

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
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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 06 01 2010 through 06 30 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 07 15 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	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

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"><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	1551167.24									
(c) Total Receipts (from Line 19)	58885.69	637666.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1610052.93	2132886.63								
7. Total Disbursements (from Line 31)	147484.04	670317.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1462568.89	1462568.89								
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:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	52990.00	519499.00
(ii) Unitemized	5883.00	118084.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)	58873.00	637583.01
(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)	58873.00	637583.01
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.)	12.69	83.59
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))	58885.69	637666.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	58885.69	637666.60

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	144000.00	497010.00
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.....	3484.04	173307.74
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))..	147484.04	670317.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	147484.04	670317.74

DETAILED SUMMARY PAGE
of Disbursements

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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)	58873.00	637583.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58873.00	637583.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 / 97
	<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) BASEM ABDELMALAK	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 9500 EUCLID AVE DEPT OF ANES E-31	Transaction ID: SA11AI.87675
	City State Zip Code CLEVELAND OH 44195	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CLEVELAND CLINIC FOUNDATION ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 246.00	

B.	Full Name (Last, First, Middle Initial) AMR ABOULEISH	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 4303 EVERGREEN ELM CT	Transaction ID: SA11AI.87685
	City State Zip Code HOUSTON TX 77059	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF TEXAS MEDICAL BRANCH ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 246.00	

C.	Full Name (Last, First, Middle Initial) BRUCE ADELMAN	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 4896 WOODCLIFF HILL ROAD NORTH	Transaction ID: SA11AI.87628
	City State Zip Code WEST BLOOMFIELD MI 48323	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HENRY FORD HOSPITAL WEST BLOOMFIELD PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 246.00	

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 / 97
	<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"/> 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 06 / 01 / 2010
	City	State	Zip Code
	RICHMOND	VA	23235
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87627
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 ▼ 213.00	<input type="text"/> 41.00

B.	Full Name (Last, First, Middle Initial) MICHAEL ALTOSE		Date of Receipt
	Mailing Address 2408 MILTON 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 06 / 13 / 2010
	City	State	Zip Code
	CLEVELAND	OH	44118
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87910
Name of Employer UNIVERSITY HOSPITALS CASE MEDICAL CENT		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) JOE ANDERSON		Date of Receipt
	Mailing Address 120 NW 14TH AVE., SUITE #300		<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 06 / 04 / 2010
	City	State	Zip Code
	PORTLAND	OR	97209
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87816
Name of Employer OREGON ANES GRP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 791.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 97
	<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 ANDREWS		Date of Receipt	
	Mailing Address 18 WOODS RD.		M M / D D / Y Y Y Y 06 / 22 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.87990
	FALMOUTH	ME	04105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
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 ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) JOEL ARNEY		Date of Receipt	
	Mailing Address 4 WINDY HILL CT.		M M / D D / Y Y Y Y 06 / 28 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.88018
	SUNFISH LAKE	MN	55077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer RIDGES ANESTHESIOLOGY, P.-A.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) WILLIAM BAILEY		Date of Receipt	
	Mailing Address 6008 E. 106TH ST. SOUTH		M M / D D / Y Y Y Y 06 / 13 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.87908
	TULSA	OK	74137	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer AAI		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 97
	<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
	Mailing Address 320 LINWOOD CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 01 / 2010
	City	State	Zip Code
	LITTLE ROCK	AR	72205
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87702
Name of Employer ARKANSAS CHILDENS HOSPITAL		Occupation ASSISTANT PROFESSOR, DEPT. OF ANESTHES	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 ▼ 246.00	41.00

B.	Full Name (Last, First, Middle Initial) RICHARD BALLARD		Date of Receipt
	Mailing Address 415 VERDI LN.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 03 / 2010
	City	State	Zip Code
	ATLANTA	GA	30350
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87770
Name of Employer NORTHSIDE ANES CONSUL		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

C.	Full Name (Last, First, Middle Initial) ARNA BANERJEE		Date of Receipt
	Mailing Address DEPARTMENT OF ANESTHESIA CRITICAL 1211 21ST AVENUE SOUTH SUITE 52		<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 06 / 01 / 2010
	City	State	Zip Code
	NASHVILLE	TN	37212
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87679
Name of Employer VANDERBILT UNIVERSITY 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 ▼ 498.00	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: PAGE 10 / 97

(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)
SHAWN BANKS

Mailing Address **601 NE 36TH ST APT 3407**

City **MIAMI** State **FL** Zip Code **33137**

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

Name of Employer **UNIVERSITY OF MIAMI** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **498.00**

Date of Receipt **06 / 01 / 2010**

Transaction ID: SA11AI.87693

Amount of Each Receipt this Period **83.00**

B.

Full Name (Last, First, Middle Initial)
CAROLYN BANNISTER

Mailing Address **5102 CHASTLETON DRIVE**

City **STONE MOUNTAIN** State **GA** Zip Code **30087**

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

Name of Employer **EMORY UNIVERSITY SCHOOL OF MEDICINE** Occupation **MD**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **498.00**

Date of Receipt **06 / 01 / 2010**

Transaction ID: SA11AI.87638

Amount of Each Receipt this Period **83.00**

C.

