

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

520 N. NORTHWEST HIGHWAY

Check if different than previously reported. (ACC)

PARK RIDGE

IL

60068

2. **FEC IDENTIFICATION NUMBER**

C00255752

CITY

STATE

ZIP CODE

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- | | | | |
|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input checked="" type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day PRE-Election Report for the:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on

in the State of

(d) 30-Day Post -Election Report for the:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on

in the State of

5. Covering Period

07

01

2010

through

07

31

2010

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

Type or Print Name of Treasurer THOMAS CONWAY

Signature of Treasurer Electronically Filed by THOMAS CONWAY

Date

09

13

2010

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 Use Only

FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		1495220.03
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	1462568.89									
(c) Total Receipts (from Line 19)	56568.35	694234.95								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1519137.24	2189454.98								
7. Total Disbursements (from Line 31)	88817.74	759135.48								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1430319.50	1430319.50								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	51824.00	571323.00
(ii) Unitemized	4732.00	122816.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)	56556.00	694139.01
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	56556.00	694139.01
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	12.35	95.94
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	56568.35	694234.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	56568.35	694234.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1417.74	1417.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1417.74	1417.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	84000.00	581010.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	3400.00	176707.74
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	88817.74	759135.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	88817.74	759135.48

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	56556.00	694139.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56556.00	694139.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1417.74	1417.74
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1417.74	1417.74

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) BASEM ABDELMALAK	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 9500 EUCLID AVE DEPT OF ANES E-31	Transaction ID: SA11AI.88270
	City CLEVELAND State OH Zip Code 44195	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CLEVELAND CLINIC FOUNDATION Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 287.00	

B.	Full Name (Last, First, Middle Initial) AMR ABOULEISH	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 4303 EVERGREEN ELM CT	Transaction ID: SA11AI.88236
	City HOUSTON State TX Zip Code 77059	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNIVERSITY OF TEXAS MEDICAL BRANCH Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 287.00	

C.	Full Name (Last, First, Middle Initial) BRUCE ADELMAN	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 4896 WOODCLIFF HILL ROAD NORTH	Transaction ID: SA11AI.88217
	City WEST BLOOMFIELD State MI Zip Code 48323	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer HENRY FORD HOSPITAL WEST BLOOMFIELD Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 287.00	

SUBTOTAL of Receipts This Page (optional)	123.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MOSES ALBERT		Date of Receipt
	Mailing Address 10800 MIDLOTHIAN TURNPIKE SUITE 265		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	RICHMOND	VA	23235
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88175
Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 254.00	<input type="text" value="41.00"/>

B.	Full Name (Last, First, Middle Initial) THOMAS ANDREWS		Date of Receipt
	Mailing Address 1821 ALAQUA DR.		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	LONGWOOD	FL	32779
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88183
Name of Employer JLR MEDICAL GROUP, MAITLAND, FLORIDA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 213.00	<input type="text" value="41.00"/>

C.	Full Name (Last, First, Middle Initial) MARK BAADE		Date of Receipt
	Mailing Address 11530 HIDDEN SPRING TRAIL		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	DEWITT	MI	48820
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88527
Name of Employer INGHAM REGIONAL MEDICAL CENTER		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="332.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ROBERT BAKER	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 320 LINWOOD CT	Transaction ID: SA11AI.88213
	City State Zip Code LITTLE ROCK AR 72205	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ARKANSAS CHILDENS HOSPITAL ASSISTANT PROFESSOR, DEPT. OF ANESTHES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00	

B.	Full Name (Last, First, Middle Initial) ARNA BANERJEE	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address DEPARTMENT OF ANESTHESIA CRITICAL 1211 21ST AVENUE SOUTH SUITE 52	Transaction ID: SA11AI.88256
	City State Zip Code NASHVILLE TN 37212	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation VANDERBILT UNIVERSITY MEDICAL CENTER ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	

C.	Full Name (Last, First, Middle Initial) SHAWN BANKS	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 601 NE 36TH ST APT 3407	Transaction ID: SA11AI.88275
	City State Zip Code MIAMI FL 33137	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF MIAMI PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	

SUBTOTAL of Receipts This Page (optional)	207.00
TOTAL This Period (last page this line 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 9 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CAROLYN BANNISTER
 Mailing Address **5102 CHASTLETON DRIVE**
 City **STONE MOUNTAIN** State **GA** Zip Code **30087**
 Date of Receipt **07 / 01 / 2010**
Transaction ID: SA11AI.88281
 Amount of Each Receipt this Period **83.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **EMORY UNIVERSITY SCHOOL OF MEDICINE** Occupation **MD**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **581.00**

B. Full Name (Last, First, Middle Initial)
LAURIE BARRETT
 Mailing Address **1980 MOUNTJOY PL.**
 City **LEXINGTON** State **KY** Zip Code **40503**
 Date of Receipt **07 / 04 / 2010**
Transaction ID: SA11AI.88307
 Amount of Each Receipt this Period **1500.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **ANESTHESIA ASSOCIATES, PSC** Occupation **ANESTHESIOLOGIST**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1500.00**

C. Full Name (Last, First, Middle Initial)
GERARD BASSELL
 Mailing Address **DEPARTMENT OF ANESTHESIOLOGY
 6505 E CENTRAL AVE**
 City **WICHITA** State **KS** Zip Code **67206**
 Date of Receipt **07 / 11 / 2010**
Transaction ID: SA11AI.88348
 Amount of Each Receipt this Period **1000.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **UNIVERSITY OF KANSAS SCHOOL OF MEDICINE** Occupation **ANESTHESIOLOGIST**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

SUBTOTAL of Receipts This Page (optional) **2583.00**
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ANDREW BAUDO		Date of Receipt
	Mailing Address 627 W BUCKINGHAM PLACE UNIT 1		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 01 / 2010
	City	State	Zip Code
	CHICAGO	IL	60657
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88283
Name of Employer NMFF		Occupation ATTENDING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.00
		<input type="text"/> 287.00	

B.	Full Name (Last, First, Middle Initial) RODERICK BEER		Date of Receipt
	Mailing Address 3966 HOLDEN DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 28 / 2010
	City	State	Zip Code
	ANN ARBOR	MI	48103
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88443
Name of Employer ANESTHESIA ASSOC OF ANN ARBOR		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) EILEEN BEGIN		Date of Receipt
	Mailing Address 110 IRVING ST. NW #G-226		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 01 / 2010
	City	State	Zip Code
	WASHINGTON	DC	20010
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88288
Name of Employer WASHINGTON HOSPITAL CENTER		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.00
		<input type="text"/> 246.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 332.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) SCOTT BERGER	Date of Receipt MM / DD / YYYY 07 / 18 / 2010
	Mailing Address 520 MANORWOOD LN.	Transaction ID: SA11AI.88389
	City State Zip Code LOUISVILLE CO 80027	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation COLORADO PERMANENTE MEDICAL GROUP PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) ARTHUR BERGH	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 3300 GALLOWS RD., ANES. DEPT.	Transaction ID: SA11AI.88211
	City State Zip Code FALLS CHURCH VA 22042	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FAIRFAX ANES. ASSOC. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

C.	Full Name (Last, First, Middle Initial) JOSEPH BERNSTEIN	Date of Receipt MM / DD / YYYY 07 / 25 / 2010
	Mailing Address PO BOX 700138	Transaction ID: SA11AI.88411
	City State Zip Code OOSTBURG WI 53070	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) DAVID BIEL	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 2216 MADISON AVE	Transaction ID: SA11AI.88193
	City State Zip Code CINCINNATI OH 45212	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ANESTHESIA ASSOC. OF CINCINNATI	Occupation ANESTHESIOLOGIST ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL BILENKER	Date of Receipt MM / DD / YYYY 07 / 26 / 2010
	Mailing Address 219 GRAND ST., #4-A	Transaction ID: SA11AI.88564
	City State Zip Code HOBOKEN NJ 07030	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SUMMIT ANESTHESIA ASSOC. DEPT OF ANEST	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) WENDY BINSTOCK	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 1122 W MONTANA ST	Transaction ID: SA11AI.88189
	City State Zip Code CHICAGO IL 60614	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional)	416.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) TIMOTHY BITTENBINDER	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 5014 ASCOT PARKWAY	Transaction ID: SA11AI.88282
	City State Zip Code TEMPLE TX 76502	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SCOTT WHITE MEMORIAL HOSPITAL ANES. D Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 581.00	

B.	Full Name (Last, First, Middle Initial) KENNETH BOCHENEK	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 2000 SPRUCE DR	Transaction ID: SA11AI.88214
	City State Zip Code LAFAYETTE IN 47905	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIOLOGY ASSOCIATES, P.C. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1225.00	

C.	Full Name (Last, First, Middle Initial) KENNETH BOCHENEK	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address 2000 SPRUCE DR	Transaction ID: SA11AI.88435
	City State Zip Code LAFAYETTE IN 47905	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIOLOGY ASSOCIATES, P.C. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1275.00	

SUBTOTAL of Receipts This Page (optional)	258.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) KENNETH BOCHENEK	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address 2000 SPRUCE DR	Transaction ID: SA11AI.88474
	City State Zip Code LAFAYETTE IN 47905	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ANESTHESIOLOGY ASSOCIATES, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1325.00	

