCIATES OF WILLIAMSPORT	Occupation PHYSIC		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	672.00	
Full Name (Last, First, Middle Initial) RUSSELL KLEIN			Date of Receipt
Mailing Address 15133 W 32ND DR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92822
GOLDEN	CO	80401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer PROFESSIONAL ANESTHESIA SERVICES.P.C.	Occupation PHYSIC		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ALLAN KLOCK			Date of Receipt
Mailing Address 613 PARK AVE.			10 06 2010
City	State	Zip Code	Transaction ID: SA11AI.92740
RIVER FOREST	<u>IL</u>	60305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer UNIVERSITY OF CHICAGO	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			916.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 70 (check only one)    X
An	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
	Full Name (Last, First, Middle Initial) RAINER KOHRS			Date of Receipt
	Mailing Address 6819 E 116TH ST  City	State	Zip Code	1 0 0 1 2 0 1 0
	BIXBY	OK State	74008	Transaction ID: SA11AI.92483  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS INC	Occupatio ANESTH	n IESILOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) DAVID KRHOVSKY			Date of Receipt
	Mailing Address 2248 SHAWNEE S.E			10 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.92568
	GRAND RAPIDS	MI	49506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer ANESTHESIA MEDICAL CONSUL- TANTS PC	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)	0 0	830.00	
	Full Name (Last, First, Middle Initial) SCOTT KUHNERT			Date of Receipt
	Mailing Address 4640 HAWK HOLLO	W DR. E.		1 0 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.92524
	BATH FEC ID number of contributing federal political committee.	C	48808	Amount of Each Receipt this Period 83.00
	Name of Employer LANSING ANESTHESIOLOGISTS, P.C.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 336.00	
_	UBTOTAL of Receipts This Page (optional)			666.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 70 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persign the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  RICHARD LAYMAN  Mailing Address 6431 FANNIN ST 3	STE 5.196	Date of Receipt
DEPT OF ANESTH	HESIOLOGY	10 01 2010
City HOUSTON	State Zip Code TX 77030	Transaction ID: SA11AI.92578  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.00
Name of Employer UNIVERSITY OF TEXAS MED SCHOOL	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  377.00	
Full Name (Last, First, Middle Initial) SCOTT LEIGHTY		Date of Receipt
Mailing Address 3900 WALNUT CL	AY DR.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.92626
AUSTIN  FEC ID number of contributing federal political committee.	TX 78731	Amount of Each Receipt this Period 41.00
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	
Full Name (Last, First, Middle Initial) NORMAN LEVIN	L	Date of Receipt
Mailing Address 10190 BAYWOOD	CT.	10 08 YYYYY 10 08 2010
City	State Zip Code	Transaction ID: SA11AI.92776
LOS ANGELES	CA 90077	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	332.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 70 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	 y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) MICHAEL LEWIS			Date of Receipt
Mailing Address DEPARTMENT OF AI 1611 NW 12TH AVE			10 01 7 2010
City	State	Zip Code	Transaction ID: SA11AI.92610
MIAMI FEC ID number of contributing federal political committee.	C	33136	Amount of Each Receipt this Period 83.00
Name of Employer JACKSON MEMORIAL HOSPITAL	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 747.00	
Full Name (Last, First, Middle Initial) TAK LIU			Date of Receipt
Mailing Address 101 COUNTRY CENT	ER LN.		10 04 YYYY 2010
City	State	Zip Code	Transaction ID: SA11AI.92705
HOCKESSIN	DE	19707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ASPA	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) ASA LOCKHART			Date of Receipt
Mailing Address 2106 KENNEBUNK LI	N.		M M / D D / Y Y Y Y Y Y 1 1 0 1 2 0 1 0
City TYLER	State TX	Zip Code 75703	Transaction ID: SA11AI.92564  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10100	83.00
Name of Employer EAST TEXAS ANESTHESIOLOGY ASSOICATES	Occupatio PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 830.00	
SUBTOTAL of Receipts This Page (optional) .	ı		666.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 70 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	atements may not be sold or used by any person name and address of any political committee to IOLOGISTS POLITICAL ACTION COMM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) NANCY LOEFFLER Mailing Address 3726 LAKEVIEW DR.  City TALLAHASSEE  FEC ID number of contributing federal political committee.  Name of Employer ANESTHESIOLOGY ASSOC. OF TALLAHASSEE  Receipt For: Primary General Other (specify)	State Zip Code FL 32310  C  Occupation ANESTHESIOLOGIST Aggregate Year-to-Date  1050.00	Date of Receipt  M M O O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) JOSHUA LUMBLEY Mailing Address 410 W 10TH AVE N411 DOAN HALL City COLUMBUS  FEC ID number of contributing federal political committee.  Name of Employer THE OHIO STATE UNIVERSITY MEDICAL CENT Receipt For: Primary General Other (specify)	State Zip Code OH 43210  C  Occupation ATTENDING ANESTHESIOLOGIST Aggregate Year-to-Date  377.00	Date of Receipt  M M M / D D / 2010  Transaction ID: SA11AI.92583  Amount of Each Receipt this Period  41.00
Full Name (Last, First, Middle Initial) ROBERT LYON Mailing Address 4144 N CENTRAL EXP  City DALLAS  FEC ID number of contributing federal political committee.  Name of Employer DALLAS ANESTHESIOLOGY ASSOCIATES Receipt For: Primary General Other (specify)	State Zip Code TX 75204  C  Occupation ANESTHESIOLOGIST Aggregate Year-to-Date  1000.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b></b>	2091.00
TOTAL This Period (last page this line number of	only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 70 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
or f	y information copied from such Reports and St or commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	OLOGIST	S POLITICAL ACTION COM	MITTEE
۱.	Full Name (Last, First, Middle Initial) TARIQ MALIK			Date of Receipt
	Mailing Address 1776 ROGERS AVE			10 04 2010
	City	State	Zip Code	Transaction ID: SA11AI.92702
	GLENVIEW	IL	60025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UNIVERSITY OF CHICAGO	Occupatio MD	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) MARK MANDABACH			Date of Receipt
=	Mailing Address DEPT. OF ANESTHES 619 S. 19TH ST., JT84			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.92521
	BIRMINGHAM	AL	35249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer UNIV. OF ALABAMA - BIRMIN- GHAM	Occupatio PHYSIC		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1334.00	
	Full Name (Last, First, Middle Initial) KURT MARKGRAF			Date of Receipt
	Mailing Address 3663 MCKINLEY AVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.92601
	FORT MYERS	FL	33901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer MEDICAL ANESTHESIA	Occupation PHYSICI		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 830.00	
sı	JBTOTAL of Receipts This Page (optional)			416.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  Any information copied from such Reports and	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 70 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  on for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS MARTIN Mailing Address 6 MONTEVALLO TE  City BIRMINGHAM FEC ID number of contributing federal political committee.  Name of Employer SOUTHERN PERIOPERATIVE SE- RVICES Receipt For:	State Zip Code AL 35213  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) SAM MAYEDA	500.00	Date of Receipt
Mailing Address 15804 W. 63RD AV  City GOLDEN  FEC ID number of contributing federal political committee.  Name of Employer PAS  Receipt For:  Primary General Other (specify) ▼	State Zip Code CO 80403  C  Occupation MD  Aggregate Year-to-Date  250.00	Transaction ID: SA11AI.92739  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) RICHARD MCNEER  Mailing Address 18340 SW 122 ST.  City MIAMI  FEC ID number of contributing federal political committee.  Name of Employer UNIVERSITY OF MIAMI DEPT OF ANESTHESIO Receipt For:  Primary General Other (specify)	State Zip Code FL 33196  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  751.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 0 1 2 0 1 0  Transaction ID: SA11AI.92580  Amount of Each Receipt this Period  83.00
SUBTOTAL of Receipts This Page (optional	)	833.00

,	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 70 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the	
	TEMIZED RECEIP 13	Detailed Summary Page	X 11a 11b 11c 12
_			13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may not be sold or used by any perso ame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , ,	
	AMERICAN SOCIETY OF ANESTHESIS	OLOGISTS POLITICAL ACTION COM	MITTEE
	AMERICAN SOCIETY OF ANESTHESIN	SECURISTS I CEITICAL ACTION COM	
Α.	Full Name (Last, First, Middle Initial) JAMES MESROBIAN		Date of Receipt
	Mailing Address 827 E BIRCH AVE		M M / D D / Y Y Y Y Y 1 1 2 1 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.92816
	MILWAUKEE	WI 53217	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	1000.00
	Name of Employer AURORA MEDICAL GROUP	Occupation ANESTHESIOLOGIST	7
	Receipt For:	<u> </u>	$\dashv$
	Primary General	Aggregate Year-to-Date ▼	1
	Other (specify)	1000.00	
	Cuter (Speedily) \( \psi\)	0 0 0 0 0 0 0 0 0	1
- В.	Full Name (Last, First, Middle Initial) ROBERT MICHAELS		Date of Receipt
	Mailing Address 291 SOUTHHALL LN	M M / D D / Y Y Y Y	
			10 01 2010
	City	State Zip Code	Transaction ID: SA11AI.92604
	MAITLAND	FL 32751	Amount of Each Receipt this Period
	FEC ID number of contributing		41.00
	federal political committee.	C	41.00
	Name of Employer JLR MEDICAL GROUP	Occupation	
	-	ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	410.00	]
	Other (specify)		
С. С.	Full Name (Last, First, Middle Initial) MICHAEL MILLER		Date of Receipt
<b>J</b> .	Mailing Address 15936 OAK PARK CT	M M / D D / Y Y Y Y	
			10 01 2010
	City	State Zip Code	Transaction ID: SA11Al.92584
	WESTFIELD	IN 46074	Amount of Each Receipt this Period
	FEC ID number of contributing	C	41.00
	federal political committee.		
	Name of Employer ACI,LLC	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date ▼	$\dashv$
	Primary General		1
	Other (specify)	336.00	
			1
Γ			
	SUBTOTAL of Receipts This Page (optional)		1082.00
⊢			-