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

Mailing Address **DEPARTMENT OF ANESTHESIOLOGY
200 HAWKINS DRIVE**

City **IOWA CITY** State **IA** Zip Code **52242**

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

Name of Employer **UNIVERSITY OF IOWA** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 15 / 2010**

Transaction ID: SA11AI.87925

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 11 / 97
	<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) ANDREW BAUDO	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 627 W BUCKINGHAM PLACE UNIT 1	Transaction ID: SA11AI.87688
	City State Zip Code CHICAGO IL 60657	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NMFF Occupation ATTENDING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 246.00	

B.	Full Name (Last, First, Middle Initial) EILEEN BEGIN	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 110 IRVING ST. NW #G-226	Transaction ID: SA11AI.87714
	City State Zip Code WASHINGTON DC 20010	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer WASHINGTON HOSPITAL CENTER Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 205.00	

C.	Full Name (Last, First, Middle Initial) ARTHUR BERGH	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 3300 GALLOWS RD., ANES. DEPT.	Transaction ID: SA11AI.87708
	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 FAIRFAX ANES. ASSOC. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 750.00	

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 12 / 97
(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)
WENDY BINSTOCK

Mailing Address 1122 W MONTANA ST

City State Zip Code
CHICAGO IL 60614

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

Name of Employer Occupation
UNIVERSITY OF CHICAGO PHYSICAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 01 / 2010

Transaction ID: SA11AI.87611

Amount of Each Receipt this Period
83.00

B. Full Name (Last, First, Middle Initial)
TIMOTHY BITTENBINDER

Mailing Address 5014 ASCOT PARKWAY

City State Zip Code
TEMPLE TX 76502

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

Name of Employer Occupation
SCOTT WHITE MEMORIAL HOS- PITAL ANES. D ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 498.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 01 / 2010

Transaction ID: SA11AI.87644

Amount of Each Receipt this Period
83.00

C. Full Name (Last, First, Middle Initial)
SUZANNE BLAYLOCK

Mailing Address 155 WILSON CT.

City State Zip Code
MUSCLE SHOALS AL 35661

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

Name of Employer Occupation
AMC 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
06 / 28 / 2010

Transaction ID: SA11AI.88009

Amount of Each Receipt this Period
1000.00

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: (check only one)	PAGE 13 / 97
	<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
	Mailing Address 2000 SPRUCE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 01 / 2010
	City	State	Zip Code
	LAFAYETTE	IN	47905
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87706
Name of Employer ANESTHESIOLOGY ASSOC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 125.00
		<input type="text"/> 950.00	

B.	Full Name (Last, First, Middle Initial) KENNETH BOCHENEK		Date of Receipt
	Mailing Address 2000 SPRUCE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 04 / 2010
	City	State	Zip Code
	LAFAYETTE	IN	47905
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87810
Name of Employer ANESTHESIOLOGY ASSOC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 1000.00	

C.	Full Name (Last, First, Middle Initial) KENNETH BOCHENEK		Date of Receipt
	Mailing Address 2000 SPRUCE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 18 / 2010
	City	State	Zip Code
	LAFAYETTE	IN	47905
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87959
Name of Employer ANESTHESIOLOGY ASSOC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 1050.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 225.00
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 14 / 97
	<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 BOCHENEK		Date of Receipt
	Mailing Address 2000 SPRUCE 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
	City	State	Zip Code
	LAFAYETTE	IN	47905
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88076
Name of Employer ANESTHESIOLOGY ASSOC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1100.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) JUAN BOTERO		Date of Receipt
	Mailing Address 2950 CLEVELAND CLINIC BLVD DEPT. OF ANES.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	WESTON	FL	33331
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87632
Name of Employer CLEVELAND CLINIC, 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 ▼	<input type="text"/>
		<input type="text"/> 246.00	<input type="text"/> 41.00

C.	Full Name (Last, First, Middle Initial) GREGORY BOUSKA		Date of Receipt
	Mailing Address 3000 BOGEY CIR SE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	OWENS CROSS ROADS	AL	35763
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87629
Name of Employer COMPREHENSIVE ANESTHESIA SERVICES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 498.00	<input type="text"/> 83.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 174.00
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 15 / 97
	<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) JAMES BOYCE		Date of Receipt
	Mailing Address 619 S. 19TH STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	BIRMINGHAM	AL	35249
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88021
Name of Employer UAB, ANESTHESIOLOGY		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) JAMES BRADFORD		Date of Receipt
	Mailing Address 900 PEELER STREET PO BOX 4095		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	KALAMAZOO	MI	49003
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87981
Name of Employer KALAMAZOO ANESTHESIOLOGY, 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"/> 350.00

C.	Full Name (Last, First, Middle Initial) MARK BRADY		Date of Receipt
	Mailing Address 9403 W. 146TH PL.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	OVERLAND PARK	KS	66221
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87640
Name of Employer MIDWEST ANESTHESIA ASSOCI- ATES		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

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1433.00
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 16 / 97
	<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) DEVIN BRANSTETTER	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 831 FIREFLY ST.	Transaction ID: SA11AI.87738
	City State Zip Code SAN ANTONIO TX 78216	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIV OF TX HEALTH SCIENCES CTN. DEPT O RESIDENT	
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) DEBORAH BRAUER	Date of Receipt MM / DD / YYYY 06 / 18 / 2010
	Mailing Address 1650 NE 115TH ST., #305	Transaction ID: SA11AI.87945
	City State Zip Code MIAMI FL 33181	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIV OF MIAMI/JACKSON MEM HOSP 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) JENNIFER BRAUNSCHWEIG	Date of Receipt MM / DD / YYYY 06 / 03 / 2010
	Mailing Address 424 COUNTRY CLUB LANE	Transaction ID: SA11AI.87745
	City State Zip Code ONALASKA WI 54650	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GUNDERSON LUTHERAN ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 97
(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)
GERALD BROCKER

Mailing Address 1080 MCBRIEN LN

City State Zip Code
CHATTANOOGA TN 37419

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

Name of Employer ANESTHESIOLOGY CONSULTANTS EXCHANGE, I
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2010

Transaction ID: SA11AI.88007

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GRAIL BROOKSHIRE

Mailing Address 6675 N. TORREY PINES DR.