B.	Full Name (Last, First, Middle Initial) JUAN BOTERO	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 2950 CLEVELAND CLINIC BLVD DEPT. OF ANES.	Transaction ID: SA11AI.88226
	City State Zip Code WESTON FL 33331	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
Name of Employer CLEVELAND CLINIC, FLORIDA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00	

C.	Full Name (Last, First, Middle Initial) GREGORY BOUSKA	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 3000 BOGEY CIR SE	Transaction ID: SA11AI.88218
	City State Zip Code OWENS CROSS ROADS AL 35763	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
Name of Employer COMPREHENSIVE ANESTHESIA SERVICES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	

SUBTOTAL of Receipts This Page (optional)	▶	174.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
GREGORY BOUSKA
 Mailing Address **3000 BOGEY CIR SE**
 City **OWENS CROSS ROADS** State **AL** Zip Code **35763**
 Date of Receipt **07 / 14 / 2010**
Transaction ID: SA11AI.88375
 Amount of Each Receipt this Period **4.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **COMPREHENSIVE ANESTHESIA SERVICES** Occupation **ANESTHESIOLOGIST**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **585.00**

B. Full Name (Last, First, Middle Initial)
MARK BRADY
 Mailing Address **9403 W. 146TH PL.**
 City **OVERLAND PARK** State **KS** Zip Code **66221**
 Date of Receipt **07 / 01 / 2010**
Transaction ID: SA11AI.88231
 Amount of Each Receipt this Period **83.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MIDWEST ANESTHESIA ASSOCIATES** Occupation **ANESTHESIOLOGIST**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **581.00**

C. Full Name (Last, First, Middle Initial)
CLAUDE BRUNSON
 Mailing Address **2500 N STATE ST**
 City **JACKSON** State **MS** Zip Code **39216**
 Date of Receipt **07 / 01 / 2010**
Transaction ID: SA11AI.88188
 Amount of Each Receipt this Period **83.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **UNIV OF MISSISSIPPI MED CTR** Occupation **ANESTHESIOLOGIST**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **336.00**

SUBTOTAL of Receipts This Page (optional) **170.00**
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ELIZABETH BURGESS		Date of Receipt	
	Mailing Address 2769 HIGH PT		M M / D D / Y Y Y Y Y 07 / 15 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.88377
	CINCINNATI	OH	45244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer ANESTHESIA GROUP PRACTICE, INC.		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) CURTIS CARL		Date of Receipt	
	Mailing Address 1200 E MICHIGAN AVE STE 370		M M / D D / Y Y Y Y Y 07 / 28 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.88532
	LANSING	MI	48912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer PHYSICIAN ANESTHESIA SERVICE		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) JAMES CARLSEN		Date of Receipt	
	Mailing Address 1958 COMMON WAY RD		M M / D D / Y Y Y Y Y 07 / 01 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.88184
	ORLANDO	FL	32814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		41.00	
Name of Employer JLR MEDICAL GROUP		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 213.00		

SUBTOTAL of Receipts This Page (optional)	▶	1041.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
LEE CARTER

Mailing Address 355 OVERBROOK RD

City State Zip Code
BIRMINGHAM AL 35213

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

Name of Employer Occupation
WEST AL ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 334.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2010

Transaction ID: SA11AI.88447

Amount of Each Receipt this Period
334.00

B.

Full Name (Last, First, Middle Initial)
ANTONIO CASSARA

Mailing Address 1236 MURRAY HILL AVE.

City State Zip Code
PITTSBURGH PA 15217

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

Name of Employer Occupation
UPMC CHILDRENS RESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 581.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: SA11AI.88253

Amount of Each Receipt this Period
83.00

C.

Full Name (Last, First, Middle Initial)
MARTYN CAVALLO

Mailing Address 110-29TH AVE. NORTH, #201

City State Zip Code
NASHVILLE TN 37203

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

Name of Employer Occupation
ANESTHESIA MEDICAL GROUP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 287.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: SA11AI.88280

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional) ► **458.00**

TOTAL This Period (last page this line 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 18 / 90
(check only one)

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

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

A.

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

Mailing Address 1319 S.9TH ST.

City FARGO State ND Zip Code 58103

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

Name of Employer MERITCARE MEDICAL GROUP Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 287.00

Date of Receipt: 07 / 01 / 2010
Transaction ID: SA11AI.88238
Amount of Each Receipt this Period: 41.00

B.

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

Mailing Address 1118 ROSS CLARK CIR., #700

City DOTHAN State AL Zip Code 36301

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

Name of Employer ANESTHESIA CONSULTANTS MEDICAL GROUP Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 14 / 2010
Transaction ID: SA11AI.88370
Amount of Each Receipt this Period: 1000.00

C.

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

Mailing Address 149 LUCERNE BLVD

City BIRMINGHAM State AL Zip Code 35209

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

Name of Employer BIRMINGHAM VA MEDICAL CENTER Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 01 / 2010
Transaction ID: SA11AI.88186
Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ► 1166.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
RANDALL CLARK

Mailing Address 21 HYDE PARK CIRCLE

City State Zip Code
DENVER CO 80209

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

Name of Employer Occupation
UNIVERSITY OF COLORADO ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2010

Transaction ID: SA11AI.88301

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3156 N. PAULINA APT. 4S

City State Zip Code
CHICAGO IL 60657

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

Name of Employer Occupation
PARK RIDGE ANESTHESIOLOGY ASSOCIATES ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 16 / 2010

Transaction ID: SA11AI.88385

Amount of Each Receipt this Period
250.00

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

Mailing Address PHYSICIAN ANES. SERVICE

City State Zip Code
LANSING MI 48912

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

Name of Employer Occupation
PHYS ANES SERV ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2010

Transaction ID: SA11AI.88518

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
GEORGE COOPER

Mailing Address 59 ALISON DR.

City State Zip Code
ALEXANDER CITY AL 35010

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

Name of Employer Occupation
ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2010

Transaction ID: SA11AI.88467

Amount of Each Receipt this Period
500.00

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

Mailing Address 16 DAYTON CIR.

City State Zip Code
MEDIA PA 19063

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

Name of Employer Occupation
ANESTHESIA SERVICES PA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2010

Transaction ID: SA11AI.88414

Amount of Each Receipt this Period
250.00

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

Mailing Address 338 ESTATES DR

City State Zip Code
CAMDEN WYOMING DE 19934

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

Name of Employer Occupation
ASPA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2010

Transaction ID: SA11AI.88397

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 90
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) JOHN DARBY		Date of Receipt MM / DD / YYYY 07 / 17 / 2010
Mailing Address 46 BROAD ARROW TRL		Transaction ID: SA11AI.88561
City YARMOUTH	State ME	Zip Code 04096
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MAINE MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) DAVID DAVIS		Date of Receipt MM / DD / YYYY 07 / 28 / 2010
Mailing Address 4242 MEDICAL DR., SUITE #3100		Transaction ID: SA11AI.88431
City SAN ANTONIO	State TX	Zip Code 78229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer TEJAS ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) VINCENT DEGENHART		Date of Receipt MM / DD / YYYY 07 / 01 / 2010
Mailing Address 415 HARDEN ST.		Transaction ID: SA11AI.88262
City COLUMBIA	State SC	Zip Code 29205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.00
Name of Employer CRITICAL HEALTH SYSTEMS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00	

SUBTOTAL of Receipts This Page (optional)	▶	1291.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MITCHELL DICKSON	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 5315 BENT RIVER BLVD.	Transaction ID: SA11AI.88396
	City State Zip Code KNOXVILLE TN 37919	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AMAET ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) CHRISTIAN DIEZ	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 7915 SW 55 AVENUE	Transaction ID: SA11AI.88221
	City State Zip Code MIAMI FL 33143	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF MIAMI MEDICAL GROUP PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	

C.	Full Name (Last, First, Middle Initial) TATE EGGER	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address 4916 SUGAR BUSH LN	Transaction ID: SA11AI.88531
	City State Zip Code HOLT MI 48842	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PHYSICIAN ANESTH SERVICE ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1583.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 90
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) MICHAEL ELLIOTT		Date of Receipt MM / DD / YYYY 07 / 12 / 2010
Mailing Address 10120 GRANDE SHORES WAY		Transaction ID: SA11AI.88355
City KNOXVILLE	State TN	Zip Code 37922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AMAET	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) KENNETH ELMASSIAN		Date of Receipt MM / DD / YYYY 07 / 01 / 2010
Mailing Address 2399 PINE HOLLOW DR.		Transaction ID: SA11AI.88242
City EAST LANSING	State MI	Zip Code 48823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
Name of Employer INGHAM REGIONAL MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	

C.