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 38 / 70   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) CHRISTOPHER MILLSON			Date of Receipt
Mailing Address 2400 WIMBLEDON	DR		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LAS VEGAS	State NV	Zip Code 89107	Transaction ID: SA11AI.92591  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer DESERT ANESTHESIOLOGISTS	Occupation PHYSICI		
Receipt For:  Primary  General  Other (specify)	<del>-                                    </del>	Year-to-Date ▼ 830.00	
Full Name (Last, First, Middle Initial) MOHAMMED MINHAJ			Date of Receipt
Mailing Address 5841 S MARYLAND	M M / D D / Y Y Y Y Y 1 1 0 0 1 2 0 1 0		
City CHICAGO	State IL	Zip Code 60637	Transaction ID: SA11AI.92588
FEC ID number of contributing federal political committee.	C	00037	Amount of Each Receipt this Period 500.00
Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) THOMAS MOORE			Date of Receipt
Mailing Address 1748 VESTWOOD HILLS DR.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City VESTAVIA HILLS	State AL	Zip Code 35216	Transaction ID: SA11AI.92624  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer UNIVERSITY OF ALABAMA SCH- OOL OF MEDICI	<del>- 1 '</del>	ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
			708.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 70 (check only one)    X   11a
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements made and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	• AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
۱.	Full Name (Last, First, Middle Initial)  JOEL MUMFORD  Mailing Address 221 ELM HILL RD.			Date of Receipt
		Olate	7's Oads	10 01 2010
	City SPRINGFIELD	State VT	Zip Code 05156	Transaction ID: SA11AI.92631  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.00
	Name of Employer V A MEDICAL CENTER	Occupatio PHYSICI		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 830.00	
	Full Name (Last, First, Middle Initial) MARK MURRAY			Date of Receipt
	Mailing Address 1924 ALCOA HIGHW DEPARTMENT OF A	10 01 2010		
	City KNOXVILLE	State TN	Zip Code 37920	Transaction ID: SA11AI.92545  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.020	83.00
	Name of Employer UNIVERSITY ANESTHESIOLOGI- STS	Occupatio DOCTOR		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 502.00	
_	Full Name (Last, First, Middle Initial) ROBERT MURRAY III			Date of Receipt
	Mailing Address 19 ELM PARK BLVD.	M M / D D / Y Y Y Y Y 1 1 0 1 0 1 2 0 1 0		
	City PLEASANT RIDGE	State MI	Zip Code 48069	Transaction ID: SA11AI.92618
	FEC ID number of contributing federal political committee.	C	40009	Amount of Each Receipt this Period  83.00
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOC	Occupatio PHYSICI		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 830.00	
	SUBTOTAL of Receipts This Page (optional)			249.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ory of the (crieck only one)
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHI	ne name and address of any politica	ed by any person for the purpose of soliciting contributions all committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROSS MUSUMECI Mailing Address 9 LINCOLN ST.  City	State Zip Code	Date of Receipt    M M
WESTON FEC ID number of contributing federal political committee.	MA 02493	Amount of Each Receipt this Period 41.00
Name of Employer ANES. ASSOC. OF MASSACHUS- ETTS Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	410.00
Full Name (Last, First, Middle Initial) MICHAEL NEED Mailing Address 7632 TIMBER SPRII	NGS DR.	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City FISHERS FEC ID number of contributing	State Zip Code IN 46038	Transaction ID: SA11AI.92581  Amount of Each Receipt this Period  83.00
Name of Employer SOUTHEAST ANESTHESIOLOGIS- TS Receipt For: Primary General Other (specify)	Occupation PHYSICIAN Aggregate Year-to-Date	751.00
Full Name (Last, First, Middle Initial) THANH NGUYEN Mailing Address 2200 CHILDRENS V	/AY STE 3115	Date of Receipt
DEPT OF ANES City NASHVILLE	State Zip Code TN 37232	1 0 0 3 2 0 1 0  Transaction ID: SA11AI.92685  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MONROE CARELL CHILDRENS HOSPITAL Receipt For:  Primary  General Other (specify) ▼	Occupation RESIDENT  Aggregate Year-to-Date	250.00
SUBTOTAL of Receipts This Page (optional)	1	374.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 70 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	r not be sold or used by any perso dress of any political committee to	
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) MICHAEL NICHOLS			Date of Receipt
Mailing Address 1090 DEVINE CIRCLE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92602
<u>ATLANTA</u>	GA	30319	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer NOVA SOUTHEASTERN UNIVERS-	Occupation	n ESIOLOGIST ASSISTANT	
ITY ANESTHESI Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	33 - 3	830.00	
Full Name (Last, First, Middle Initial) TERESA NOLEN			Date of Receipt
Mailing Address 2325 HIGHLAND CRES	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.92659
BIRMINGHAM	AL	35205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer BIRMINGHAM VAMC	Occupation ANESTH	n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MARK NUNNALLY			Date of Receipt
Mailing Address 616 W FULTON ST AF	PT 503		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92555
CHICAGO	<u>IL</u>	60661	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSICI		1
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			583.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for ea	separate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 42 / 70 (check only one)  X 11a
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	g the name and address of a	any political committee to	solicit contributions from such committee.
AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLIT	TICAL ACTION COMI	MITTEE
Full Name (Last, First, Middle Initial) KATHLEEN OLEARY			Date of Receipt
Mailing Address 666 ELM AND CA	RLTON ST		10 01 2010
City		Code	Transaction ID: SA11AI.92619
BUFFALO	NY 142	263	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer ROSWELL PARK CANCER INSTI- TUTE	Occupation PHYSICIAN		
Receipt For:	Aggregate Year-to-	Date ▼	
Primary General Other (specify) ▼	0 0 0	250.00	
Full Name (Last, First, Middle Initial) RONALD OSBORN	I		Date of Receipt
Mailing Address 14621 WHITE OA	K DR.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	•	Code	Transaction ID: SA11Al.92663
BURNSVILLE	<u>MN 553</u>	37	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer RAPA	Occupation ANESTHESIOLO	OGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-	Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ANDREW OSBORNE			Date of Receipt
Mailing Address 8 HAMPTON WAY	,		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	•	Code	Transaction ID: SA11AI.92538
DOTHAN	AL 363	05	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SELF	Occupation ANESTHESIOLO	DGIST	
Receipt For:	Aggregate Year-to-	Date ▼	
Primary General Other (specify) ▼	0 0 0	500.00	
SUBTOTAL of Receipts This Page (option	al)		1025.00
CODITAL OF RECEIPES THIS Fage (Option	ຜາ <i>ງ</i>	······	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 70 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	 y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) ROBERT OVERACRE			Date of Receipt
Mailing Address 23 MENDEN LANE	Ctata	7in Oada	10 04 2010
City LITTLE ROCK	State AR	Zip Code 72223	Transaction ID: SA11AI.92718
FEC ID number of contributing federal political committee.	C	12225	Amount of Each Receipt this Period 500.00
Name of Employer AHG ANESTHESIA	Occupatio PHYSIC		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) AUDREY OWARE			Date of Receipt
Mailing Address 1642 E. 56TH ST APT 918			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.92749
CHICAGO	<u> </u>	60637	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer UNIVERSITY OF CHICAGO MED- ICAL CENTER A	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) GLEN PARIS			Date of Receipt