City State Zip Code
LAS VEGAS NV 89131

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

Name of Employer SUMMIT ANES. CONSULT
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2010

Transaction ID: SA11AI.87964

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CLAUDE BRUNSON

Mailing Address 2500 N STATE ST

City State Zip Code
JACKSON MS 39216

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 ▼
253.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2010

Transaction ID: SA11AI.87610

Amount of Each Receipt this Period
83.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 97
	<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) ROSE CAMPISE-LUTHER	Date of Receipt MM / DD / YYYY 06 / 05 / 2010
	Mailing Address 3729 N 101ST ST	Transaction ID: SA11AI.87839
	City State Zip Code WAUWATOSA WI 53222	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MEDICAL COLLEGE OF WISCONSIN	Occupation PEDIATRIC 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) STEPHEN CARLSON	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 633 MAIN ST.	Transaction ID: SA11AI.88085
	City State Zip Code OLEAN NY 14760	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SO TIER ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) BRADLEY CASHION	Date of Receipt MM / DD / YYYY 06 / 18 / 2010
	Mailing Address 7527 NADINA DR	Transaction ID: SA11AI.87966
	City State Zip Code ROANOKE VA 24018	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ACV INC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 97
	<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) ANTONIO CASSARA	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 1236 MURRAY HILL AVE.	Transaction ID: SA11AI.87689
	City State Zip Code PITTSBURGH PA 15217	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UPMC CHILDRENS RESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00	

B.	Full Name (Last, First, Middle Initial) MARTYN CAVALLO	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 110-29TH AVE. NORTH, #201	Transaction ID: SA11AI.87637
	City State Zip Code NASHVILLE TN 37203	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA MEDICAL GROUP ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.00	

C.	Full Name (Last, First, Middle Initial) DONN CHAMBERS	Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address 3753 TUXEDO RD NW	Transaction ID: SA11AI.87824
	City State Zip Code ATLANTA GA 30305	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PHYS SPEC IN ANESTH 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)	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 20 / 97
	<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) JOHN CHATELAIN		Date of Receipt MM / DD / YYYY 06 / 01 / 2010		
	Mailing Address 1319 S.9TH ST.		Transaction ID: SA11AI.87656		
	City FARGO	State ND	Zip Code 58103	Amount of Each Receipt this Period 41.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MERITCARE MEDICAL GROUP	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 246.00			

B.	Full Name (Last, First, Middle Initial) SAMUEL CHERRY		Date of Receipt MM / DD / YYYY 06 / 01 / 2010		
	Mailing Address 149 LUCERNE BLVD		Transaction ID: SA11AI.87617		
	City BIRMINGHAM	State AL	Zip Code 35209	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BIRMINGHAM VA MEDICAL CENTER	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

C.	Full Name (Last, First, Middle Initial) RICHARD COLAVITA		Date of Receipt MM / DD / YYYY 06 / 04 / 2010		
	Mailing Address 94 ANNIN RD		Transaction ID: SA11AI.87807		
	City FAR HILLS	State NJ	Zip Code 07931	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANES CONSUL OF NJ	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)	▶	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 21 / 97
(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 CRONE

Mailing Address 124 E. CHERRY DR.

City MEMPHIS State TN Zip Code 38117

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

Name of Employer MEDICAL ANESTHESIA GROUP, PA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 12 / 2010
Transaction ID: SA11AI.87903
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
ORLANDO CRUZ

Mailing Address 437 YORK ST

City OLEAN State NY Zip Code 14760

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

Name of Employer SO TIER ANESTH Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: SA11AI.88086
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
STEPHAN CURRY

Mailing Address 292 CUMBERLAND HEAD RD

City PLATTSBURGH State NY Zip Code 12901

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

Name of Employer CHAMPLAIN VALLEY PHYSICIAN HOSPITAL M Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: SA11AI.87927
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 97
(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)
EDWARD CZINN

Mailing Address 3300 HOLLYWOOD OAKS DRIVE

City State Zip Code
FORT LAUDERDALE FL 33312

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

Name of Employer ANESCO Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 18 / 2010

Transaction ID: SA11AI.87943

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
JOAO DA COSTA

Mailing Address 836 RIDGEFIELD AVE.

City State Zip Code
PITTSBURGH PA 15216

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

Name of Employer SO PITTSBURGH ANES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 03 / 2010

Transaction ID: SA11AI.87775

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 3935 CLUB DR.

City State Zip Code
ATLANTA GA 30319

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

Name of Employer NAC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 03 / 2010

Transaction ID: SA11AI.87760

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 23 / 97
(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)
VINCENT DEGENHART

Mailing Address 415 HARDEN ST.

City State Zip Code
COLUMBIA SC 29205

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

Name of Employer Occupation
CRITICAL HEALTH SYSTEMS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2010

Transaction ID: SA11AI.87655

Amount of Each Receipt this Period
41.00

B. Full Name (Last, First, Middle Initial)
NIKI DIETZ

Mailing Address 650 WINDERMERE CT., N.W.