Full Name (Last, First, Middle Initial) JESSE EPPS		Date of Receipt MM / DD / YYYY 07 / 01 / 2010
Mailing Address 2341 MCCALLIE AVE., #402		Transaction ID: SA11AI.88192
City CHATTANOOGA	State TN	Zip Code 37404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
Name of Employer ANESTHESIOLOGISTS ASSOCIATED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional)	▶	666.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 90
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
IMU ESMAIL

Mailing Address 13200 PRIMROSE LN

City State Zip Code
DEWITT MI 48820

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

Name of Employer Occupation
PHYS ANESTH SERV ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2010

Transaction ID: SA11AI.88516

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
LUIS ESPARZA

Mailing Address 2810 N SWAN RD STE 100

City State Zip Code
TUCSON AZ 85712

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

Name of Employer Occupation
OLD PUEBLO ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2010

Transaction ID: SA11AI.88462

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 3814 HEMMINGWAY DR

City State Zip Code
OKEMOS MI 48864

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

Name of Employer Occupation
PHYSICIAN ANESTHESIA SERVICE, P.C. ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2010

Transaction ID: SA11AI.88520

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 / 90
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) ANA FAUS		Date of Receipt MM / DD / YYYY 07 / 12 / 2010		
	Mailing Address 7330 E. BAYAUD AVE.		Transaction ID: SA11AI.88356		
	City DENVER	State CO	Zip Code 80230	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer METRO DENVER ANESTHESIA	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) RITCHIE FEVRIER		Date of Receipt MM / DD / YYYY 07 / 01 / 2010		
	Mailing Address 9837 GLADIOLUS BULB LOOP		Transaction ID: SA11AI.88273		
	City FORT MYERS	State FL	Zip Code 33908	Amount of Each Receipt this Period 41.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDICAL ANESTHESIA AND PA-IN MANAGEMENT	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 287.00			

C.	Full Name (Last, First, Middle Initial) SCOTT FIELDEN		Date of Receipt MM / DD / YYYY 07 / 01 / 2010		
	Mailing Address 3010 W CHARLESTON BLVD STE 150		Transaction ID: SA11AI.88219		
	City LAS VEGAS	State NV	Zip Code 89102	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIOLOGY CONSULTANT-S. INC. CREDE	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 498.00			

SUBTOTAL of Receipts This Page (optional)	▶	374.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) REID FLETCHER		Date of Receipt MM / DD / YYYY 07 / 12 / 2010
Mailing Address 1 HOSPITAL DR SW CRESTWOOD HOSPITAL		Transaction ID: SA11AI.88352
City HUNTSVILLE	State AL	Zip Code 35801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ALABAMA ANESTHESIA OF HUNTSVILLE	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) RICHARD FLOWERDEW		Date of Receipt MM / DD / YYYY 07 / 01 / 2010
Mailing Address 38 HEDGEROW DR		Transaction ID: SA11AI.88549
City FALMOUTH	State ME	Zip Code 04105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
Name of Employer SPECTRUM MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	

C.

Full Name (Last, First, Middle Initial) MENDEL FORD		Date of Receipt MM / DD / YYYY 07 / 28 / 2010
Mailing Address 1200 E MICHIGAN AVE		Transaction ID: SA11AI.88529
City LANSING	State MI	Zip Code 48912
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PHYS ANES SERV	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	583.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) WILLIAM FRAME	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 2300 N EDWARD ST DEPT. OF ANESTHESIA	Transaction ID: SA11AI.88235
	City State Zip Code DECATUR IL 62526	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ASSOCIATED ANESTHESIOLOGISTS OF DECATUR Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 581.00	

B.	Full Name (Last, First, Middle Initial) JEFFERY FUQUA	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 12419 MALLARD BAY DR.	Transaction ID: SA11AI.88215
	City State Zip Code KNOXVILLE TN 37922	Amount of Each Receipt this Period 166.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AMAET Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 996.00	

C.	Full Name (Last, First, Middle Initial) JOSEPH GALASSI	Date of Receipt MM / DD / YYYY 07 / 07 / 2010
	Mailing Address 193 LILAC DR.	Transaction ID: SA11AI.88332
	City State Zip Code ALLENTOWN PA 18104	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ALLENTOWN ANESTHESIA ASSOCIATES Occupation STAFF ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	749.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MICHAEL GARBACCIO	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address 1200 E MICHIGAN AVE STE 370	Transaction ID: SA11AI.88511
	City State Zip Code LANSING MI 48912	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PHYSICIAN ANESTHESIA SERVICE Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) ORLANDO GARCIA-PIEDRA	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 7351 SW 90TH ST UNIT TH101	Transaction ID: SA11AI.88201
	City State Zip Code MIAMI FL 33156	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNIVERSITY OF MIAMI, MILLER SCHOOL OF Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) PHILLIP GEIGER	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 1908 W BERKSHIRE LN	Transaction ID: SA11AI.88181
	City State Zip Code HANFORD CA 93230	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer US NAVY Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 287.00	

SUBTOTAL of Receipts This Page (optional)	1291.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 29 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 24 SPRINGHILL FARM CT

City State Zip Code
COCKEYSVILLE MD 21030

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

Name of Employer Occupation
G. B. M. C. HOSPITAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2010

Transaction ID: SA11AI.88362

Amount of Each Receipt this Period
250.00

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

Mailing Address 23015 STAUNTON

City State Zip Code
SOUTHFIELD MI 48033

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

Name of Employer Occupation
ANESTHESIOLOGISTS OF ANESTHESIA SVC, P ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2010

Transaction ID: SA11AI.88437

Amount of Each Receipt this Period
250.00

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

Mailing Address 1200 E. MICHIGAN AVE., STE. 370

City State Zip Code
LANSING MI 48912

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

Name of Employer Occupation
PHYSIAN ANES SERVICE ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2010

Transaction ID: SA11AI.88528

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) MAX GOURON		Date of Receipt
Mailing Address P.O. BOX 4084		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 06 / 2010
City	State	Zip Code
TUSTIN	CA	92781
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.88324
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 250.00
Name of Employer MAX GOURON, M.D.	Occupation STAFF ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 250.00	

B.

Full Name (Last, First, Middle Initial) KIMBERLEY HALUSKI		Date of Receipt
Mailing Address 4565 MYSTIC DR. NE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 18 / 2010
City	State	Zip Code
ATLANTA	GA	30342
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.88390
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 500.00
Name of Employer PHYSICIAN SPECIALISTS IN ANES., P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 500.00	

C.

Full Name (Last, First, Middle Initial) AARON HAMMOND		Date of Receipt
Mailing Address 3390 N. CAMPBELL AVE., STE. 110		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 01 / 2010
City	State	Zip Code
TUCSON	AZ	85719
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.88179
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 83.00
Name of Employer SOUTHERN ARIZONA ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 581.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 833.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) SCOTT HARPER	Date of Receipt MM / DD / YYYY 07 / 12 / 2010
	Mailing Address 1065 LAKE COLONY LN.	Transaction ID: SA11AI.88354
	City State Zip Code BIRMINGHAM AL 35242	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA RESOURCES MGT. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) STEVEN HATTAMER	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 8 PROSPECT STREET	Transaction ID: SA11AI.88547
	City State Zip Code NASHUA NH 03060	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NASHUA ANESTHESIA PARTNERS PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00	

C.	Full Name (Last, First, Middle Initial) PETER HAYNAL	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 1711 RIVER RIDGE DR	Transaction ID: SA11AI.88279
	City State Zip Code SPRING VALLEY OH 45370	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation KETTERING ANESTHESIA ASSO-CIATES PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00	

SUBTOTAL of Receipts This Page (optional)	▶	374.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 32 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
PETER HENDRICKS

Mailing Address 1590 PANORAMA DR

City State Zip Code
BIRMINGHAM AL 35216

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

Name of Employer SELF Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 581.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: SA11AI.88267

Amount of Each Receipt this Period
83.00

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

Mailing Address 116 HAVERFORD CIRCLE

City State Zip Code
PITTSBURGH PA 15228

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

Name of Employer UPMC MERCY Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 581.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: SA11AI.88248

Amount of Each Receipt this Period
83.00

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

Mailing Address 800 E. CARPENTER

City State Zip Code
SPRINGFIELD IL 62769

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

Name of Employer SAA Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2010

Transaction ID: SA11AI.88416

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **666.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) ANDREW HOULTON	Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address MELISSA PALANK, EXEC DIRECTOR 1821 UNIVERSITY AVE. W., STE. S256	Transaction ID: SA11AI.88338
	City State Zip Code ST. PAUL MN 55104	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MINNESOTA SOCIETY OF ANES. PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) TIMOTHY HOUSEMAN	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address PO BOX 1025	Transaction ID: SA11AI.88196
	City State Zip Code FAIRHOPE AL 36533	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation EASTERN SHORE ANESTHESIA ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.00	

C.	Full Name (Last, First, Middle Initial) PETER HUBBS	Date of Receipt MM / DD / YYYY 07 / 24 / 2010
	Mailing Address 18 BELFIELD RD	Transaction ID: SA11AI.88562
	City State Zip Code CAPE ELIZABETH ME 04107	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SPECTRUM MEDICAL GROUP ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	841.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 34 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
LEWIS HUNT

Mailing Address 36 FOXCHASE

City DOTHAN State AL Zip Code 36305

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

Name of Employer ACMG Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 15 / 2010
Transaction ID: SA11AI.88381
 Amount of Each Receipt this Period: 1000.00

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

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
231 ALBERT SABIN WAY

City CINCINNATI State OH Zip Code 45267

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

Name of Employer UNIVERSITY OF CINCINNATI MEDICAL CENTE Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 287.00

Date of Receipt: 07 / 01 / 2010
Transaction ID: SA11AI.88244
 Amount of Each Receipt this Period: 41.00

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

Mailing Address 11041 PINE LODGE TRAIL

City DAVIE State FL Zip Code 33328

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

Name of Employer CLEVELAND CLINIC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 287.00