Mailing Address 23 ROLLING HILL DR.			10 / 05 / Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92733
CHATHAM	NJ	07928	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer SUMMIT ANESTHESIA ASSOC., P.A.	Occupatio MD	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 70 (check only one)  X 11a 11b 11c 12
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHES			
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) C. LEE PARMLEY	SIOLOGIST	5 POLITICAL ACTION COM	Date of Receipt
	Mailing Address 1211 21ST AVE S  MEDICAL ARTS BUIL  City	DING SUITE State	E 526 Zip Code	1 0 0 1 2 0 1 0 Transaction ID: SA11AI.92620
	NASHVILLE	TN	37212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer VANDERBILT UNIVERSITY MED- ICAL CENTER Receipt For: Primary General	Occupation PHYSIC Aggregate		
_	Other (specify) ▼  Full Name (Last, First, Middle Initial)		1250.00	
3.	WILLIAM PEKARSKE  Mailing Address 1281 E. CALLE DE LA	Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.92621
	TUCSON	AZ	85718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer SOUTHERN ARIZONA ANESTHES- IA SERVICES Receipt For:	Occupation PHYSIC		
	Primary General Other (specify) ▼	Aggregate	830.00	
- C.	Full Name (Last, First, Middle Initial) MARGARET PITTS			Date of Receipt
	Mailing Address 25 BIRCHDALE RD			10 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.92543
	BOW	NH	03304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.00
	Name of Employer ANESTHESIA ASSOCIATES PA	<del>, '</del>	IESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00	
	SUBTOTAL of Receipts This Page (optional)			291.00
	TOTAL This Period (last page this line 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 45 / 70 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHI	he name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DEAN POLCE Mailing Address 2259 ARAGON CAN	IYON ST		Date of Receipt
City  LAS VEGAS  FEC ID number of contributing	State NV	Zip Code 89135	Transaction ID: SA11AI.92529  Amount of Each Receipt this Period
federal political committee.  Name of Employer ANESTHESIOLOGY CONSULTANT- S, INC Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		ESIOLOGIST  Year-to-Date   253.00	83.00
Full Name (Last, First, Middle Initial) TREVOR POLLARD  Mailing Address 4242 MEDICAL DR.	Date of Receipt  1 0 0 3 2 2 0 1 0		
City	State	Zip Code	Transaction ID: SA11Al.92682
SAN ANTONIO	TX	78229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer TEJAS ANESTHESIA, P.A.	Occupation PHYSICI.		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) SRIPAD RAO			Date of Receipt
Mailing Address 1504 BAY RD APT 3307			10 / 01 / 2010
City MIAMI BEACH	State FL	Zip Code	Transaction ID: SA11AI.92525
FEC ID number of contributing federal political committee.	C	33139	Amount of Each Receipt this Period 83.00
Name of Employer RYDER TRAUMA CENTER ANEST- HESIOLOGY Receipt For:	<del>'</del>	ESIOLOGIST	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	
SUBTOTAL of Receipts This Page (optional)			666.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12  13 14 15 16 17			
Any information copied from such Report or for commercial purposes, other than u	ts and Statements may not be sold or used by any perso sing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANE	STHESIOLOGISTS POLITICAL ACTION COM	MITTEE			
Full Name (Last, First, Middle Initial) STEVEN READ		Date of Receipt			
Mailing Address 102 WATERST		10 01 2010			
City GEORGETOWN	State Zip Code TX 78628	Transaction ID: SA11AI.92589  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	41.00			
Name of Employer NORTHSTAR ANESTHESIA DEPT OF ANESTHES	Occupation ANESTHESIOLOGIST				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00				
Full Name (Last, First, Middle Initial) RICHARD RICHTER Mailing Address 1621 LILINITMO		Date of Receipt			
Mailing Address 1621 HUNTMO	Mailing Address 1621 HUNTMOOR DRIVE				
City	State Zip Code	Transaction ID: SA11AI.92694			
ROCK HILL	SC 29732	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer ANESTHESIA ASSOCIATES OF ROCK HILL, P.	Occupation PHYSICIAN AND ANESTHESIOLOG	IST			
Receipt For:  Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) KEVIN ROBERTS		Date of Receipt			
Mailing Address 240 WALNUT L	N.	M M / D D / Y Y Y Y Y 1 Y 1 1 0 1 0 1 0 1 0 1 0 1 0			
City	State Zip Code	Transaction ID: SA11AI.92574			
SLINGERLANDS	NY 12159	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.00			
Name of Employer ALBANY MEDICAL CENTER HOS- PITAL	Occupation ANESTHESIOLOGIST				
Receipt For:  Primary  General	Aggregate Year-to-Date ▼				
Other (specify) ▼	830.00				
SUBTOTAL of Receipts This Page (op.	ional)	624.00			
	number only)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 70 (check only one)    X
or f	y information copied from such Reports and Stoor commercial purposes, other than using the INAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	solicit contributions from such committee.
• .	Full Name (Last, First, Middle Initial) STEVEN ROBICSEK Mailing Address DEPARTMENT OF ANI P.O. BOX 100254	ESTHESIO	LOGY	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City  GAINESVILLE  FEC ID number of contributing federal political committee.	State FL	Zip Code 32610	Transaction ID: SA11AI.92572  Amount of Each Receipt this Period  25.00
	Name of Employer UNIVERSITY OF FLORIDA  Receipt For:  Primary General  Other (specify) ▼		n IESIOLOGIST e Year-to-Date  250.00	
	Full Name (Last, First, Middle Initial) LEOPOLDO RODRIGUEZ  Mailing Address 21050 POINT PLACE #305 ATLANTIC 3 AT THE POINT			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City  AVENTURA  FEC ID number of contributing federal political committee.	State FL	Zip Code 33180	Transaction ID: SA11AI.92562  Amount of Each Receipt this Period  83.00
	Name of Employer SHERIDAN HEALTHCARE INC  Receipt For:  Primary General  Other (specify) ▼	Occupatio MEDICA	n L DIRECTOR OF THE SURG e Year-to-Date ▼ 830.00	GERY CENTER
	Full Name (Last, First, Middle Initial) FRANK ROSEMEIER Mailing Address 10004 CRYSTALLINE COURT			Date of Receipt
	City ORLANDO FEC ID number of contributing federal political committee.	State FL	Zip Code 32836	Transaction ID: SA11AI.92585  Amount of Each Receipt this Period  41.00
	Name of Employer JLR MEDICAL GROUP	Occupatio STAFF A	n NESTHESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 295.00	
SL	JBTOTAL of Receipts This Page (optional)			149.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 70 (check only one)  X 11a 11b 11c 12	
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions oscilcit contributions from such committee.	
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS POLITICAL ACTION COM	MITTEE	
Full Name (Last, First, Middle Initial) FRANK ROSINIA		Date of Receipt	
Mailing Address 23 IDLEWOOD PL  City	State Zip Code	1 0 0 1 2 0 1 0 Transaction ID: SA11AI.92563	
RIVER RIDGE	LA 70123	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	41.00	
Name of Employer TULANE UNIVERSITY SCHOOL OF MEDICINE	Occupation CHAIRMAN, DEPARTMENT OF ANE	THESIOLOGY	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	]	
Full Name (Last, First, Middle Initial) LAWRENCE ROY		Date of Receipt	
Mailing Address 2420 FREEMAN MA	Mailing Address 2420 FREEMAN MANOR DR		
City	State Zip Code	Transaction ID: SA11AI.92597	
JONES	OK 73049	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	83.00	
Name of Employer OKLAHOMA ANESTHESIA CONSU- LTANTS	Occupation MEDICAL DOCTOR		
Receipt For:  Primary General	Aggregate Year-to-Date ▼	,	
Other (specify) ▼	830.00		
Full Name (Last, First, Middle Initial) YASSER SAKAWI	•	Date of Receipt	
Mailing Address JEFFERSON TOWN 619 19TH STREET	SOUTH	10 01 2010	
City <u>BIRMINGHAM</u>	State Zip Code AL 35249	Transaction ID: SA11AI.92558  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer UNIVERSITY OF ALABAMA AT BIRMINGHAM	Occupation ANESTHESIOLOGIST		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	1000.00		
SUBTOTAL of Receipts This Page (optional	)	1124.00	
TOTAL This Period (last page this line numb	per only)		