City State Zip Code
ORONOCO MN 55960

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

Name of Employer Occupation
MAYO CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2010

Transaction ID: SA11AI.88043

Amount of Each Receipt this Period
250.00

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

Mailing Address 7915 SW 55 AVENUE

City State Zip Code
MIAMI FL 33143

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

Name of Employer Occupation
UNIVERSITY OF MIAMI MEDICAL GROUP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 498.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2010

Transaction ID: SA11AI.87722

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: PAGE 24 / 97
(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)
EDDY DUNCAN

Mailing Address 187 INLET HARBOUR DR

City State Zip Code
DOUGLAS GA 31535

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

Name of Employer Occupation
COFFEE REGIONAL MEDICAL CENTER PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2010

Transaction ID: SA11AI.88028

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
KENNETH ELMASSIAN

Mailing Address 2399 PINE HOLLOW DR.

City State Zip Code
EAST LANSING MI 48823

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

Name of Employer Occupation
INGHAM REGIONAL MEDICAL CENTER PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
498.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2010

Transaction ID: SA11AI.87654

Amount of Each Receipt this Period
83.00

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

Mailing Address 2341 MCCALLIE AVE., #402

City State Zip Code
CHATTANOOGA TN 37404

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

Name of Employer Occupation
ANESTHESIOLOGISTS ASSOCIATED ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
253.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2010

Transaction ID: SA11AI.87616

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ► **1166.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 97
(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)
LUIS ESPARZA

Mailing Address 2810 N SWAN RD STE 100

City TUCSON State AZ Zip Code 85712

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

Name of Employer OLD PUEBLO ANESTH Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 18 / 2010
Transaction ID: SA11AI.87967
Amount of Each Receipt this Period 50.00

B.

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

Mailing Address 13 WOODMERE DR.

City DOTHAN State AL Zip Code 36305

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

Name of Employer ACMG Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.88089
Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
RITCHIE FEVRIER

Mailing Address 9837 GLADIOLUS BULB LOOP

City FORT MYERS State FL Zip Code 33908

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

Name of Employer MEDICAL ANESTHESIA AND PA-IN MANAGEMENT Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt 06 / 01 / 2010
Transaction ID: SA11AI.87695
Amount of Each Receipt this Period 41.00

SUBTOTAL of Receipts This Page (optional) ► 1091.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 97
	<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 FIELDEN	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 3010 W CHARLESTON BLVD STE 150	Transaction ID: SA11AI.87630
	City State Zip Code LAS VEGAS NV 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 ▼ 415.00	

B.	Full Name (Last, First, Middle Initial) RODERICK FINLAYSON	Date of Receipt MM / DD / YYYY 06 / 18 / 2010
	Mailing Address 729 STONINGTON CT., N.W.	Transaction ID: SA11AI.87973
	City State Zip Code GAINESVILLE GA 30506	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) JAMES FLOWERDEW	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 14 HIGH WINDS DR.	Transaction ID: SA11AI.87733
	City State Zip Code YARMOUTH ME 04096	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SPECTRUM MEDICAL GROUP, P.A. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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 / 97
	<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) RICHARD FLOWERDEW		Date of Receipt
	Mailing Address 38 HEDGEROW DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 01 / 2010
	City	State	Zip Code
	FALMOUTH	ME	04105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87653
Name of Employer SPECTRUM MEDICAL GROUP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 498.00	<input type="text"/> 83.00

B.	Full Name (Last, First, Middle Initial) DEANNA FOX		Date of Receipt
	Mailing Address 8513 ROSEHILL RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 04 / 2010
	City	State	Zip Code
	LENEXA	KS	66215
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87821
Name of Employer UNIV KANSAS MED 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 ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) WILLIAM FRAME		Date of Receipt
	Mailing Address 2300 N EDWARD ST DEPT. OF ANESTHESIA		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 01 / 2010
	City	State	Zip Code
	DECATUR	IL	62526
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87646
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS OF DECATU		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 ▼ 498.00	<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: (check only one)	PAGE 28 / 97
	<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 FUNK	Date of Receipt MM / DD / YYYY 06 / 06 / 2010
	Mailing Address 10725 E PLACITA MERENGUE	Transaction ID: SA11AI.87846
	City State Zip Code TUCSON AZ 85730	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SOUTHERN ARIZONA ANESTHES- IA SVCS 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) JEFFERY FUQUA	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 12419 MALLARD BAY DR.	Transaction ID: SA11AI.87704
	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 Occupation AMAET ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 830.00	

C.	Full Name (Last, First, Middle Initial) MURALI GADDE	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 1250 DEBORAH DR.	Transaction ID: SA11AI.87737
	City State Zip Code HUNTSVILLE AL 35801	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ALABAMA ANESTHESIA OF HUN- TSVILLE, LLC 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)	916.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 97
	<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) STEVEN GAYER	Date of Receipt MM / DD / YYYY 06 / 12 / 2010
	Mailing Address 10424 S.W. 17TH MANOR	Transaction ID: SA11AI.87906
	City State Zip Code DAVIE FL 33324	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF MIAMI 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) PHILLIP GEIGER	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 1908 W BERKSHIRE LN	Transaction ID: SA11AI.87697
	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 Occupation US NAVY ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.00	

C.	Full Name (Last, First, Middle Initial) KAREN GIARRUSSO	Date of Receipt MM / DD / YYYY 06 / 03 / 2010
	Mailing Address 1170 BUENA VISTA DR	Transaction ID: SA11AI.87781
	City State Zip Code GREENSBORO GA 30642	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GWINNETT ANES SERV PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	541.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 30 / 97
(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)
VALENTINE GIBSON