Date of Receipt: 07 / 01 / 2010
Transaction ID: SA11AI.88271
 Amount of Each Receipt this Period: 41.00

SUBTOTAL of Receipts This Page (optional) ► 1082.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ALIRAZA JAFFER		Date of Receipt MM / DD / YYYY 07 / 01 / 2010		
	Mailing Address 5070 BROOKDALE ROAD		Transaction ID: SA11AI.88255		
	City BLOOMFIELD HILLS	State MI	Zip Code 48304	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 581.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) AURELIA JAMERSON		Date of Receipt MM / DD / YYYY 07 / 28 / 2010		
	Mailing Address 5434 AVALON CT.		Transaction ID: SA11AI.88429		
	City WEST BLOOMFIELD	State MI	Zip Code 48323	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) DANIEL JANIK		Date of Receipt MM / DD / YYYY 07 / 01 / 2010		
	Mailing Address 15605 E PRENTICE DR		Transaction ID: SA11AI.88247		
	City CENTENNIAL	State CO	Zip Code 80015	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY OF COLORADO	Occupation PHYSICIAN	Aggregate Year-to-Date 498.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	416.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 36 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOHN JENKINS
 Mailing Address 3232 BLENHEIM WAY
 City State Zip Code
 LEXINGTON KY 40503
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 08 / 2010
Transaction ID: SA11AI.88334
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 COMMONWEALTH ANESTHESIA ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

B. Full Name (Last, First, Middle Initial)
MATTHEW JENNINGS
 Mailing Address 207 DUNBAR COURT
 City State Zip Code
 DOTHAN AL 36305
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2010
Transaction ID: SA11AI.88376
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ACMG, PC ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
SONAL JOG
 Mailing Address 1200 E MICHIGAN AVE STE 370
 City State Zip Code
 LANSING MI 48854
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2010
Transaction ID: SA11AI.88515
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PHYS ANESTH SERV ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) PAUL JOHNSON	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 39 WOODMERE DR.	Transaction ID: SA11AI.88395
	City State Zip Code DOTHAN AL 36305	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA CONSULTANTS MEDICAL GROUP ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) DONALD JONES	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address 2043 ALAQUA LAKES BLVD.	Transaction ID: SA11AI.88438
	City State Zip Code LONGWOOD FL 32779	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JLR ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) TRIPTI KATARIA	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 130 S CANAL ST APT 419	Transaction ID: SA11AI.88284
	City State Zip Code CHICAGO IL 60606	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF CHICAGO PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 581.00	

SUBTOTAL of Receipts This Page (optional)	1083.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MARC KAUFMAN		Date of Receipt
	Mailing Address 2401 S. DUNDEE ST.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 04 / 2010
	City	State	Zip Code
	TAMPA	FL	33629
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88303
Name of Employer ANESTHESIA ASSOCIATES OF PINELLAS COUN		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) SCOTT KERCHEVILLE		Date of Receipt
	Mailing Address MAIL CODE 7838 7703 FLOYD CURL DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 01 / 2010
	City	State	Zip Code
	SAN ANTONIO	TX	78229
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88243
Name of Employer UTHSCSA		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 875.00

C.	Full Name (Last, First, Middle Initial) RUBIN KESNER		Date of Receipt
	Mailing Address 35 HEARTHSTONE DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 01 / 2010
	City	State	Zip Code
	GANSEVOORT	NY	12831
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88182
Name of Employer ANESTHESIA GROUP OF ALBANY		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 581.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 458.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JOHN KINSINGER		Date of Receipt
	Mailing Address 11912 OLD MILL RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 28 / 2010
	City	State	Zip Code
	OKLAHOMA CITY	OK	73131
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88479
Name of Employer AFFILIATED ANESTH		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2000.00

B.	Full Name (Last, First, Middle Initial) JOSEPH KOCHAN		Date of Receipt
	Mailing Address 1200 E. MICHIGAN AVE., #370		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 28 / 2010
	City	State	Zip Code
	LANSING	MI	48912
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88524
Name of Employer PHYSICIAN ANESTHESIA SERV-ICE, P.C.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) DAVID KRHOVSKY		Date of Receipt
	Mailing Address 2248 SHAWNEE S.E.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 01 / 2010
	City	State	Zip Code
	GRAND RAPIDS	MI	49506
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88276
Name of Employer ANESTHESIA MEDICAL CONSULTANTS PC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 83.00
		Aggregate Year-to-Date ▼	<input type="text"/> 581.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2333.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 40 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MICHAEL KROGULECKI
 Mailing Address **1200 E. MICHIGAN AVE., #370**
 City **LANSING** State **MI** Zip Code **48912**
 Date of Receipt **07 / 28 / 2010**
Transaction ID: SA11AI.88525
 Amount of Each Receipt this Period **250.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **PHYSICIAN ANESTHESIA SERVICE** Occupation **ANESTHESIOLOGIST**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

B. Full Name (Last, First, Middle Initial)
KEITH KRUMMENACHER
 Mailing Address **6 BLACK CREEK LN.**
 City **ST. LOUIS** State **MO** Zip Code **63124**
 Date of Receipt **07 / 20 / 2010**
Transaction ID: SA11AI.88404
 Amount of Each Receipt this Period **1000.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **CAC** Occupation **MD**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

C. Full Name (Last, First, Middle Initial)
HUNG-CHI KWOK
 Mailing Address **2732 MUIR WOODS DR., SE**
 City **HAMPTON COVE** State **AL** Zip Code **35763**
 Date of Receipt **07 / 23 / 2010**
Transaction ID: SA11AI.88408
 Amount of Each Receipt this Period **150.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **ALABAMA ANES. OF HUNTSVILLE, LLC** Occupation **PHYSICIAN**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1050.00**

SUBTOTAL of Receipts This Page (optional) **1400.00**
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) YONG KWON	Date of Receipt MM / DD / YYYY 07 / 15 / 2010
	Mailing Address 4 HARDWOOD CT.	Transaction ID: SA11AI.88559
	City State Zip Code WARREN NJ 07059	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SUMMIT ANESTHESIA ASSOCIATES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) RICHARD LAYMAN	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 6431 FANNIN ST STE 5.196 DEPT OF ANESTHESIOLOGY	Transaction ID: SA11AI.88204
	City State Zip Code HOUSTON TX 77030	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UNIVERSITY OF TEXAS MED SCHOOL	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.00	

C.	Full Name (Last, First, Middle Initial) STUART LAZAROV	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address 6017 SHADY GROVE	Transaction ID: SA11AI.88434
	City State Zip Code MEMPHIS TN 38120	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer METROPOLITAN ANESTHESIA ALLIANCE	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	791.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) SCOTT LEIGHTY		Date of Receipt
	Mailing Address 3900 WALNUT CLAY DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 01 / 2010
	City	State	Zip Code
	AUSTIN	TX	78731
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88272
Name of Employer AUSTIN ANESTHESIOLOGY GRO-UP		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 287.00	<input type="text"/> 41.00

B.	Full Name (Last, First, Middle Initial) MICHAEL LEWIS		Date of Receipt
	Mailing Address DEPARTMENT OF ANESTHESIOLOGY 1611 NW 12TH AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 01 / 2010
	City	State	Zip Code
	MIAMI	FL	33136
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88230
Name of Employer JACKSON MEMORIAL HOSPITAL		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 498.00	<input type="text"/> 83.00

C.	Full Name (Last, First, Middle Initial) JOLLY LI		Date of Receipt
	Mailing Address 3125 HAMILTON MASON RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2010
	City	State	Zip Code
	HAMILTON	OH	45011
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88541
Name of Employer AAC INC.		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 374.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) WENSHU LIU		Date of Receipt
	Mailing Address 1783 ELK LN.		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	OKEMOS	MI	48864
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer PHYSICIAN ANESTH SERV		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.88517
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) ASA LOCKHART		Date of Receipt
	Mailing Address 2106 KENNEBUNK LN.		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	TYLER	TX	75703
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer EAST TEXAS ANESTHESIOLOGY ASSOCIATES		Occupation PHYSICIAN	Transaction ID: SA11AI.88223
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="581.00"/>	<input type="text" value="83.00"/>

C.	Full Name (Last, First, Middle Initial) ROGER LOVEN		Date of Receipt
	Mailing Address 925 ENGLISH OAK DRIVE		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	BISMARCK	ND	58501
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ST. ALEXIUS HEART AND LUNG CLINIC		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.88302
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="833.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JOSHUA LUMBLEY	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 410 W 10TH AVE N411 DOAN HALL	Transaction ID: SA11AI.88174
	City State Zip Code COLUMBUS OH 43210	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation THE OHIO STATE UNIVERSITY ATTENDING ANESTHESIOLOGIST MEDICAL CENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.00	

B.	Full Name (Last, First, Middle Initial) MARK MANDABACH	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address DEPT. OF ANESTHESIOLOGY 619 S. 19TH ST., JT845	Transaction ID: SA11AI.88229
	City State Zip Code BIRMINGHAM AL 35249	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIV. OF ALABAMA - BIRMIN- GHAM PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	

C.	Full Name (Last, First, Middle Initial) DEVANAND MANGAR	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address 360 BLANCA AVE.	Transaction ID: SA11AI.88451
	City State Zip Code TAMPA FL 33606	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FL GULF-TO-BAY ANESTHESIO- LOGY ASSOC. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1124.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) SCOTT MANTELL		Date of Receipt	
	Mailing Address 9 SUNSET BAY DR		M M / D D / Y Y Y Y Y 07 / 28 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.88455
	BELLEAIR	FL	33756	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer ANESTHESIA ASSOCIATES OF PINELLAS COUN		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) KURT MARKGRAF		Date of Receipt	
	Mailing Address 3663 MCKINLEY AVE		M M / D D / Y Y Y Y Y 07 / 01 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.88232
	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 PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 581.00		

C.	Full Name (Last, First, Middle Initial) STACEY MCCLARTY		Date of Receipt	
	Mailing Address 8505 RAMBLING ROSE DR		M M / D D / Y Y Y Y Y 07 / 01 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.88208
	OOLTEWAH	TN	37363	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.00	
Name of Employer ACE ANESTHESIOLOGY DEPT OF ANESTHESIOLOG		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 581.00		

SUBTOTAL of Receipts This Page (optional)	▶	416.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 90
(check only one)

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

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

A.