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)  Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 70 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	oorts and Statements may not be sold or used by any person using the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initia KENNETH SANDERS Mailing Address 2637 KEMPT  City BIRMINGHAM  FEC ID number of contributing federal political committee.  Name of Employer BIRMINGHAM VA MEDICAL CENTER	COURT  State Zip Code AL 35226	Date of Receipt    M M M
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initia ALAN JAY SCHWARTZ Mailing Address 1000 SHARP	,	Date of Receipt  1 0 0 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.92638
MELROSE PARK  FEC ID number of contributing federal political committee.	PA 19027	Amount of Each Receipt this Period 41.00
Name of Employer CHILDRENS HOSPITAL OF PHI- LADELPHIA Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 410.00	
Full Name (Last, First, Middle Initia ALVARO SEGURA-VASI Mailing Address 216 SOUTH I	MARENGO STREET, SUITE F	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.92548
FLORENCE FEC ID number of contributing federal political committee.	AL 35630	Amount of Each Receipt this Period 500.00
Name of Employer BEER,SIMON, WILLIAMS,MOOD AND ASSO Receipt For:	ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CURTOTAL of Decides Tide 5	optional)	1041.00

Mailing Address 300 ANDERSON AVENUE  City State Zip Code CLOSTER NJ 07624  FEC ID number of contributing federal political committee.  Name of Employer COLUMBIA UNIVERSITY MEDIC-AL CENTER Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) ROLAND SHORT  Mailing Address 619 S 19TH ST	ntributions from such committee.
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial) STEVEN SHAFER  Mailing Address 300 ANDERSON AVENUE  City State Zip Code CLOSTER NJ 07624  FEC ID number of contributing federal political committee.  Name of Employer COLUMBIA UNIVERSITY MEDIC-AL CENTER Receipt For: Primary General Other (specify)  Aggregate Year-to-Date  Full Name (Last, First, Middle Initial) ROLAND SHORT Mailing Address 619 S 19TH ST	te of Receipt  M  O  1 2  2 0 1 0
Mailing Address 300 ANDERSON AVENUE  City State Zip Code CLOSTER NJ 07624  FEC ID number of contributing federal political committee.  Name of Employer COLUMBIA UNIVERSITY MEDIC-AL CENTER Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) ROLAND SHORT  Mailing Address 619 S 19TH ST	0 12 YYYYY 2010
Mailing Address 300 ANDERSON AVENUE  City State Zip Code CLOSTER NJ 07624  FEC ID number of contributing federal political committee.  Name of Employer COLUMBIA UNIVERSITY MEDIC-AL CENTER Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) ROLAND SHORT Mailing Address 619 S 19TH ST	0 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CLOSTER  FEC ID number of contributing federal political committee.  Name of Employer COLUMBIA UNIVERSITY MEDIC-AL CENTER Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) ROLAND SHORT Mailing Address 619 S 19TH ST  Am  NJ 07624  Am  C  C  Doccupation PHYSICIAN  Aggregate Year-to-Date ▼  1000.00	nsaction ID: SA11AI.92809
FEC ID number of contributing federal political committee.  Name of Employer COLUMBIA UNIVERSITY MEDIC-AL CENTER Receipt For: Primary General Other (specify)  COCcupation PHYSICIAN Aggregate Year-to-Date 1000.00  Full Name (Last, First, Middle Initial) ROLAND SHORT Mailing Address 619 S 19TH ST	
AL CENTER Receipt For: Primary Other (specify)  Full Name (Last, First, Middle Initial) ROLAND SHORT Mailing Address 619 S 19TH ST  Aggregate Year-to-Date  Aggregate Year-to-Date  Aggregate Year-to-Date	nount of Each Receipt this Period
Primary General Other (specify)   Full Name (Last, First, Middle Initial) ROLAND SHORT Mailing Address 619 S 19TH ST  Da	
B. ROLAND SHORT Da  Mailing Address 619 S 19TH ST	
	te of Receipt
1	0 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	nsaction ID: SA11Al.92526
	nount of Each Receipt this Period
FEC ID number of contributing federal political committee.	83.00
Name of Employer UNIV OF AL HLTH SYSTEM AN- ES DEPT ANESTHESIOLOGIST	
Receipt For:  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 253.00	
Full Name (Last, First, Middle Initial)  KAREN SIBERT  Da	te of Receipt
5 11 10 0011111 0E01 E711E1	0 0 0 7 2 0 1 0
	nsaction ID: SA11Al.92596
SHERMAN OAKS  CA 91423  FEC ID number of contributing federal political committee.  C	nount of Each Receipt this Period 41.00
Name of Employer CEDARS-SINAI MEDICAL CENT- ER ANES. DEPT Occupation ANESTHESIOLOGIST	
Receipt For:  Aggregate Year-to-Date ▼  Primary General	
Other (specify) ▼ 410.00	
SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	1124.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 70 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COMM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL SIMON Millian Address 25 OF HATLY DR		Date of Receipt
Mailing Address 35 GELLATLY DR.		10 01 7 2010
City	State Zip Code	Transaction ID: SA11AI.92607
WAPPINGERS FALLS  FEC ID number of contributing federal political committee.	NY 12590	Amount of Each Receipt this Period 83.00
Name of Employer NAPA	Occupation PHYSICIAN	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  830.00	
Full Name (Last, First, Middle Initial)  ALEXEY SLUCKY		Date of Receipt
Mailing Address 333 W. HAMPDEN	AVE., SUITE 600	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ENGLEWOOD	State Zip Code CO 80110	Transaction ID: SA11AI.92608  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer SOUTH DENVER ANESTHESIOLO- GISTS. PC	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	
Full Name (Last, First, Middle Initial) STEPHEN SMALL		Date of Receipt
Mailing Address 5806 S. BLACKSTO	DNE AVE.	10 08 2010
City	State Zip Code	Transaction ID: SA11AI.92779
CHICAGO  FEC ID number of contributing federal political committee.	IL 60637	Amount of Each Receipt this Period 250.00
Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSICIAN	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  750.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	416.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52/70 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may the name and add	not be sold or used by any persodress of any political committee to	no for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) BLAIR SMITH			Date of Receipt
Mailing Address 1046 LAKE COLON	IY LN.		10 01 7 9 10
City	State	Zip Code	Transaction ID: SA11AI.92613
BIRMINGHAM	AL	35242	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer UNIVERSITY OF ALABAMA HSF	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		830.00	]
Full Name (Last, First, Middle Initial) ROBERT SNYDER			Date of Receipt
Mailing Address 2367 DEER VALLEY	Y RD.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92781
MIDLAND	MI	48642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer MMAG,PC	Occupation ANESTH	n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) GREGORY SOMERVILLE			Date of Receipt
Mailing Address 6208 DEVILS HOLL	OW RD.		10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92577
FORT WAYNE	IN	46814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS OF FORT W	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		377.00	]
			624.00

## SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 70 (check only one)    X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Z	Full Name (Last, First, Middle Initial)			
۱.	SHANNON SORAH  Mailing Address 11743 COUCH MILL I	ROAD		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City KNOXVILLE	State TN	Zip Code 37932	Transaction ID: SA11AI.92579  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07302	41.00
	Name of Employer METHODIST MED. CTR. ANES. GR.		ESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 377.00	
	Full Name (Last, First, Middle Initial) GLYNNE STANLEY Mailing Address 270 MIDDLETON ROA	7D		Date of Receipt
			7:- O-d-	10 01 2010
	City BOXFORD	State MA	Zip Code 01921	Transaction ID: SA11AI.92627  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.021	41.00
	Name of Employer ANESTHESIA ASSOCIATES OF MASSACHUSETTS	Occupation PHYSICI	AN	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 410.00	]
	Full Name (Last, First, Middle Initial) MARION STARKS			Date of Receipt
	Mailing Address 1204 N. WINDOMERE	AVE.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.92653
	DALLAS	TX	75208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer ANESTHESIA RESOURCES FOR CHILDREN	Occupation PHYSICI	AN	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 875.00	
Ę	SUBTOTAL of Receipts This Page (optional)			207.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 70 (check only one)  X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and s for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	
	NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
	Full Name (Last, First, Middle Initial) STANLEY STEAD			Date of Receipt
	Mailing Address 4819 ANDASOL AVE	NUE State	Zip Code	1 0 1 0 2 0 1 0 Transaction ID: SA11Al.92789
	ENCINO	CA	91316	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer STEAD HEALTH GROUP, INC.	Occupatio PHYSICI	n AN AND CEO	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) ROHAN SUNDARALINGAM Mailing Address 994 N. BALILINA ST	#2		Date of Receipt
	Mailing Address 884 N. PAULINA ST.,	#3		10 03 7 2010
	City	State	Zip Code	Transaction ID: SA11AI.92675
	CHICAGO	IL	60622	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer LUTHERAN GENERAL HOSPITAL	+ +	DGE ANESTHESIOLOGY A	AS SOCIATES
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)	0 0	500.00	
	Full Name (Last, First, Middle Initial) MAYA SURESH	•		Date of Receipt
	Mailing Address 1709 DRYDEN RD ST	ΓE 1700		10 01 YYYY 10 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.92636
	HOUSTON	TX	77030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.00
	Name of Employer BAYLOR COLLEGE OF MEDICINE	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 830.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .	1		1583.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 70 (check only one)    X   11a
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	ILSIOLOGISTS FOLITICAL ACTION COM	IIIVIIII I LE
BOBBIEJEAN SWEITZER  Mailing Address 5806 S. BLACKSTO	DNE AVE.	Date of Receipt
City	State Zip Code	1 0 1 1 2 0 1 0 Transaction ID: SA11AI.92799
CHICAGO  FEC ID number of contributing federal political committee.	IL 60637	Amount of Each Receipt this Period 500.00
Name of Employer UNIV. OF CHICAGO ANES. DE- PT. Receipt For:	Occupation ANESTHESIOLOGIST	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) THOMAS SWYGERT Mailing Address 7014 PRESTONSH	IRE LN.	Date of Receipt
City	State Zip Code	1 0 0 1 2 0 1 0 Transaction ID: SA11AI.92592
DALLAS	TX 75225	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.00
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	
Full Name (Last, First, Middle Initial) JOSEPH TALARICO		Date of Receipt
Mailing Address DEPARTMENT OF 200 LOTHROP ST	ANESTHESIOLOGY # 463	M M / D D / Y Y Y Y Y 1 Y 1 1 D D 1 / 2 0 1 0
City <u>PITTSBURG</u> H	State Zip Code PA 15213	Transaction ID: SA11AI.92600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.00
Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CENTE	Occupation ASSISTANT PROFESSOR	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	
	1	582.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 70 (check only one)    X
C	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pe name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	` '	SIOLOGISTS POLITICAL ACTION CO	OMMITTEE
۸.	Full Name (Last, First, Middle Initial) CHRISTIAN TISCHER		Date of Receipt
	Mailing Address 6012 WALTON RD		10 01 2010
	City <u>BETHESDA</u>	State Zip Code MD 20817	Transaction ID: SA11AI.92550  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer FCAA	Occupation ANESTHESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	•
3.	Full Name (Last, First, Middle Initial) CHRISTOPHER TROIANOS  Mailing Address 427 HEIGHTS DR		Date of Receipt
	City	State Zip Code	1 0 0 1 2 0 1 0 Transaction ID: SA11AI.92598
	GIBSONIA	PA 15044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.00
	Name of Employer WESTERN PENNSYLVANIA HOSP- ITAL DEPARTME	Occupation ANESTHESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	
	Full Name (Last, First, Middle Initial) DAVID UEUNTEN	1	Date of Receipt
	Mailing Address 2132 HAKANU ST.		10 03 YYYY 10 03
	City HONOLULU	State Zip Code HI 96821	Transaction ID: SA11AI.92683  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer HAWAII PERMANENTE MEDICAL GROUP	Occupation PHYSICIAN	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
	SUBTOTAL of Receipts This Page (optional)		583.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 70 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma he name and ad	y not be sold or used by any persor dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHE	ESIOLOGIST	S POLITICAL ACTION COMM	MITTEE
Full Name (Last, First, Middle Initial) BENJAMIN UNGER			Date of Receipt
Mailing Address 474 W 238TH ST., A	APT. 3A		10 01 2010
City	State	Zip Code	Transaction ID: SA11AI.92645
RIVERDALE	NY	10463	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer COLUMBIA UNIVERSITY MEDIC- AL CENTER	Occupation ANESTH	n HESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 410.00	
Full Name (Last, First, Middle Initial) DAVID VARLOTTA			Date of Receipt
Mailing Address 1303 BAYSHORE BI	LVD.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.92639
TAMPA	<u>FL</u>	33606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer UNICOM ANESTHESIA ASSOCIA- TES	Occupation ANESTH	n HESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 830.00	
Full Name (Last, First, Middle Initial) J. MICHAEL VOLLERS			Date of Receipt
Mailing Address 1 CHILDRENS WAY SLOT 203, S-319	,		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State AR	Zip Code	Transaction ID: SA11AI.92643
LITTLE ROCK  FEC ID number of contributing federal political committee.	C	72202	Amount of Each Receipt this Period 83.00
Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI	Occupation PROFES	on SSOR OF ANESTHESIOLOG	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 830.00	
SUBTOTAL of Receipts This Page (optional)		·····	207.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 70 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THEO WAGES Mailing Address 1622 BRADFORD L	N		Date of Receipt  1 0 0 1 2 0 1 0
City  AUBURN  FEC ID number of contributing federal political committee.	State AL	Zip Code 36830	Transaction ID: SA11AI.92669  Amount of Each Receipt this Period  500.00
Name of Employer ANESTHESIA ASSOC OF EAST ALABAMA Receipt For: Primary General Other (specify)	Occupation ANESTH	ESIOLOGIST  Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER WASSINK Mailing Address 3300 EGYPT VALLI	EY NE		Date of Receipt  1 0 0 1 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.92622
ADA	MI	49301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer ANESTHESIA MEDICAL CONSUL- TANTS PC		ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 410.00	
Full Name (Last, First, Middle Initial) ANNE WILHITE			Date of Receipt
Mailing Address 10136 CHEROKEE	ROAD		10 01 7 2010
City	State	Zip Code	Transaction ID: SA11AI.92640
RICHMOND  FEC ID number of contributing federal political committee.	C	23235	Amount of Each Receipt this Period 41.00
Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES	<del>- ' '</del>	ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 410.00	
SUBTOTAL of Receipts This Page (optional	\		582.00