Mailing Address 3300 OAK LAWN AVE STE 200

City State Zip Code
DALLAS TX 75219

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

Name of Employer Occupation
METRO ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2010

Transaction ID: SA11AI.87876

Amount of Each Receipt this Period
500.00

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

Mailing Address PO BOX 5699

City State Zip Code
SALEM OR 97304

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

Name of Employer Occupation
NORTHWEST PERMAN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.87801

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ANTHONY GODBOLDT

Mailing Address 2063 WAX MYRTLE COURT

City State Zip Code
ORANGE PARK FL 32073

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

Name of Employer Occupation
N FLORIDA ANES CONSUL ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11AI.88080

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 97
	(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) KIMBERLY GOLDEN		Date of Receipt
	Mailing Address 57 RIVER RIDGE RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 05 / 2010
	City	State	Zip Code
	LITTLE ROCK	AR	72227
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87836
Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI		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"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) VINCENT GUARINI		Date of Receipt
	Mailing Address 3080 FUTUNA LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 04 / 2010
	City	State	Zip Code
	NAPLES	FL	34119
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87809
Name of Employer FL GULF TO BAY ANES		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) JONATHAN GUDMAN		Date of Receipt
	Mailing Address 16767 QUAIL CT.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 03 / 2010
	City	State	Zip Code
	LAKE OSWEGO	OR	97034
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87783
Name of Employer OREGON ANES GRP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 97
	<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)
JEANNINE HALL

Mailing Address 1304 OAK ST.

City MELBOURNE State FL Zip Code 32901

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

Name of Employer BREVARD ANESTHESIA SERVICES, P.A. Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 09 / 2010

Transaction ID: SA11AI.87883

Amount of Each Receipt this Period: 500.00

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

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

City TUCSON State AZ Zip Code 85719

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

Name of Employer SOUTHERN ARIZONA ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 498.00

Date of Receipt: 06 / 01 / 2010

Transaction ID: SA11AI.87696

Amount of Each Receipt this Period: 83.00

C. Full Name (Last, First, Middle Initial)
KATHERINE HARDING

Mailing Address 2165 HERSCHEL ST

City JACKSONVILLE State FL Zip Code 32204

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

Name of Employer N FLORIDA ANES CONSUL Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 30 / 2010

Transaction ID: SA11AI.88081

Amount of Each Receipt this Period: 500.00

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 33 / 97
	<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 HASS	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 1315 E LAKEVIEW AVE	Transaction ID: SA11AI.88052
	City State Zip Code PENSACOLA FL 32503	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ALABAMA ANESTHESIA OF HUNTSVILLE, LLC 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) STEVEN HATTAMER	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 8 PROSPECT STREET	Transaction ID: SA11AI.87642
	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 NASHUA ANESTHESIA PARTNERS Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 415.00	

C.	Full Name (Last, First, Middle Initial) PETER HAYNAL	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 1711 RIVER RIDGE DR	Transaction ID: SA11AI.87672
	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 KETTERING ANESTHESIA ASSOCIATES Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 246.00	

SUBTOTAL of Receipts This Page (optional)	▶	624.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 97
	<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 HEJTMANEK	Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address 6 PAJARITO PEAK	Transaction ID: SA11AI.87811
	City State Zip Code SANTA FE NM 87508	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SANTA FE ANES SPEC 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) PETER HENDRICKS	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 1590 PANORAMA DR	Transaction ID: SA11AI.87667
	City State Zip Code BIRMINGHAM AL 35216	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00	

C.	Full Name (Last, First, Middle Initial) ANDREW HERLICH	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 116 HAVERFORD CIRCLE	Transaction ID: SA11AI.87664
	City State Zip Code PITTSBURGH PA 15228	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UPMC MERCY ANESTHESIOLOGIST	
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)	▶	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 35 / 97
(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)
MATTHEW HIGGINS

Mailing Address 45 WILDWOOD ACRES

City State Zip Code
ROCKFALL CT 06481

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

Name of Employer Occupation
YALE UNIV ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 04 / 2010

Transaction ID: SA11AI.87813

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
BRUCE ANTHONY HINES

Mailing Address 3155 NORTH POINT PKY.

City State Zip Code
ALPHARETTA GA 30005

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

Name of Employer Occupation
NORTHSIDE ANES CONSUL 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
06 / 03 / 2010

Transaction ID: SA11AI.87772

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address PO BOX 1025

City State Zip Code
FAIRHOPE AL 36533

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

Name of Employer Occupation
EASTERN SHORE ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 213.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 01 / 2010

Transaction ID: SA11AI.87601

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional) ► 541.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 97
	<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) RORY HOWARD	Date of Receipt MM / DD / YYYY 06 / 28 / 2010
	Mailing Address 3357 NW 172ND TER	Transaction ID: SA11AI.88025
	City State Zip Code EDMOND OK 73012	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer R. LANCE HOWARD, M.D., PL-LC 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) GUOJIE HUANG	Date of Receipt MM / DD / YYYY 06 / 10 / 2010
	Mailing Address 1 CHAPEL HILL RD.	Transaction ID: SA11AI.87895
	City State Zip Code SHORT HILLS NJ 07078	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SUMMIT ANESTHESIA ASSOCIATES Occupation ATTENDING 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) JOHN HUNTER	Date of Receipt MM / DD / YYYY 06 / 28 / 2010
	Mailing Address 46-133 PUNALEI PL	Transaction ID: SA11AI.88020
	City State Zip Code KANEHOE HI 96744	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer THE ANESTHESIA MEDICAL GROUP, INC. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 97
	<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) WILLIAM HURFORD	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address DEPARTMENT OF ANESTHESIOLOGY 231 ALBERT SABIN WAY	Transaction ID: SA11AI.87660
	City State Zip Code CINCINNATI OH 45267	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNIVERSITY OF CINCINNATI MEDICAL CENTE Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 246.00	