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

Mailing Address 18340 SW 122 ST.

City State Zip Code
MIAMI FL 33196

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

Name of Employer UNIVERSITY OF MIAMI DEPT OF ANESTHESIO
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
502.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: SA11AI.88206

Amount of Each Receipt this Period
83.00

B.

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

Mailing Address 1118 ROSS CLARK CIRCLE, STE 700

City State Zip Code
DOTHAN AL 36301

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

Name of Employer ACMG
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2010

Transaction ID: SA11AI.88419

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 291 SOUTHHALL LN

City State Zip Code
MAITLAND FL 32751

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

Name of Employer JLR MEDICAL GROUP
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
287.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: SA11AI.88269

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional) ► **1124.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) KEVIN MILLER	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 22223 CASS AVE.	Transaction ID: SA11AI.88209
	City State Zip Code WOODLAND HILLS CA 91364	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ST. JOHN HEALTH CENTER ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL MILLER	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 15936 OAK PARK CT	Transaction ID: SA11AI.88177
	City State Zip Code WESTFIELD IN 46074	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACI,LLC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.00	

C.	Full Name (Last, First, Middle Initial) CHRISTOPHER MILLSON	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 2400 WIMBLEDON DR	Transaction ID: SA11AI.88251
	City State Zip Code LAS VEGAS NV 89107	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DESERT ANESTHESIOLOGISTS PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	

SUBTOTAL of Receipts This Page (optional)	▶	165.00
TOTAL This Period (last page this line 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 48 / 90
(check only one)

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

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

A.

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

Mailing Address 216 MARENGO ST., #F

City State Zip Code
FLORENCE AL 35630

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

Name of Employer Occupation
BARRY J. MOODY, DMD,MD,PC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2010

Transaction ID: SA11AI.88399

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
PARTHA MOOKERJEE

Mailing Address 1200 E MICHIGAN AVE STE 370

City State Zip Code
LANSING MI 48912

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

Name of Employer Occupation
PHYSICIAN ANESTHESIA SERVICE, PC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2010

Transaction ID: SA11AI.88521

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
PATRICIA MOORE

Mailing Address 12 NORTH PHEASANTS RIDGE

City State Zip Code
WILMINGTON DE 19807

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

Name of Employer Occupation
ANESTHESIA SERVICES, PA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2010

Transaction ID: SA11AI.88423

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) THOMAS MOORE		Date of Receipt
	Mailing Address 1748 VESTWOOD HILLS DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 01 / 2010
	City	State	Zip Code
	VESTAVIA HILLS	AL	35216
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88259
Name of Employer UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 875.00	<input type="text"/> 125.00

B.	Full Name (Last, First, Middle Initial) JOEL MUMFORD		Date of Receipt
	Mailing Address 221 ELM HILL RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 01 / 2010
	City	State	Zip Code
	SPRINGFIELD	VT	05156
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88548
Name of Employer V A MEDICAL CENTER		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 581.00	<input type="text"/> 83.00

C.	Full Name (Last, First, Middle Initial) MARK MURRAY		Date of Receipt
	Mailing Address 1924 ALCOA HIGHWAY, BOX U-109 DEPARTMENT OF ANESTHESIA		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 01 / 2010
	City	State	Zip Code
	KNOXVILLE	TN	37920
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88194
Name of Employer UNIVERSITY ANESTHESIOLOGISTS		Occupation DOCTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 253.00	<input type="text"/> 83.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 291.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 90
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ROBERT MURRAY III

Mailing Address 19 ELM PARK BLVD.

City State Zip Code
PLEASANT RIDGE MI 48069

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

Name of Employer Occupation
SOUTH OAKLAND ANESTHESIA ASSOC PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 581.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: SA11AI.88277

Amount of Each Receipt this Period
83.00

B.

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

Mailing Address 9 LINCOLN ST.

City State Zip Code
WESTON MA 02493

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

Name of Employer Occupation
ANES. ASSOC. OF MASSACHUSETTS ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 287.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: SA11AI.88551

Amount of Each Receipt this Period
41.00

C.

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

Mailing Address 7632 TIMBER SPRINGS DR.

City State Zip Code
FISHERS IN 46038

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

Name of Employer Occupation
SOUTHEAST ANESTHESIOLOGISTS PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 502.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: SA11AI.88176

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ► 207.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 90
(check only one)

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

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

A.

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

Mailing Address 1090 DEVINE CIRCLE

City ATLANTA State GA Zip Code 30319

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

Name of Employer NOVA SOUTHEASTERN UNIVERSITY ANESTHESIOLOGISTS
Occupation ANESTHESIOLOGIST ASSISTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 581.00

Date of Receipt: 07 / 01 / 2010
Transaction ID: SA11AI.88261
Amount of Each Receipt this Period: 83.00

B.

Full Name (Last, First, Middle Initial)
CRAIG NORDHUES

Mailing Address 104 INVERNESS DR

City DOTHAN State AL Zip Code 36305

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

Name of Employer ANESTHESIA CONSULTANTS MEDICAL GRP
Occupation STAFF ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 18 / 2010
Transaction ID: SA11AI.88391
Amount of Each Receipt this Period: 1000.00

C.

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

Mailing Address 1705 MOUNTAINBROOK DR

City HUNTSVILLE State AL Zip Code 35801

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

Name of Employer ALABAMA ANESTHESIA OF HUNTSVILLE
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 01 / 2010
Transaction ID: SA11AI.88295
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1333.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) C. LEE PARMLEY	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 1211 21ST AVE S MEDICAL ARTS BUILDING SUITE 526	Transaction ID: SA11AI.88278
	City State Zip Code NASHVILLE TN 37212	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation VANDERBILT UNIVERSITY MEDICAL CENTER PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

B.	Full Name (Last, First, Middle Initial) THALES PAVLATOS	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address 2790 KILKENNY DR	Transaction ID: SA11AI.88481
	City State Zip Code SPRINGFIELD OH 45503	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MERCY ANESTH ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) WILLIAM PEKARSKE	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 1281 E. CALLE DE LA CABRA	Transaction ID: SA11AI.88274
	City State Zip Code TUCSON AZ 85718	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SOUTHERN ARIZONA ANESTHESIA SERVICES PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	

SUBTOTAL of Receipts This Page (optional)	458.00
TOTAL This Period (last page this line 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 53 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) THOMAS PETROU		Date of Receipt MM / DD / YYYY 07 / 28 / 2010		
	Mailing Address 5105 MADISON AVE APT B2		Transaction ID: SA11AI.88514		
	City OKEMOS	State MI	Zip Code 48864	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PHYS ANES SERV	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) WILFRED PRADOS		Date of Receipt MM / DD / YYYY 07 / 15 / 2010		
	Mailing Address 811 BLENHEIM PLACE		Transaction ID: SA11AI.88379		
	City TYLER	State TX	Zip Code 75703	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer TRINITY MOTHER FRANCES HE- ALTH SYSTEM D	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) ANN REA		Date of Receipt MM / DD / YYYY 07 / 26 / 2010		
	Mailing Address P.O. BOX 70		Transaction ID: SA11AI.88417		
	City SUMMIT	State MS	Zip Code 39666	Amount of Each Receipt this Period 2000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SOUTHWEST MISSISSIPPI REG- IONAL MEDICAL	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

SUBTOTAL of Receipts This Page (optional)	▶	2550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) STEVEN READ	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 102 WATERSTONE CV	Transaction ID: SA11AI.88178
	City State Zip Code GEORGETOWN TX 78628	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NORTHSTAR ANESTHESIA DEPT. OF ANESTHES ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.00	

B.	Full Name (Last, First, Middle Initial) PULI REDDY	Date of Receipt MM / DD / YYYY 07 / 26 / 2010
	Mailing Address 1118 ROSS CLARK CIRCLE, #700	Transaction ID: SA11AI.88415
	City State Zip Code DOTHAN AL 36301	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANES. CONSULTANTS MEDICAL GROUP ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) THEODOR RINTEL	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address 450 MITCHELL RD	Transaction ID: SA11AI.88571
	City State Zip Code CAPE ELIZABETH ME 04107	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SPECTRUM MEDICAL ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	791.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) KEVIN ROBERTS	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 240 WALNUT LN.	Transaction ID: SA11AI.88289
	City State Zip Code SLINGERLANDS NY 12159	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ALBANY MEDICAL CENTER HOSPITAL Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 581.00	