	DULE A (FEC Form 3X) ED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 59 / 70   (check only one)
Any inform or for comr	nation copied from such Reports and mercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME	OF COMMITTEE (In Full) RICAN SOCIETY OF ANESTHE		•	
	me (Last, First, Middle Initial) EL WOO			Date of Receipt
	Address 2800 N LAKE SHOR	E DR 3606		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City CHICA	AGO	State IL	Zip Code 60657	Transaction ID: SA11AI.92758  Amount of Each Receipt this Period
	number of contributing political committee.	C		250.00
Name o UNIVE	of Employer RSITY OF CHICAGO HOS- S	Occupation PHYSICI		
	t For: Irimary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	me (Last, First, Middle Initial)			Date of Receipt
Mailing	Address 3749 LYNNFIELD DI	R.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	NIA BEACH	State VA	Zip Code 23452	Transaction ID: SA11AI.92593  Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C	LUTUL	83.00
Name o ATLAN	of Employer ITIC ANESTHESIA	Occupation PHYSICI		
	t For: Primary General Other (specify) ▼		e Year-to-Date ▼ 747.00	
	me (Last, First, Middle Initial) AZDANI			Date of Receipt
	Address 3355 THORNHILL D	RIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City RENO	<b>.</b>	State NV	Zip Code 89509	Transaction ID: SA11AI.92671  Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C	09309	250.00
OF RE			ESIOLOGIST	
	t For: Irimary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
CUPTOT	AL of Receipts This Page (optional)			583.00

В.

PAGE 60 / 70 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) LAWRENCE YOUNG Date of Receipt Mailing Address 1717 VALLEY FORGE DR. 0 1 2010 10 City State Zip Code Transaction ID: SA11AI.92565 **HIXSON** ΤN 37343 Amount of Each Receipt this Period FEC ID number of contributing 125.00 C federal political committee. Name of Employer ANESTHESIOLOGISTS ASSOCIA-Occupation **PHYSICIAN TED** Receipt For: Aggregate Year-to-Date General Primary 1250.00 Other (specify) Full Name (Last, First, Middle Initial) JONATHAN ZUCKER Date of Receipt Mailing Address 1612 SAINT GREGORY DRIVE 01 2010 City Transaction ID: SA11AI.92635 State Zip Code LAS VEGAS NV 89117 Amount of Each Receipt this Period FEC ID number of contributing C 83.00 federal political committee. Name of Employer SELF Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date

830.00

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	208.00
TOTAL This Period (last page this line number only)	<b>•</b>	33835.00

Primary

Other (specify)

General

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only of 21b 27	one)   22   X   23   24   25   26     28a   28b   28c   29   30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	e and address of any political col	TITIILLEE TO SOIL	of Contributions from Such Continuee
AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL ACTION	ON COMMIT	TEE
Full Name (Last, First, Middle Initial) CHAD CAUSEY FOR CONGRESS			<b>Transaction ID:</b> SB23.92192 Date of Disbursement
Mailing Address PO BOX 16966			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City JONESBORO	State Zip Code AR 72403		Amount of Each Disbursement this Period
Purpose of Disbursement			2500.00
Candidate Name		Category/ Type	
Senate President	ment For: 2010 Primary X General Other (specify)		
State: AR District: 01  Full Name (Last, First, Middle Initial)			
CIRO RODRIGUEZ FOR CONGRESS			Transaction ID: SB23.92180 Date of Disbursement
Mailing Address P.O. BOX 14528			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix} $
City SAN ANTONIO	State Zip Code TX 78214		Amount of Each Disbursement this Period
Purpose of Disbursement		•	2000.00
Candidate Name		Category/ Type	
Office Sought:    X   House   Disburse     Senate   President     State: TX   District: 28	ment For: 2010 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) FREEDOM PAC			Transaction ID: SB23.92176 Date of Disbursement
Mailing Address PO BOX 2458			10 M / D D / Y Y Y Y Y Y
	State Zip Code VA 22152		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 CONTRIBUTION	ĪΓ		2500.00
Candidate Name		Category/ Type	
Senate	ment For: 2010 Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)		▶	7000.00
TOTAL This Period (last page this line number only)		•	

В.

C.

ugo,, 10001011012			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUM (check only one)	X 23 24 25 26
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		any person for the	purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHESIOL			
Full Name (Last, First, Middle Initial) FRIENDS OF BENNIE THOMPSON			Insaction ID: SB23.92161 te of Disbursement
Mailing Address P.O. BOX 100		1	0 M / D B / Y Y Y Y Y Y
,	State Zip Code MS 39041	An	nount of Each Disbursement this Period
Purpose of Disbursement		<del></del>	2000.00
Candidate Name	C	ategory/ Type	
Senate President	ment For: 2010 Primary X General Other (specify)		
State: MS District: 02			
Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI		Da	Insaction ID: SB23.92210 te of Disbursement
Mailing Address PO BOX 74		1	0 1 7 2 0 1 0
,	State Zip Code NY 13214	An	nount of Each Disbursement this Period
Purpose of Disbursement CK VOIDED ORIG ISSUED 09/02/09			-1000.00
Candidate Name	C	ategory/ Type	
Senate X President	nent For: 2010 Primary General Other (specify)		
State: NY District: 25			
Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN		Da	Insaction ID: SB23.92162 te of Disbursement
Mailing Address 250 PRAIRIE CENTER D	R		0 6 7 2 0 1 0 4
	State Zip Code MN 55344	An	nount of Each Disbursement this Period
Purpose of Disbursement	Г		1500.00
Candidate Name	C	ategory/ Type	
Office Sought: X House Disburse Senate President	ment For: 2010 Primary X General Other (specify)		
State: MN District: 03	•		
SUBTOTAL of Disbursements This Page (optional) .		<u>•</u>	2500.00

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

Towson Purpose of Disbursement	for each of Detailed Senents may not e and address	ss of any political	d by a	any p	e to so	22 28a or the pulicit contri TTEE Trans	irpose ributio	ns front in the second in the	SB2	contri h com	mittee	
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN SARBANES  Mailing Address PO Box 6854  City Towson Purpose of Disbursement	e and address OGISTS F	es of any political POLITICAL AC	com	mitte	e to so	TTEE  Trans Date	sactio of Dis	ns front in the second in the	SB2	h com	mittee	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL Full Name (Last, First, Middle Initial) FRIENDS OF JOHN SARBANES Mailing Address PO Box 6854  City Towson Purpose of Disbursement	OGISTS F	POLITICAL AC				Trans Date	sactio	n ID: burse	SB2	23.92 <sup>-</sup>	73	
FRIENDS OF JOHN SARBANES  Mailing Address PO Box 6854  City Towson  Purpose of Disbursement						Date	of Dis	burse	ement			
City Towson Purpose of Disbursement							M /	<sup>D</sup> 0	6 /	Y	/ · V	
Towson Purpose of Disbursement											2 o 1 o	Y
						Amou	int of I	Each	Disbu		nt this F	-
				•		L.	_			15	500.00	
Candidate Name				atego Type	ry/							
Senate President	ement For: Primary Other (spe	2010 X General ecify) ▼										
State: MD District: 03  Full Name (Last, First, Middle Initial)  FRIENDS OF SCHUMER							sactio of Dis		SB2	23.92	87	
							M /		3 /	Y	2 0 1 0	Υ
Mailing Address 509 MADISON AVE #19	02					10		<u>'</u>	3		. 0 1 0	
City NEW YORK	State NY	Zip Code 10022				Amou	ınt of l	Each	Disbu	semer	nt this F	'eriod
Purpose of Disbursement		.0022	Г	•	$\neg$					20	00.00	
Candidate Name				atego Type	ry/							
X Senate President	ement For: Primary Other (spe	2010 X General										
State: NY District:  Full Name (Last, First, Middle Initial) GARY MILLER FOR CONGRESS							<b>actio</b> of Dis		SB2 ement	23.92 <sup>-</sup>	64	
Mailing Address 721 S BREAS CANYON	RD #7					1 <sup>M</sup> 0	M /	<sup>D</sup> 0	6 /	Y	2 0 1 0	Υ
City DIAMOND BAR	State CA	Zip Code 91789				Amou	int of I	Each	Disbu		nt this F	
Purpose of Disbursement  Candidate Name				atego	-	L.	•			1(	00.00	
Senate President	ement For: Primary Other (spe	2010  X General cify)		Туре								
State: CA District: 41  UBTOTAL of Disbursements This Page (optional)					<u> </u>		•			45	00.00	