B.	Full Name (Last, First, Middle Initial) THOMAS INGERSOLL	Date of Receipt MM / DD / YYYY 06 / 28 / 2010
	Mailing Address 8600 N. ROUTE 91, SUITE #250	Transaction ID: SA11AI.88032
	City State Zip Code PEORIA IL 61615	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, S.C. 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) SHELLEY JACKS	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 421 SUMMIT RIDGE RD	Transaction ID: SA11AI.87701
	City State Zip Code BOISE ID 83702	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer BOISE ANESTHESIA, PA Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 246.00	

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: (check only one)	PAGE 38 / 97
	<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) JEFFREY JACOBS	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 11041 PINE LODGE TRAIL	Transaction ID: SA11AI.87683
	City State Zip Code DAVIE FL 33328	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CLEVELAND CLINIC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.00	

B.	Full Name (Last, First, Middle Initial) ALIRAZA JAFFER	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 5070 BROOKDALE ROAD	Transaction ID: SA11AI.87677
	City State Zip Code BLOOMFIELD HILLS MI 48304	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SOUTH OAKLAND ANESTHESIA ASSOCIATES ANESTHESIOLOGIST	
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) DANIEL JANIK	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 15605 E PRENTICE DR	Transaction ID: SA11AI.87663
	City State Zip Code CENTENNIAL CO 80015	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF COLORADO PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	

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 39 / 97
(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 JOHNSON

Mailing Address PO BOX 8458

City State Zip Code
SPARTANBURG SC 29305

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

Name of Employer Occupation
SELF LOCUM TENENS PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2010

Transaction ID: SA11AI.87868

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
TRIPTI KATARIA

Mailing Address 130 S CANAL ST APT 419

City State Zip Code
CHICAGO IL 60606

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

Name of Employer Occupation
UNIVERSITY OF CHICAGO PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 498.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2010

Transaction ID: SA11AI.87680

Amount of Each Receipt this Period
83.00

C.

Full Name (Last, First, Middle Initial)
SCOTT KERCHEVILLE

Mailing Address MAIL CODE 7838
7703 FLOYD CURL DRIVE

City State Zip Code
SAN ANTONIO TX 78229

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

Name of Employer Occupation
UTHSCSA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2010

Transaction ID: SA11AI.87659

Amount of Each Receipt this Period
125.00

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: (check only one)	PAGE 40 / 97
	<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) RUBIN KESNER	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 35 HEARTHSTONE DRIVE	Transaction ID: SA11AI.87699
	City State Zip Code GANSEVOORT NY 12831	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA GROUP OF ALBANY ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00	

B.	Full Name (Last, First, Middle Initial) WENZEL DANIEL KOVARIK	Date of Receipt MM / DD / YYYY 06 / 22 / 2010
	Mailing Address 29 CHENERY STREET	Transaction ID: SA11AI.87992
	City State Zip Code PORTLAND ME 04103	Amount of Each Receipt this Period 500.00
	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 ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) DAVID KRHOVSKY	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 2248 SHAWNEE S.E.	Transaction ID: SA11AI.87694
	City State Zip Code GRAND RAPIDS MI 49506	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA MEDICAL CONSULTANTS PC ANESTHESIOLOGIST	
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)	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 41 / 97

(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) HUNG-CHI KWOK		Date of Receipt MM / DD / YYYY 06 / 24 / 2010		
	Mailing Address 2732 MUIR WOODS DR., SE		Transaction ID: SA11AI.87995		
	City HAMPTON COVE	State AL	Zip Code 35763	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 900.00					

B.	Full Name (Last, First, Middle Initial) CHRISTOPHER LARSON		Date of Receipt MM / DD / YYYY 06 / 28 / 2010		
	Mailing Address 205 EDGEWATER CIR		Transaction ID: SA11AI.88031		
	City ERIE	State PA	Zip Code 16509	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Name of Employer NORTH AMERICAN PARTNERS IN ANESTHESIA		
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) RICHARD LAYMAN		Date of Receipt MM / DD / YYYY 06 / 01 / 2010		
	Mailing Address 6431 FANNIN ST STE 5.196 DEPT OF ANESTHESIOLOGY		Transaction ID: SA11AI.87624		
	City HOUSTON	State TX	Zip Code 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 ▼ 213.00					

SUBTOTAL of Receipts This Page (optional)	▶	691.00
TOTAL This Period (last page this line 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 42 / 97
	(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) WILLIAM LEE	Date of Receipt MM / DD / YYYY 06 / 29 / 2010
	Mailing Address 55 RIDGEVIEW DR	Transaction ID: SA11AI.88042
	City State Zip Code BELLE MEAD NJ 08502	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA CONSULTANTS OF NJ 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) SCOTT LEIGHTY	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 3900 WALNUT CLAY DR.	Transaction ID: SA11AI.87674
	City State Zip Code AUSTIN TX 78731	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AUSTIN ANESTHESIOLOGY GROUP Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 246.00	

C.	Full Name (Last, First, Middle Initial) L. LETOURNEAU	Date of Receipt MM / DD / YYYY 06 / 07 / 2010
	Mailing Address 22300 WHITE PEAKS DR	Transaction ID: SA11AI.87857
	City State Zip Code BEND OR 97702	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer BEND ANESTHESIOLOGY GROUP, P.C. Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	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 43 / 97
(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)
JAMES LEVINE

Mailing Address 4164 CART PATH CT.