B.	Full Name (Last, First, Middle Initial) VONN ROBERTS	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address 5111 CAVVY RD	Transaction ID: SA11AI.88480
	City State Zip Code LINCOLN NE 68516	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ASSOC ANESTHESIOLOGISTS PC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) CANDACE ROBERTSON	Date of Receipt MM / DD / YYYY 07 / 22 / 2010
	Mailing Address 5230 HICKORY HOLLOW RD.	Transaction ID: SA11AI.88407
	City State Zip Code KNOXVILLE TN 37919	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MARYVILLE ANESTHESIOLOGISTS, PC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	833.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MELANIE ROBINSON-WOODARD		Date of Receipt
	Mailing Address 12800 WINSTON		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 28 / 2010
	City	State	Zip Code
	REDFORD	MI	48239
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88512
Name of Employer PHYS ANES SERV		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) FRED ROCK		Date of Receipt
	Mailing Address 2931 LAKE CREST DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 28 / 2010
	City	State	Zip Code
	TUSCALOOSA	AL	35406
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88459
Name of Employer WEST AL ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 333.00

C.	Full Name (Last, First, Middle Initial) LEOPOLDO RODRIGUEZ		Date of Receipt
	Mailing Address 21050 POINT PLACE #305 ATLANTIC 3 AT THE POINT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 01 / 2010
	City	State	Zip Code
	AVENTURA	FL	33180
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88220
Name of Employer SHERIDAN HEALTHCARE INC		Occupation MEDICAL DIRECTOR OF THE SURGERY CENTER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 83.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 666.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 90
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ANNE ROGERS

Mailing Address 6005 RIVER RD

City NORFOLK State VA Zip Code 23505

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

Name of Employer ATLANTIC ANESTHESIA INC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 28 / 2010

Transaction ID: SA11AI.88432

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
JESSICA ROMAN

Mailing Address 110 IRVING ST NW STE G226

City WASHINGTON State DC Zip Code 20010

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

Name of Employer CHARGEBACK/REFUND Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ -100.00

Date of Receipt 07 / 07 / 2010

Transaction ID: SA11AI.88328

Amount of Each Receipt this Period -100.00

C.

Full Name (Last, First, Middle Initial)
FRANK ROSEMEIER

Mailing Address 10004 CRYSTALLINE COURT

City ORLANDO State FL Zip Code 32836

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

Name of Employer JLR MEDICAL GROUP Occupation STAFF ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 213.00

Date of Receipt 07 / 01 / 2010

Transaction ID: SA11AI.88185

Amount of Each Receipt this Period 41.00

SUBTOTAL of Receipts This Page (optional) ► 41.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) FRANK ROSINIA	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 23 IDLEWOOD PL	Transaction ID: SA11AI.88222
	City State Zip Code RIVER RIDGE LA 70123	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer TULANE UNIVERSITY SCHOOL OF MEDICINE Occupation CHAIRMAN, DEPARTMENT OF ANESTHESIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 287.00	

B.	Full Name (Last, First, Middle Initial) LAWRENCE ROY	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 2420 FREEMAN MANOR DR	Transaction ID: SA11AI.88250
	City State Zip Code JONES OK 73049	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer OKLAHOMA ANESTHESIA CONSULTANTS Occupation MEDICAL DOCTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 581.00	

C.	Full Name (Last, First, Middle Initial) ALAN JAY SCHWARTZ	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 1000 SHARPLESS ROAD	Transaction ID: SA11AI.88237
	City State Zip Code MELROSE PARK PA 19027	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CHILDRENS HOSPITAL OF PHILADELPHIA Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 287.00	

SUBTOTAL of Receipts This Page (optional)	165.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) B. SCOTT SEGAL	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address DEPARTMENT OF ANESTHESIA, PERIOPER 75 FRANCIS STREET, CWN L 1	Transaction ID: SA11AI.88546
	City BOSTON State MA Zip Code 02115	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer BWPO Occupation PROFESSOR OF ANESTHESIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 287.00	

B.	Full Name (Last, First, Middle Initial) SOMA SHANKER	Date of Receipt MM / DD / YYYY 07 / 13 / 2010
	Mailing Address 61 LAKE DR	Transaction ID: SA11AI.88557
	City MOUNTAIN LAKES State NJ Zip Code 07046	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ST. BARNABAS MEDICAL CENT- ER ANES. DEPT Occupation ATTENDING ANESTHESIOLOGIST AND INTENSI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) BERNARD SHICH	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 11717 LONGLEAF LANE	Transaction ID: SA11AI.88216
	City HOUSTON State TX Zip Code 77024	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer GREATER HOUSTON ANESTHESI- OLOGY Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 287.00	

SUBTOTAL of Receipts This Page (optional)	582.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JAMES SHU		Date of Receipt
	Mailing Address 6063 LAUREL CREEK DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 01 / 2010
	City	State	Zip Code
	PLEASANTON	CA	94588
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88227
Name of Employer EDEN MEDICAL CENTER		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 287.00	<input type="text"/> 41.00

B.	Full Name (Last, First, Middle Initial) WILLIAM SHURLEY		Date of Receipt
	Mailing Address 7954 DEXTER RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 16 / 2010
	City	State	Zip Code
	CORDOVA	TN	38016
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88383
Name of Employer METROPOLITAN ANESTHESIA ALLIANCE		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) KAREN SIBERT		Date of Receipt
	Mailing Address 4146 SUNNYSLOPE AVE.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 01 / 2010
	City	State	Zip Code
	SHERMAN OAKS	CA	91423
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88246
Name of Employer CEDARS-SINAI MEDICAL CENTER ANES. DEPT		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 287.00	<input type="text"/> 41.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 582.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) KENNETH SILVERSTEIN	Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2010
	Mailing Address 4755 OGLETOWN STANTON RD ANES., SUITE #2603	Transaction ID: SA11AI.88535
	City NEWARK State DE Zip Code 19718	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CHRISTIANA CARE HEALTH SYSTEM Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) ABRAHAM SIMON	Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2010
	Mailing Address 91 OLD SMALLEYTOWN RD	Transaction ID: SA11AI.88569
	City WARREN State NJ Zip Code 07059	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) MICHAEL SIMON	Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2010
	Mailing Address 35 GELLATLY DR.	Transaction ID: SA11AI.88257
	City WAPPINGERS FALLS State NY Zip Code 12590	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NAPA Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 581.00	

SUBTOTAL of Receipts This Page (optional)	1083.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) ALEXEY SLUCKY	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 333 W. HAMPDEN AVE., SUITE 600	Transaction ID: SA11AI.88258
	City State Zip Code ENGLEWOOD CO 80110	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SOUTH DENVER ANESTHESIOLOGISTS, PC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	

B.	Full Name (Last, First, Middle Initial) BLAIR SMITH	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 1046 LAKE COLONY LN.	Transaction ID: SA11AI.88266
	City State Zip Code BIRMINGHAM AL 35242	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UNIVERSITY OF ALABAMA HSF	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	

C.	Full Name (Last, First, Middle Initial) DAVID SMITH	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address 3400 SPRUCE ST	Transaction ID: SA11AI.88425
	City State Zip Code PHILADELPHIA PA 19104	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UNIVERSITY OF PENNSYLVANIA HOSPITAL	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	416.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 90
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) DEAN SMITH		Date of Receipt MM / DD / YYYY 07 / 02 / 2010
Mailing Address 1850 N CENTRAL AVE STE 1600		Transaction ID: SA11AI.88299
City PHOENIX	State AZ	Zip Code 85004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer VALLEY ANESTHESIOLOGY	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) GAIL SMITH		Date of Receipt MM / DD / YYYY 07 / 28 / 2010
Mailing Address 6875 ANN ARBOR SALINE RD.		Transaction ID: SA11AI.88530
City SALINE	State MI	Zip Code 48176
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PHYSICIAN ANESTHESIA SERVICES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) GREGORY SOMERVILLE		Date of Receipt MM / DD / YYYY 07 / 01 / 2010
Mailing Address 6208 DEVILS HOLLOW RD.		Transaction ID: SA11AI.88203
City FORT WAYNE	State IN	Zip Code 46814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.00
Name of Employer ASSOCIATED ANESTHESIOLOGISTS OF FORT W	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.00	

SUBTOTAL of Receipts This Page (optional)	791.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 90
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
SHANNON SORAH

Mailing Address 11743 COUCH MILL ROAD

City State Zip Code
KNOXVILLE TN 37932

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

Name of Employer
METHODIST MED. CTR. ANES. GR.

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
254.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: SA11AI.88205

Amount of Each Receipt this Period
41.00

B.

Full Name (Last, First, Middle Initial)
P. GREG ST. CLAIRE

Mailing Address 3049 SUMMERGATE LANE

City State Zip Code
OKEMOS MI 48864

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

Name of Employer
PHYSICIAN ANESTHESIA SERVICES

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2010

Transaction ID: SA11AI.88522

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
GLYNNE STANLEY

Mailing Address 270 MIDDLETON ROAD

City State Zip Code
BOXFORD MA 01921

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

Name of Employer
ANESTHESIA ASSOCIATES OF MASSACHUSETTS

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
287.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: SA11AI.88550

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional) ► **332.00**

TOTAL This Period (last page this line 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 65 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MARION STARKS

Mailing Address 1204 N. WINDOMERE AVE.