Transaction ID: SB23.92200 Date of Disbursement  Candidate Name    Category/ Type   Catego	SCHEDULE B (FEC Form 3	Use separate schedule(s)	FOR LINE N	
rof commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (in Full)  AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  HANSEN CLARKE FOR CONGRESS  Mailing Address 1448 WOODWARD AVE #305  City DETROIT MI 48226  Purpose of Disbursement  Candidate Name  Office Sought: X House Disbursement For: 2010 Sanate President State: MI District: 13  Full Name (Last, First, Middle Initial) JIM MATHESON FOR CONGRESS  Mailing Address PO BOX 521048  City SALT LAKE CITY UT 84152  Furpose of Disbursement  Candidate Name  Office Sought: X House Senate Primary X General Other (specify) ▼  State: UT District: 02  Full Name (Last, First, Middle Initial) JOHN D DINGELL FOR CONGRESS  Mailing Address 607 14TH STREET NW #800  City WASHINGTON City WASHINGTON Purpose of Disbursement  Candidate Name  Office Sought: X House Primary X General Other (specify) ▼  State: UT District: 02  Full Name (Last, First, Middle Initial) JOHN D DINGELL FOR CONGRESS  Mailing Address 607 14TH STREET NW #800  City WASHINGTON City WASHINGTON Purpose of Disbursement  Candidate Name  Disbursement  Category' Type  Office Sought: X House Primary X General Other (specify) ▼  State: MI District: 15  District: 15  Senate Primary X General Other (specify) ▼  State: MI District: 15  Dist	ITEMIZED DISBURSEMENT	for each category of the	21b	22 X 23 24 25 2
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  HANSEN CLARKE FOR CONGRESS  Mailing Address 1448 WOODWARD AVE #305  City DETROIT  Cardidate Name  Office Sought: X   House   President   Primary   X   General    City   State   Zip Code   Primary   X   General    City   State   President   Transaction ID: SB23.92200    Date of Disbursement   Ti 0   1   3   2   2   1   0    Amount of Each Disbursement this Period   Transaction ID: SB23.92185    Date of Disbursement   Ti 0   1   3   2   2   1   0    Transaction ID: SB23.92185    Date of Disbursement this Period   Transaction ID: SB23.92185    Date of Disbursement   Transaction ID				
HANSEN CLARKE FOR CONGRESS  Mailing Address 1448 WOODWARD AVE #305  City State Zip Code MI 48226  Purpose of Disbursement  City Senate President District: 13  Full Name (Last, First, Middle Initial)  JIM MATHESON FOR CONGRESS  Mailing Address PO BOX 521048  City State MI District: 13  Full Name (Last, First, Middle Initial)  John D Disbursement Category/ Type  Office Sought: X House Primary X General Pri	NAME OF COMMITTEE (In Full)			
Mailing Address 1448 WOODWARD AVE #305  City DETROIT State Zip Code MI 48226  Amount of Each Disbursement this Period Category/ Type  Office Sought: X House Senate President State: MI District: 13  Full Name (Last, First, Middle Initial) JIM MATHESON FOR CONGRESS  Mailing Address PO BOX 521048  City SALT LAKE CITY State Zip Code SALT LAKE CITY Senate President UT 84152  Furpose of Disbursement  Candidate Name  Office Sought: X House Senate Primary X General Disbursement  Candidate Name  Office Sought: X House Senate Primary X General Disbursement  Candidate Name  Office Sought: X House Senate Primary X General Disbursement  State: UT District: 02  Full Name (Last, First, Middle Initial) JOHN D DINGELL FOR CONGRESS  Mailing Address 607 14TH STREET NW #800  City WASHINGTON DC City WASHINGTON DC Condidate Name  Office Sought: X House Senate President Candidate Name  Office Sought: X House Senate Primary X General Disbursement Candidate Name  Office Sought: X House Senate Primary X General District: 15  Subtotal All 10 13 2 2 0 1 0  Amount of Each Disbursement this Period  Transaction ID: SB23.92181 Date of Disbursement  Transaction ID: SB23.92181 Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: SB23.92181 Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement this Period  Transaction ID: SB23.92181 Date of Disbursement  Other (specify) ▼ X General  Other (specify) ▼  State: MI District: 15  Subtotal of Disbursement For: 2010  Amount of Each Disbursement this Period  Category/ Type  Office Sought: X House Senate Primary X General Other (specify) ▼  Other (specify) ▼  Transaction ID: Amount of Each Disbursement this Period  Category/ Type  Transaction ID: Amount of Each Disbursement this Period  Category/ Type  Transaction ID: Amount of Each Disbursement this Period  Category/ Type  Transaction ID: Amount of Each Disbursement this Period  Category/ Type  Transaction ID: Amount of Each Disbursement this Period  Ca	•	ESS		
DETROIT  MI 48226  Purpose of Disbursement  Cardidate Name  Office Sought:	Mailing Address 1448 WOODW	ARD AVE #305		M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cardidate Name  Office Sought:				Amount of Each Disbursement this Period
Office Sought:			Cotogony	2500.00
Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial) JIM MATHESON FOR CONGRESS  Mailing Address PO BOX 521048  City State Zip Code SALT LAKE CITY UT 84152  Purpose of Disbursement  Candidate Name  Office Sought: X House President State: UT District: 02  Full Name (Last, First, Middle Initial) JOHN D DINGELL FOR CONGRESS  Mailing Address 607 14TH STREET NW #800  City State Zip Code Other (specify) ▼  Transaction ID: SB23.92185 Date of Disbursement this Period  Category/ Type  Transaction ID: SB23.92181 Date of Disbursement  To M		Disbursement For: 2010		
Full Name (Last, First, Middle Initial)  JIM MATHESON FOR CONGRESS  Mailing Address PO BOX 521048  City SALT LAKE CITY Purpose of Disbursement  Candidate Name  Office Sought: X House Senate President State: UT District: 02  Full Name (Last, First, Middle Initial) JOHN D DINGELL FOR CONGRESS  Mailing Address 607 14TH STREET NW #800  City WASHINGTON DC 20005  Purpose of Disbursement  Candidate Name  Office Sought: X House State Zip Code DC 20005  Purpose of Disbursement  Category/ Type  Transaction ID: SB23.92185  Date of Disbursement this Period  Category/ Type  Transaction ID: SB23.92181  Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: SB23.92181  Date of Disbursement this Period  Category/ Type  Transaction ID: SB23.92181  Date of Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought: X House President Senate President State: MI District: 15  Disbursement For: 2010 Primary X General Other (specify) ▼  Substortal of Disbursements This Page (optional)	Senate President	Primary X General		
City SALT LAKE CITY UT 84152  Purpose of Disbursement  Candidate Name  Office Sought:	Full Name (Last, First, Middle Initial)	SS S		Date of Disbursement
SÁLT LAKE CITY  Purpose of Disbursement  Candidate Name  Office Sought:	Mailing Address PO BOX 521048	3		$\begin{bmatrix} \begin{smallmatrix} M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ 1 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
Category/ Type  Office Sought:				Amount of Each Disbursement this Period
Office Sought:				5000.00
State: UT District: 02  Full Name (Last, First, Middle Initial) JOHN D DINGELL FOR CONGRESS  Mailing Address 607 14TH STREET NW #800  City State Zip Code WASHINGTON DC 20005  Purpose of Disbursement  Candidate Name  Office Sought: X House Primary X General Other (specify) ▼  State: MI District: 15  SUBTOTAL of Disbursements This Page (optional)				
JOHN D DINGELL FOR CONGRESS  Mailing Address 607 14TH STREET NW #800  City State Zip Code WASHINGTON DC 20005  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: X House Primary X General President State: MI District: 15  SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary X General		
City WASHINGTON DC 20005  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: X House Senate Primary X General President Other (specify) ▼  SUBTOTAL of Disbursements This Page (optional)  Amount of Each Disbursement this Period 2500.00  Category/ Type  Other (specify) ▼  10000.00	•	ESS		Date of Disbursement
WASHINGTON  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought:	Mailing Address 607 14TH STRE	ET NW #800		10 13 / 2010
Candidate Name  Category/ Type  Office Sought:				
Office Sought: X House Disbursement For: 2010 Senate Primary X General Other (specify)  State: MI District: 15  SUBTOTAL of Disbursements This Page (optional)			Cotomory	2500.00
Senate Primary X General Other (specify)  State: MI District: 15  SUBTOTAL of Disbursements This Page (optional)		Dichurcament For: 2010		
SUBTOTAL of Disbursements This Page (optional) 10000.00	Senate President	Primary X General		
		(optional)	<b>_</b>	10000.00