City State Zip Code
TERRE HAUTE IN 47802

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

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2010

Transaction ID: SA11AI.87946

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
1611 NW 12TH AVE

City State Zip Code
MIAMI FL 33136

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

Name of Employer Occupation
JACKSON MEMORIAL HOSPITAL ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2010

Transaction ID: SA11AI.87639

Amount of Each Receipt this Period
83.00

C.

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

Mailing Address 148 57TH CT.

City State Zip Code
WEST DES MOINES IA 50266

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

Name of Employer Occupation
MEDICAL CTR ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2010

Transaction ID: SA11AI.87759

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **583.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 97
(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)
MICHAEL LINK

Mailing Address 800 EAST CARPENTER STREET

City State Zip Code
SPRINGFIELD IL 62769

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

Name of Employer SANGAMON ASSOCIATED ANESTHESIA
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: SA11AI.87937

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
ASA LOCKHART

Mailing Address 2106 KENNEBUNK LN.

City State Zip Code
TYLER TX 75703

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

Name of Employer EAST TEXAS ANESTHESIOLOGY ASSOCIATES
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
498.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2010

Transaction ID: SA11AI.87720

Amount of Each Receipt this Period
83.00

C.

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

Mailing Address 1611 NW 12TH AVE
CENTRAL BUILDING #300

City State Zip Code
MIAMI FL 33136

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

Name of Employer UNIV OF MIAMI - MILLER SCHOOL OF MED
Occupation PROFESSOR AND CHAIRMAN OF ANESTHESIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2010

Transaction ID: SA11AI.87994

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1583.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 97
	<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 LUJAN	Date of Receipt MM / DD / YYYY 06 / 03 / 2010
	Mailing Address 3626 RUFFIN RD	Transaction ID: SA11AI.87780
	City State Zip Code SAN DIEGO CA 92123	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANES SVC MED GRP 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) JOSHUA LUMBLEY	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 410 W 10TH AVE N411 DOAN HALL	Transaction ID: SA11AI.87626
	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 MEDICAL CENT ATTENDING 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) MARK MANDABACH	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address DEPT. OF ANESTHESIOLOGY 619 S. 19TH ST., JT845	Transaction ID: SA11AI.87698
	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 ▼ 498.00	

SUBTOTAL of Receipts This Page (optional)	▶	624.00
TOTAL This Period (last page this line 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 46 / 97
	<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) KURT MARKGRAF		Date of Receipt
	Mailing Address 3663 MCKINLEY AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 01 / 2010
	City	State	Zip Code
	FORT MYERS	FL	33901
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87643
Name of Employer MEDICAL ANESTHESIA		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 ▼ 498.00	<input type="text"/> 83.00

B.	Full Name (Last, First, Middle Initial) KAVEH MATIN		Date of Receipt
	Mailing Address PO BOX 1628		<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 06 / 30 / 2010
	City	State	Zip Code
	ORANGE	CA	92856
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88072
Name of Employer AAMG INC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) DENNIS MCCARTHY		Date of Receipt
	Mailing Address 3607 OCEAN DR., SOUTH		<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 06 / 04 / 2010
	City	State	Zip Code
	JACKSONVILLE BEACH	FL	32250
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87805
Name of Employer ANESTH CONSULTANTS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

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: PAGE 47 / 97
(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)
STACEY MCCLARTY

Mailing Address 8505 RAMBLING ROSE DR

City State Zip Code
OOLTEWAH TN 37363

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

Name of Employer
ACE ANESTHESIOLOGY DEPT OF ANESTHESIOLOGISTS
Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
498.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2010

Transaction ID: SA11AI.87703

Amount of Each Receipt this Period
83.00

B. 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 ANESTHESIOLOGISTS
Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
419.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2010

Transaction ID: SA11AI.87623

Amount of Each Receipt this Period
83.00

C. Full Name (Last, First, Middle Initial)
CATHERINE MEREDITH

Mailing Address 360 ELDEN DR.

City State Zip Code
ATLANTA GA 30342

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

Name of Employer
NORTHSIDE ANES CONSULTANTS
Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2010

Transaction ID: SA11AI.87762

Amount of Each Receipt this Period
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: (check only one)	PAGE 48 / 97
	<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 MICHAELS	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 291 SOUTHHALL LN	Transaction ID: SA11AI.87676
	City State Zip Code MAITLAND FL 32751	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JLR MEDICAL GROUP ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.00	

B.	Full Name (Last, First, Middle Initial) KEVIN MILLER	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 22223 CASS AVE.	Transaction ID: SA11AI.87711
	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 ▼ 246.00	

C.	Full Name (Last, First, Middle Initial) CHRISTOPHER MILLSON	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 2400 WIMBLEDON DR	Transaction ID: SA11AI.87669
	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 ▼ 498.00	

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 49 / 97
	(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 MOORE		Date of Receipt
	Mailing Address 1748 VESTWOOD HILLS DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 01 / 2010
	City	State	Zip Code
	VESTAVIA HILLS	AL	35216
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87684
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 ▼ 750.00	<input type="text"/> 125.00