City State Zip Code
DALLAS TX 75208

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

Name of Employer ANESTHESIA RESOURCES FOR CHILDREN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2010

Transaction ID: SA11AI.88187

Amount of Each Receipt this Period
125.00

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

Mailing Address 1709 DRYDEN RD STE 1700

City State Zip Code
HOUSTON TX 77030

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

Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 581.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2010

Transaction ID: SA11AI.88240

Amount of Each Receipt this Period
83.00

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

Mailing Address 1703 LAKESHORE DR.

City State Zip Code
KLAMATH FALLS OR 97601

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

Name of Employer Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2010

Transaction ID: SA11AI.88427

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **458.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) SCOTT SWITZER	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 26 FARM HILL RD.	Transaction ID: SA11AI.88545
	City State Zip Code WEST HARTFORD CT 06107	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MILFORD ANESTHESIA, PC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	

B.	Full Name (Last, First, Middle Initial) THOMAS SWYGERT	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 7014 PRESTONSHIRE LN.	Transaction ID: SA11AI.88252
	City State Zip Code DALLAS TX 75225	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00	

C.	Full Name (Last, First, Middle Initial) JOSEPH TALARICO	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address DEPARTMENT OF ANESTHESIOLOGY 200 LOTHROP ST # 463	Transaction ID: SA11AI.88233
	City State Zip Code PITTSBURGH PA 15213	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CENTE	Occupation ASSISTANT PROFESSOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00	

SUBTOTAL of Receipts This Page (optional)	▶	165.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
 JEANA TARZIERS
 Mailing Address P.O. BOX 1025
 City State Zip Code
FAIRHOPE AL 36533
 Date of Receipt
 M M / D D / Y Y Y Y Y
07 07 2010
Transaction ID: SA11AI.88326
 Amount of Each Receipt this Period
250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EASTERN SHORE ANESTHESIA Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
250.00

B. Full Name (Last, First, Middle Initial)
 SHERIF TEWFIK
 Mailing Address 11657 N.W. OAKTREE DR.
 City State Zip Code
GRIMES IA 50111
 Date of Receipt
 M M / D D / Y Y Y Y Y
07 09 2010
Transaction ID: SA11AI.88340
 Amount of Each Receipt this Period
500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSOCIATED ANESTHESIOLOGISTS, P.C. Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
500.00

C. Full Name (Last, First, Middle Initial)
 JASON TRATECHAUD
 Mailing Address 3653 LAKE VISTA COURT
 City State Zip Code
MILFORD MI 48327
 Date of Receipt
 M M / D D / Y Y Y Y Y
07 28 2010
Transaction ID: SA11AI.88523
 Amount of Each Receipt this Period
250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PHYS ANESTH SERV Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 68 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ANDREW TROBRIDGE

Mailing Address 13909 WATERWAY BLVD.

City State Zip Code
FORTVILLE IN 46040

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

Name of Employer INTERVENTIONAL PAIN CARE Occupation PAIN PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 581.00

Date of Receipt: 07 / 01 / 2010
Transaction ID: SA11AI.88228
Amount of Each Receipt this Period: 83.00

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

Mailing Address 427 HEIGHTS DR

City State Zip Code
GIBSONIA PA 15044

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

Name of Employer WESTERN PENNSYLVANIA HOSPITAL DEPTME Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 581.00

Date of Receipt: 07 / 01 / 2010
Transaction ID: SA11AI.88249
Amount of Each Receipt this Period: 83.00

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

Mailing Address 474 W 238TH ST., APT. 3A

City State Zip Code
RIVERDALE NY 10463

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

Name of Employer COLUMBIA UNIVERSITY MEDICAL CENTER Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 287.00

Date of Receipt: 07 / 01 / 2010
Transaction ID: SA11AI.88254
Amount of Each Receipt this Period: 41.00

SUBTOTAL of Receipts This Page (optional) ► 207.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DAVID VARLOTTA	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 1303 BAYSHORE BLVD.	Transaction ID: SA11AI.88268
	City State Zip Code TAMPA FL 33606	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UNICOM ANESTHESIA ASSOCIATES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	

B.	Full Name (Last, First, Middle Initial) DAVID VERZINO	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address 2931 LAKE CREST DR.	Transaction ID: SA11AI.88449
	City State Zip Code TUSCALOOSA AL 35406	Amount of Each Receipt this Period 333.00
	FEC ID number of contributing federal political committee. C	
Name of Employer WEST AL ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.00	

C.	Full Name (Last, First, Middle Initial) HECTOR VILA	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 4304 W AZEELE ST	Transaction ID: SA11AI.88225
	City State Zip Code TAMPA FL 33609	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
Name of Employer HV PA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	

SUBTOTAL of Receipts This Page (optional)	499.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ANNETTE VIZENA	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address 919 SKIPPING STONE CT	Transaction ID: SA11AI.88477
	City State Zip Code TIMNATH CO 80547	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NORTHERN CO ANESTH. PROF. CONSULTANTS Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) J. MICHAEL VOLLERS	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 1 CHILDRENS WAY SLOT 203, S-319	Transaction ID: SA11AI.88245
	City State Zip Code LITTLE ROCK AR 72202	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI Occupation PROFESSOR OF ANESTHESIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 581.00	

C.	Full Name (Last, First, Middle Initial) MARSHA WAKEFIELD	Date of Receipt MM / DD / YYYY 07 / 20 / 2010
	Mailing Address 619 19TH ST S	Transaction ID: SA11AI.88400
	City State Zip Code BIRMINGHAM AL 35249	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNIVERSITY OF ALABAMA IN BIRMINGHAM Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	383.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 90
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
CHRISTOPHER WASSINK

Mailing Address 3300 EGYPT VALLEY NE

City ADA State MI Zip Code 49301

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

Name of Employer ANESTHESIA MEDICAL CONSULTANTS PC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 287.00

Date of Receipt: 07 / 01 / 2010
Transaction ID: SA11AI.88265
 Amount of Each Receipt this Period: 41.00

B.

Full Name (Last, First, Middle Initial)
BEN WEBBER

Mailing Address 6314 SHADY GROVE RD., EAST

City MEMPHIS State TN Zip Code 38120

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

Name of Employer METROPOLITAN ANESTHESIA ALLIANCE Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 28 / 2010
Transaction ID: SA11AI.88476
 Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
BRIAN WEST

Mailing Address 407 W. SPRINGS MEADOWS LANE

City DEWITT State MI Zip Code 48820

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

Name of Employer PHYS ANESTH SERV Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 28 / 2010
Transaction ID: SA11AI.88513
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **791.00**

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

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

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

FOR LINE NUMBER: PAGE 72 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ANNE WILHITE

Mailing Address 10136 CHEROKEE ROAD

City State Zip Code
RICHMOND VA 23235

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

Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
287.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	1	/	2	0	1	0

Transaction ID: SA11AI.88234

Amount of Each Receipt this Period
41.00

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

Mailing Address 3 SCOTSMANS WAY

City State Zip Code
BASKING RIDGE NJ 07920

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

Name of Employer SUMMIT ANESTHESIA ASSOCIATES
Occupation ANESTHESIOLOGIST PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	1	0

Transaction ID: SA11AI.88555

Amount of Each Receipt this Period
250.00

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

Mailing Address 3749 LYNNFIELD DR.

City State Zip Code
VIRGINIA BEACH VA 23452

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

Name of Employer ATLANTIC ANESTHESIA
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
498.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	1	/	2	0	1	0

Transaction ID: SA11AI.88241

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ► **374.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JASON WORKMAN	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 7575 W WASHINGTON AVE STE 127-374	Transaction ID: SA11AI.88180
	City State Zip Code LAS VEGAS NV 89128	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ANESTHESIOLOGY CONSULTANT-S, INC.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	

B.	Full Name (Last, First, Middle Initial) LAWRENCE YOUNG	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 1717 VALLEY FORGE DR.	Transaction ID: SA11AI.88224
	City State Zip Code HIXSON TN 37343	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ANESTHESIOLOGISTS ASSOCIATED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

C.	Full Name (Last, First, Middle Initial) MITCHELL ZEBROWSKI	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address 1116 SHARPLESS RD	Transaction ID: SA11AI.88534
	City State Zip Code HOCKESSIN DE 19707	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ANESTHESIA SERVICES, P.A.	Occupation CARDIAC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	708.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 74 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MATTHEW ZELEZNIK
 Mailing Address **5671 PEACHTREE DUNWOODY RD. STE 53**
 City **ATLANTA** State **GA** Zip Code **30342**
 Date of Receipt **07 / 14 / 2010**
Transaction ID: SA11AI.88374
 Amount of Each Receipt this Period **250.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **PHYSICIAN SPECIALISTS IN ANESTHESIA** Occupation **ANESTHESIOLOGIST**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **250.00**

B. Full Name (Last, First, Middle Initial)
JONATHAN ZUCKER
 Mailing Address **1612 SAINT GREGORY DRIVE**
 City **LAS VEGAS** State **NV** Zip Code **89117**
 Date of Receipt **07 / 01 / 2010**
Transaction ID: SA11AI.88239
 Amount of Each Receipt this Period **83.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **SELF** Occupation **PHYSICIAN**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **581.00**