SCHEDULE B (FEC Form 3X)	Use separate s	chedule(s)	FOR LINE NUMBER: PAGE (check only one)		PAGE 65 / 70
TEMIZED DISBURSEMENTS	for each catego Detailed Summ	ary Page	21b 27	22 X 23 28a 28	b 28c 29 30
ny Information copied from such Reports and State r for commercial purposes, other than using the nan					
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHESIO					
Full Name (Last, First, Middle Initial) JOHN GRAVES FOR CONGRESS				Date of Disbu	
Mailing Address PO BOX 701				10 /	06 / 2010
City GAINESVILLE	State Zip GA 305	Code 503		Amount of Ea	ach Disbursement this Period
Purpose of Disbursement				L	1500.00
Candidate Name		C	Category/ Type		
Office Sought:  X House Senate President State: GA District: 09	i	2010 General			
Full Name (Last, First, Middle Initial) JOHN KLINE FOR CONGRESS				Transaction Date of Disbu	ID: SB23.92183
Mailing Address 101 W BURNSVILLE PI	KWY #104			10 M	D 1 3 Y 2 0 1 0 Y
City BURNSVILLE	State Zip 6	Code 337		Amount of Ea	ach Disbursement this Period
Purpose of Disbursement			•		2000.00
Candidate Name		C	Category/		
Office Sought:  X House Senate President State: MN District: 02	ement For: Primary X Other (specify)	2010 General			
Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS				Transaction Date of Disbu	ID: SB23.92159
Mailing Address PO BOX 3314				10	06 / 2010
City OREGON CITY	State Zip 0 OR 970	Code 045		Amount of Ea	ach Disbursement this Period
Purpose of Disbursement				L	2000.00
Candidate Name		C	Category/ Type		
Office Sought:  X House Senate President State: OR Disburs		2010 General			
SUBTOTAL of Disbursements This Page (optional)			····· <b>•</b>		5500.00
					• • • • • •

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 66 / 70
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC	LOGISTS POLITICAL AC	TION COMMI	ITTEE
<u> </u>	Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS  Mailing Address PO BOX 225			Transaction ID: SB23.92209 Date of Disbursement    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City	State Zip Code		Amount of Each Disbursement this Period
	CÓLONIA	NJ 07067		-1000.00
	Purpose of Disbursement CK VOIDED ORIG ISSUED 3/11/09			1000.00
	Candidate Name		Category/ Type	
	9 2	sement For: 2010  X Primary General  Other (specify)		
	Full Name (Last, First, Middle Initial) MIKE ARCURI FOR CONGRESS			Transaction ID: SB23.92190 Date of Disbursement
	Mailing Address PO BOX 8508			10 13 / 2010
	City UTICA	State Zip Code NY 13505		Amount of Each Disbursement this Period
	Purpose of Disbursement			2000.00
	Candidate Name		Category/ Type	
	Office Sought:  X House Senate President State: NY District: 24	sement For: 2010 Primary X General Other (specify)	1,700	
	Full Name (Last, First, Middle Initial) PAT TIBERI FOR CONGRESS			Transaction ID: SB23.92165 Date of Disbursement
	Mailing Address 2931 E DUBLIN GRAN	VILLE RD #190		10 0 6 7 2 0 1 0
	City COLUMBUS	State Zip Code OH 43231		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	Office Sought:  X House Senate President State: OH District: 12	sement For: 2010 Primary X General Other (specify)		
	I .			2000.00

Transaction ID: SB23.92196  Data line Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  RANDY ALTSCHULER FOR CONGRESS  Mailing Address PO BOX 657	SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)	FOR LINE (check only	NUMBER: PAGE 67 / 70
NAME OF COMMITTEE (In Full)  AMERICAN SCOIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial) RANDY ALTSCHULER FOR CONGRESS  Mailing Address PO BOX 657  Chy State Zip Code NY 11790  Candidate Name  Office Sought: X House President State In Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF LA VICTORY 2010 FUND  City ORLEANS LA 70124  Purpose of Disbursement  Condidate Name  Office Sought: House President Senate In Primary General Disbursement (Type Type Office Sought: Name (Last, First, Middle Initial) REPUBLICAN PARTY STATE CENTRAL & EXEC COMM  Mailing Address 9856 ARCHER LN  City ORLEANS LA 70124  Purpose of Disbursement  Category' Type  Transaction ID: SB23.92178  Date of Disbursement (This Perior Name Office Sought: Primary General X Other (specify) ▼  Transaction ID: SB23.92178  Date of Disbursement (This Perior Name Office Sought: Primary General X Other (specify) ▼  Transaction ID: SB23.92178  Date of Disbursement (This Perior Name Office Sought: Primary General X Other (specify) ▼  Transaction ID: SB23.92178  Date of Disbursement (This Perior Name Office Sought: Primary General X Other (specify) ▼  Transaction ID: SB23.92178  Date of Disbursement (This Perior Name Office Sought: Primary General X Other (specify) ▼  Transaction ID: SB23.92178  Date of Disbursement (This Perior Name Office Sought: Primary General X Other (specify) ▼  Transaction ID: SB23.92178  Date of Disbursement (This Perior Name Office Sought: Primary General Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	TEMIZED DISBURSEMENTS			21b	22 X 23 24 25
NAME OF COMMITTEE (in Full)  AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial) RANDY ALTSCHULER FOR CONGRESS  Mailing Address PO BOX 657  City State Zip Code NY 11790 Purpose of Disbursement Candidate Name  Office Sought: X House President State: NY District: 01  Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF LA VICTORY 2010 FUND  Mailing Address S30 LAKELAND DR  City ORLEANS Character President State: Distriction  Candidate Name  Office Sought: House Senate President State: Distriction  Disbursement For: 2010 Purpose of Disbursement Category/ Type  Transaction ID: SB23.92196 Date of Disbursement this Period Category/ Type  Transaction ID: SB23.92176 Date of Disbursement this Period Category/ Type  Transaction ID: SB23.92176 Date of Disbursement this Period Category/ Type  Transaction ID: SB23.92176 Date of Disbursement this Period Category/ Type  Transaction ID: SB23.92176 Date of Disbursement this Period Category/ Type  Transaction ID: SB23.92176 Date of Disbursement this Period Category/ Type  Transaction ID: SB23.92176 Date of Disbursement this Period Category/ Type  Transaction ID: SB23.92176 Date of Disbursement this Period Category/ Type  Transaction ID: SB23.92202 Date of Disbursement this Period Date of Disbursement this Period Transaction ID: SB23.92202 Date of Disbursement this Period					
Mailing Address PO BOX 657  City STONY BROOK NY 11790  Purpose of Disbursement  Candidate Name  Office Sought: X House President State: NY District: 01  Full Name (Last, First, Middle Initial)  REPUBLICAN PARTY OF LA VICTORY 2010 FUND  Mailing Address 530 LAKELAND DR  City NEW ORLEANS LA 70124  Purpose of Disbursement 2010 CONT RIBUTION  Candidate Name  Office Sought: Name (Last, First, Middle Initial)  REPUBLICAN PARTY OF LA VICTORY 2010 FUND  Mailing Address 530 LAKELAND DR  City State: Zip Code NEW ORLEANS LA 70124  Purpose of Disbursement 2010 CONT RIBUTION  Candidate Name  Office Sought: House President State: Disbursement For: 2010  Equipment President State: Disbursement For: 2010  Equipment President State: Disbursement For: 2010  Category' Type  Office Sought: House Disbursement For: 2010  Equipment President State: Zip Code Disbursement For: 2010  City State: Zip Code Disbursement For: 2010  City State: Zip Code Disbursement For: 2010  City State: Zip Code Disbursement Type  Office Sought: House OH 43017  Purpose of Disbursement Disbursement For: 2010  Cardidate Name  Office Sought: House Disbursement For: 2010  Primary General Amount of Each Disbursement this Perior Sough Primary General Primary	NAME OF COMMITTEE (In Full)				
City STONY BROOK NY 11790  Purpose of Disbursement  Candidate Name  Office Sought:	,	SS			
STONY BROOK Purpose of Disbursement Candidate Name  Office Sought:	Mailing Address PO BOX 657				$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & O \end{smallmatrix} \end{bmatrix}$
Cardidate Name  Category/ Type  Office Sought:					Amount of Each Disbursement this Period
Office Sought: X House Senate Primary X General Other (specify) ▼  State: NY District: 01  Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF LA VICTORY 2010 FUND  Mailing Address 530 LAKELAND DR  City NEW ORLEANS LA 70124  Purpose of Disbursement 2010 CONTRIBUTION  Candidate Name  Office Sought: House Senate Primary General Primary General Name (Last, First, Middle Initial) REPUBLICAN PARTY STATE CENTRAL & EXEC COMM  Mailing Address 9856 ARCHER LN  City State Zip Code Category/ Type  Office Sought: House Senate Primary General Name (Last, First, Middle Initial) REPUBLICAN PARTY STATE CENTRAL & EXEC COMM  Mailing Address 9856 ARCHER LN  City State Zip Code OH 43017  Purpose of Disbursement 5000.00  Amount of Each Disbursement this Perior State Stat					2000.00
Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF LA VICTORY 2010 FUND  Mailing Address 530 LAKELAND DR  City NEW ORLEANS LA 70124  Purpose of Disbursement 2010 CONTRIBUTION  Candidate Name  Disbursement For: 2010 Primary General Type  Office Sought: President State Zip Code DUBLIN OH 43017  Purpose of Disbursement To State Senate Primary General Sought State State Tip Code DUBLIN OH 43017  Purpose of Disbursement To State Senate Primary General Sought State Stat		ura amant Fari	2010		
Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF LA VICTORY 2010 FUND  Mailing Address 530 LAKELAND DR  City NEW ORLEANS Purpose of Disbursement 2010 CONTRIBUTION Candidate Name  Office Sought: President  Full Name (Last, First, Middle Initial) REPUBLICAN PARTY STATE CENTRAL & EXEC COMM  Mailing Address 9856 ARCHER LN  City DUBLIN City DUBLIN Candidate Name  Office Sought: State City DUBLIN Contribution Candidate Name  City DUBLIN Contribution Candidate Name  Disbursement City DUBLIN Contribution Candidate Name  Disbursement Category/ Type  Amount of Each Disbursement this Perior  Transaction ID: SB23.92202  Date of Disbursement  10 M M 1 M M M M M M M M M M M M M M M M	Senate President	Primary	X General		
City NEW ORLEANS  Purpose of Disbursement 2010 CONTRIBUTION  Candidate Name  Office Sought: House Senate Primary General X Other (specify) ▼  Full Name (Last, First, Middle Initial) REPUBLICAN PARTY STATE CENTRAL & EXEC COMM  Mailing Address 9856 ARCHER LN  City State Zip Code DUBLIN OH 43017  Purpose of Disbursement 2010 CONTRIBUTION  Candidate Name  Category/ Type  Transaction ID: SB23.92202 Date of Disbursement 10 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1	Full Name (Last, First, Middle Initial)	Y 2010 FUND	)		
NÉW ORLEANS  Purpose of Disbursement 2010 CONTRIBUTION  Candidate Name  Office Sought: House Senate Primary General  Full Name (Last, First, Middle Initial)  REPUBLICAN PARTY STATE CENTRAL & EXEC COMM  Mailing Address 9856 ARCHER LN  City DUBLIN  Purpose of Disbursement 2010 CONTRIBUTION  Candidate Name  OH 43017  Purpose of Disbursement 2010 CONTRIBUTION  Candidate Name  Disbursement For: 2010  Amount of Each Disbursement this Perion  Category/ Type  Office Sought: House Senate Primary General  President  Disbursement For: 2010  Category/ Type  Office Sought: House Senate Primary General  Nother (specify) ▼  Other (specify) ▼  Other (specify) ▼  Other (specify) ▼	Mailing Address 530 LAKELAND DR				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
2010 CONTRIBUTION  Candidate Name  Category/ Type  Office Sought: House Senate Primary General  President X Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  REPUBLICAN PARTY STATE CENTRAL & EXEC COMM  Mailing Address 9856 ARCHER LN  City State Zip Code DUBLIN OH 43017  Purpose of Disbursement 2010 CONTRIBUTION  Candidate Name  Office Sought: House Primary General Name Category/ Type  Office Sought: House Primary General Name  Office Sought: Primary General Name  Disbursement For: 2010  Category/ Type  Office Sought: Primary General Name  Office Sought: Primary Genera					Amount of Each Disbursement this Period
Office Sought: House Senate Primary General X Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) REPUBLICAN PARTY STATE CENTRAL & EXEC COMM  Mailing Address 9856 ARCHER LN  City State Zip Code OH 43017  Purpose of Disbursement 2010 CONTRIBUTION  Candidate Name  Office Sought: House Senate Primary General X Other (specify) ▼  Office Sought: House Senate Primary General X Other (specify) ▼	2010 CONTRIBUTION				5000.00
Full Name (Last, First, Middle Initial) REPUBLICAN PARTY STATE CENTRAL & EXEC COMM  Mailing Address 9856 ARCHER LN  City State Zip Code DUBLIN OH 43017  Purpose of Disbursement 2010 CONTRIBUTION Candidate Name  Office Sought: House Senate Primary General President  Transaction ID: SB23.92202 Date of Disbursement  1 0 M / P 1 3 / Y 2 0 1 0 Y  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General President  X Other (specify)   Transaction ID: SB23.92202 Date of Disbursement  Amount of Each Disbursement this Period  General Primary General X Other (specify)   Transaction ID: SB23.92202 Date of Disbursement  Amount of Each Disbursement this Period  Sought: Other (specify)   Transaction ID: SB23.92202 Date of Disbursement  Amount of Each Disbursement this Period  Sought: Other (specify)   Transaction ID: SB23.92202 Date of Disbursement  Amount of Each Disbursement this Period  Sought: Sought: Other (specify)   Transaction ID: SB23.92202 Date of Disbursement  Amount of Each Disbursement this Period  Sought: Sought: Other (specify)   Transaction ID: SB23.92202 Date of Disbursement  Amount of Each Disbursement this Period  Sought: Sought: Other (specify)   Transaction ID: SB23.92202 Date of Disbursement	Senate President	Primary	General	Туре	
City DUBLIN State Zip Code OH 43017  Purpose of Disbursement 2010 CONTRIBUTION Candidate Name Category/ Type  Office Sought: House Senate Primary General X Other (specify)  V  Amount of Each Disbursement this Period Category/ Type  Amount of Each Disbursement this Period Category/ Type  Office Sought: V  Amount of Each Disbursement this Period Category/ Type	•	AL & EXEC C	OMM		Date of Disbursement
DÜBLIN  Purpose of Disbursement 2010 CONTRIBUTION  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President  President  X Other (specify)	Mailing Address 9856 ARCHER LN				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix}  /  \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{smallmatrix} \end{bmatrix}  /  \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
2010 CONTRIBUTION  Candidate Name  Category/ Type  Office Sought: Disbursement For: 2010 Senate Primary General President X Other (specify) ▼					
Office Sought:  Disbursement For:  Senate Primary President  Disbursement For:  Quad General X Other (specify)	2010 CONTRIBUTION				5000.00
Senate Primary General President X Other (specify) ▼	Candidate Name				
	Office Sought: House Disbrace	Primary	General		