SUBTOTAL of Receipts This Page (optional) ► **333.00**
TOTAL This Period (last page this line number only) ► **51824.00**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 75 / 90	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO		Date of Receipt																					
	Mailing Address 50 S LASALLE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		3	1		2	0	1	0														
	City State Zip Code CHICAGO IL 60675		Transaction ID: SA17.88600																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.35																					
Name of Employer Occupation		INTEREST INCOME																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 95.94																						

SUBTOTAL of Receipts This Page (optional)	▶	12.35
TOTAL This Period (last page this line number only)	▶	12.35

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City
CHICAGO

State
IL

Zip Code
60675

Purpose of Disbursement
CC AND BANK FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.88673

Date of Disbursement

07 / 31 / 2010

Amount of Each Disbursement this Period

1417.74

SUBTOTAL of Disbursements This Page (optional)

1417.74

TOTAL This Period (last page this line number only)

1417.74

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ALL POWER TO THE PEOPLE PAC

Mailing Address 499 S CAPITOL ST SW, SUITE 422

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
2010 CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.88674

Date of Disbursement

07 / 13 / 2010

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
BACA FOR CONGRESS

Mailing Address 555 CAPITOL MALL, SUITE 1425

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 43

Transaction ID: SB23.88662

Date of Disbursement

07 / 13 / 2010

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
BARNETT FOR CONGRESS

Mailing Address PO BOX 1937

City EMPORIA State KS Zip Code 66801

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: KS District: 01

Transaction ID: SB23.88580

Date of Disbursement

07 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS <hr/> Mailing Address P.O. BOX 261060 <hr/> City LOS ANGELES State CA Zip Code 90026 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88595 Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) BERA FOR CONGRESS <hr/> Mailing Address PO BOX 582496 <hr/> City ELK GROVE State CA Zip Code 95758 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88593 Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) BILIRAKIS FOR CONGRESS <hr/> Mailing Address P.O. BOX 606 <hr/> City TARPON SPRINGS State FL Zip Code 34688 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88591 Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	11500.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) BOREN FOR CONGRESS</p> <p>Mailing Address P.O. BOX 1924</p> <p>City MUSKOGEE State OK Zip Code 74401</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.88588 Date of Disbursement: 07 / 13 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) CHARLES A GONZALEZ CONGRESS CAMPAIGN</p> <p>Mailing Address P.O. BOX 12612</p> <p>City SAN ANTONIO State TX Zip Code 78212</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.88596 Date of Disbursement: 07 / 27 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE</p> <p>Mailing Address PO BOX 1776</p> <p>City FREEDOM State PA Zip Code 15042</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.88597 Date of Disbursement: 07 / 27 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="4000.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH</p> <p>Mailing Address P. O. Box 7292</p> <p>City CHICAGO State IL Zip Code 60680</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.88653 Date of Disbursement 07 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) DEBBIE WASSERMAN SCHULTZ FOR CONGRESS</p> <p>Mailing Address 1071 TWIN BRANCH LN</p> <p>City WESTON State FL Zip Code 33326</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.88586 Date of Disbursement 07 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONGRESS</p> <p>Mailing Address 22 W PADONIA RD #C141</p> <p>City TIMONIUM State MD Zip Code 21093</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.88587 Date of Disbursement 07 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) EDDIE BERNICE JOHNSON FOR CONGRESS</p> <p>Mailing Address 3102 Maple Avenue, Suite 605</p> <p>City Dallas State TX Zip Code 75201</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.88633</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) ESHOO FOR CONGRESS</p> <p>Mailing Address 555 CAPITOL MALL #1425</p> <p>City SACRAMENTO State CA Zip Code 95814</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.88583</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS</p> <p>Mailing Address 2501 WISCONSIN AVE NW #304</p> <p>City WASHINGTON State DC Zip Code 20007</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.88582</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 82 / 90

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN SARBANES Mailing Address PO Box 6854 City Towson State MD Zip Code 21285 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88645 Date of Disbursement 07 / 27 / 2010 Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON Mailing Address POST OFFICE BOX 250116 City ATLANTA State GA Zip Code 30325 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88628 Date of Disbursement 07 / 13 / 2010 Amount of Each Disbursement this Period 1500.00
C.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS Mailing Address 4201 NORTHVIEW DR #307 City BOWIE State MD Zip Code 20716 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88589 Date of Disbursement 07 / 13 / 2010 Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ICEPAC	Transaction ID: SB23.88677 Date of Disbursement 07 / 27 / 2010
	Mailing Address 1006 PENDLETON ST	Amount of Each Disbursement this Period 1000.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement 2010 CONTRIBUTION	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) KIRKLAND FOR CONGRES	Transaction ID: SB23.88638 Date of Disbursement 07 / 27 / 2010
	Mailing Address PO BOX 11235	Amount of Each Disbursement this Period 5000.00
	City JACKSON State TN Zip Code 38308	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: TN District: 08	

C.	Full Name (Last, First, Middle Initial) LOEBSACK FOR CONGRESS	Transaction ID: SB23.88640 Date of Disbursement 07 / 27 / 2010
	Mailing Address PO Box 2720	Amount of Each Disbursement this Period 2500.00
	City Cedar Rapids State IA Zip Code 52406	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IA District: 02	

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) MADISON PAC <hr/> Mailing Address 235 STATE ST #206 <hr/> City SPRINGFIELD State MA Zip Code 01103 <hr/> Purpose of Disbursement 2010 CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88668 Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS <hr/> Mailing Address 213 LISBON ST <hr/> City LEWISTON State ME Zip Code 04240 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88590 Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) NEW PIONEERS PAC <hr/> Mailing Address 228 S WASHINGTON ST SUITE 115 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement 2010 CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88626 Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) PAUL BROUN COMMITTEE Mailing Address PO BOX 1512 City ATHENS State GA Zip Code 30601 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88584 Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2010 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS Mailing Address P.O. BOX 5577 MANHATTANVILLE STA City NEW YORK State NY Zip Code 10027 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88592 Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2010 Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) ROBERT HURT FOR CONGRESS Mailing Address PO BOX 2 City CHATHAM State VA Zip Code 24531 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88636 Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2010 Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) ROB WOODALL FOR CONGRESS <hr/> Mailing Address POST OFFICE BOX 1871 <hr/> City LAWRENCEVILLE State GA Zip Code 30046 <hr/> Purpose of Disbursement 2010 PRIMARY RUN-OFF Candidate Name	Transaction ID: SB23.88642 Date of Disbursement 07 / 27 / 2010
	Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Category/ Type
B. Full Name (Last, First, Middle Initial) ROSS FOR CONGRESS <hr/> Mailing Address PO BOX 360 <hr/> City PRESCOTT State AR Zip Code 71857 <hr/> Purpose of Disbursement Candidate Name	Transaction ID: SB23.88656 Date of Disbursement 07 / 13 / 2010
	Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
C. Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS <hr/> Mailing Address P.O. BOX 1919 <hr/> City JANESVILLE State WI Zip Code 53547 <hr/> Purpose of Disbursement Candidate Name	Transaction ID: SB23.88581 Date of Disbursement 07 / 13 / 2010
	Amount of Each Disbursement this Period 500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

A. Form/Schedule : **SB23**
Transaction ID : **SB23.88642**

THIS CHECK WILL BE VOIDED IN SEPTEMBER 2010 DUE TO THE FACT THAT IT DID NOT REACH THE PRIME
E. THIS VOID WILL SHOW UP ON THE 9/20 FEC REPORT. PER MANUEL BONILLA FROM OUR DC OFFICE.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS <hr/> Mailing Address P.O. BOX 1919 <hr/> City JANESVILLE State WI Zip Code 53547 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 01	Transaction ID: SB23.88606 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 1 0	
	Amount of Each Disbursement this Period <input type="text"/> 1500.00	
	Full Name (Last, First, Middle Initial) TOM WATSON FOR CONGRESS <hr/> Mailing Address PO BOX 121 <hr/> City SUMMERLAND State CA Zip Code 93067 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 23	Transaction ID: SB23.88665 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text"/> 2500.00	
C. Full Name (Last, First, Middle Initial) TRENT FRANKS FOR CONGRESS <hr/> Mailing Address PO BOX 8105 <hr/> City GLENDALE State AZ Zip Code 85312 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 02	Transaction ID: SB23.88658 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 1 0	
	Amount of Each Disbursement this Period <input type="text"/> 1000.00	

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text"/> 5000.00
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) TRENT FRANKS FOR CONGRESS <hr/> Mailing Address PO BOX 8105 <hr/> City GLENDALE State AZ Zip Code 85312 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88660 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) VINE PAC <hr/> Mailing Address 607 14 TH STREET NW #800 <hr/> City WASHINGTON State DC Zip Code 20005 <hr/> Purpose of Disbursement 2010 CONTRIBUTION <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88604 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

84000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TOM GEORGE FOR GOVERNOR

Transaction ID: SB29.88608

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	0

Mailing Address P.O. BOX 513036

City State Zip Code
LANSING MI 48901

Amount of Each Disbursement this Period

3400.00

Purpose of Disbursement
NON FEDERAL CONTRIBUTION

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

3400.00

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

3400.00