В.

C.

SCHEDULE B (FEC Form 3X)  Use separate schedu		FOR LINE N	
ITEMIZED DISBURSEMENTS	for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Stater			
or for commercial purposes, other than using the nam	e and address of any political co	mmittee to soli	cit contributions from such committee
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHESION	OCISTS POLITICAL ACTION		TEE
AMENICAN SOCIETY OF ANESTHESION	Odio101 OLITICAL ACTIV	ON COMMINIT	
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.92194
SEAN DUFFY FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 186			$\begin{bmatrix} 1 & 0 & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} 1 & 1 & 3 \\ 1 & 3 & M \end{bmatrix} / \begin{bmatrix} 1 & 1 & 1 & 1 \\ 2 & 2 & 0 & 1 & 0 \end{bmatrix}$
City ASHLAND	State Zip Code WI 54806		Amount of Each Disbursement this Period
Purpose of Disbursement		0	2500.00
Candidate Name		Category/ Type	
Office Sought:  X House Senate President  Disburs	ement For: 2010 Primary X General Other (specify)		
State: WI District: 07			
Full Name (Last, First, Middle Initial) SOUTHERLAND FOR CONGRESS			Transaction ID: SB23.92198 Date of Disbursement
Mailing Address PO BOX 1692			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City LYNN HAVEN	State Zip Code FL 32444		Amount of Each Disbursement this Period
Purpose of Disbursement			1500.00
Candidate Name		Category/ Type	
Senate President	ement For: 2010 Primary X General Other (specify)		
State: FL District: 02			
Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS			Transaction ID: SB23.92167 Date of Disbursement
Mailing Address 4679 WINTERSET DR			$\begin{bmatrix} 1 & 0 & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 \\ 0 & 6 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City COLUMBUS	State Zip Code OH 43220		Amount of Each Disbursement this Period
Purpose of Disbursement	Г		2500.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: OH District: 15	ement For: 2010 Primary X General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			6500.00
TOTAL This Period (last page this line number only	)		

SCHEDULE B (FEC Form 3X)	R LINE NUMBER: PAGE 69 / 70	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 26 27 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL ACTION C	OMMITTEE
Full Name (Last, First, Middle Initial) WALTER MINNICK FOR CONGRESS  Mailing Address 8150 W EMERALD, STE	170	Transaction ID: SB23.92188 Date of Disbursement
,	State Zip Code D 83704	Amount of Each Disbursement this Period 2500.00
Candidate Name	Catego Type	
Office Sought: X House Disburse Senate President	ment For: 2010 Primary X General Other (specify) ▼	
State: ID District: 01		

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	<b>—</b>	52500.00

	001150111 5 0 /550 5 0 00/0												
	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)   1 /				IUMBER: PAGE 70 / 70							
	TEMIZED DISBURSEMENTS	for each category of the		<u> </u>	eck only	<b>-</b>	_						
		Detailed Summary Page		Н	21b	22	_	23	24	25			
_					27	28a	$\perp$	28b	28c	X 29			
	Any Information copied from such Reports and State or for commercial purposes, other than using the na												
- 1	NAME OF COMMITTEE (In Full)												
	AMERICAN SOCIETY OF ANESTHESIC	DLOGISTS POLITICAL A	CTIC	)N C	OMMI	TEE							
_	Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	SB29	.92170			
Α.	FRIENDS OF HEATHER MIZEUR					Date of	of Dis	sburse	ement				
							M /	D	<sup>D</sup> /	<sup>y</sup> 20	YOY		
	Mailing Address PO BOX 11290					1 0		Û	0	20	1 0		
	City	State Zip Code				Amou	ınt of	Each	Disburse	ement thi	is Period		
	TAKOMA PARK	MD 11290				_	-						
	Purpose of Disbursement 2010 NON-FEDERAL CONTRIBUTION			·						500.	00		
	Candidate Name			atego Type									
	Senate President	sement For: 2010 Primary General X Other (specify) ▼											
_	State: District:												
В.	Full Name (Last, First, Middle Initial) KATZ FOR SENATE					Date of		sburse			v v		
	Mailing Address PO BOX 3844					1 0	,	1	<sup>D</sup> /	ž0	10		
	City WILMINGTON	State Zip Code DE 19807				Amou	int of	Each	Disburse				
	Purpose of Disbursement 2010 NON-FEDERAL CONTRIBUTION						_			600.	00		
	Candidate Name			atego Type	-								
	Office Sought: House Disbur	sement For: 2010	•										
	Senate	Primary General											
	President	X Other (specify) ▼											
	State: District:	·											

SUBTOTAL of Disbursements This Page (optional)	•	1100.00
TOTAL This Period (last page this line number only)	<b></b>	1100.00