B.	Full Name (Last, First, Middle Initial) JIANLONG MU		Date of Receipt
	Mailing Address 5 HARVEST LN.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 29 / 2010
	City	State	Zip Code
	HOCKESSIN	DE	19707
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88047
Name of Employer ANESTHESIA SERVICE, PA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) JOEL MUMFORD		Date of Receipt
	Mailing Address 221 ELM HILL 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 06 / 01 / 2010
	City	State	Zip Code
	SPRINGFIELD	VT	05156
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87668
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 ▼ 498.00	<input type="text"/> 83.00

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 50 / 97
	<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) ROBERT MURRAY III	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 19 ELM PARK BLVD.	Transaction ID: SA11AI.87650
	City State Zip Code PLEASANT RIDGE MI 48069	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SOUTH OAKLAND ANESTHESIA ASSOC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00	

B.	Full Name (Last, First, Middle Initial) ROSS MUSUMECI	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 9 LINCOLN ST.	Transaction ID: SA11AI.87716
	City State Zip Code WESTON MA 02493	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ANES. ASSOC. OF MASSACHUSETTS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.00	

C.	Full Name (Last, First, Middle Initial) JOSEPH NAPLES	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 6565 FANNIN ST MC B452	Transaction ID: SA11AI.87725
	City State Zip Code HOUSTON TX 77030	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer THE METHODIST HOSPITAL	Occupation CHAIRMAN OF ANESTHESIOLOGY	
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)	624.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 97
	<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) NICHOLAS NEDEFF		Date of Receipt MM / DD / YYYY 06 / 25 / 2010		
	Mailing Address 341 SW 31ST RD		Transaction ID: SA11AI.87997		
	City MIAMI	State FL	Zip Code 33129	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY OF MIAMI	Occupation ASSISTANT PROFESSOR			
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) MICHAEL NEED		Date of Receipt MM / DD / YYYY 06 / 01 / 2010		
	Mailing Address 7632 TIMBER SPRINGS DR.		Transaction ID: SA11AI.87604		
	City FISHERS	State IN	Zip Code 46038	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SOUTHEAST ANESTHESIOLOGIS- TS	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 419.00			

C.	Full Name (Last, First, Middle Initial) RICHARD NELSON		Date of Receipt MM / DD / YYYY 06 / 18 / 2010		
	Mailing Address 9233 WARD PKY., #230		Transaction ID: SA11AI.87956		
	City KANSAS CITY	State MO	Zip Code 64114	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer WESTPORT MANAGEMENT	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	2083.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 97
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) DUNG NGUYEN		Date of Receipt
Mailing Address 2919 E. 62ND ST.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code INDIANAPOLIS IN 46220		<input type="text"/> 06 / <input type="text"/> 03 / <input type="text"/> 2010
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87754
Name of Employer Occupation DELAWARE CTY ANES ANESTHESIOLOGIST		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 500.00
Aggregate Year-to-Date ▼ <input type="text"/> 500.00		

B.

Full Name (Last, First, Middle Initial) MICHAEL NICHOLS		Date of Receipt
Mailing Address 1090 DEVINE CIRCLE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code ATLANTA GA 30319		<input type="text"/> 06 / <input type="text"/> 01 / <input type="text"/> 2010
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87686
Name of Employer Occupation NOVA SOUTHEASTERN UNIVERSITY ANESTHESIOLOGIST ASSISTANT		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 83.00
Aggregate Year-to-Date ▼ <input type="text"/> 498.00		

C.

Full Name (Last, First, Middle Initial) MARK NORLING		Date of Receipt
Mailing Address 4231 S.W. TERLYN CT.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code PORTLAND OR 97221		<input type="text"/> 06 / <input type="text"/> 03 / <input type="text"/> 2010
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87785
Name of Employer Occupation OAG ANESTHESIOLOGIST		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 500.00
Aggregate Year-to-Date ▼ <input type="text"/> 500.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1083.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 97
(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)
EDWARD NORMAN

Mailing Address 1040 SKYE LANE

City State Zip Code
PALM HARBOR FL 34683

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

Name of Employer Occupation
NORTH PINELLAS ANES ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2010

Transaction ID: SA11AI.87757

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
GERALD PACELLI

Mailing Address 7184 LUDLOW DR.

City State Zip Code
ROSEVILLE CA 95747

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

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2010

Transaction ID: SA11AI.87947

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
C. LEE PARMLEY

Mailing Address 1211 21ST AVE S
MEDICAL ARTS BUILDING SUITE 526

City State Zip Code
NASHVILLE TN 37212

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

Name of Employer Occupation
VANDERBILT UNIVERSITY MEDICAL CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2010

Transaction ID: SA11AI.87671

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

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

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

FOR LINE NUMBER: PAGE 54 / 97
(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)
ARVINDKUMAR PATEL

Mailing Address 3655 MAXWELL CT.

City State Zip Code
BLOOMFIELD HILLS MI 48301

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

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 18 / 2010

Transaction ID: SA11AI.87962

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
PARUL PATEL

Mailing Address 1304 OAK STREET

City State Zip Code
MELBOURNE FL 32901

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

Name of Employer Occupation
BREVARD ANESTHESIA SERVICES, P.A. PHYSICIAN

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 13 / 2010

Transaction ID: SA11AI.87912

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
SONYA PEASE

Mailing Address 8 YACHT CLUB PLACE

City State Zip Code
JUPITER FL 33469

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

Name of Employer Occupation
ANESTHETIX MANAGEMENT, LLC ANESTHESIOLOGIST

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2010

Transaction ID: SA11AI.87858

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 97
	<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) WILLIAM PEKARSKE		Date of Receipt
	Mailing Address 1281 E. CALLE DE LA CABRA		<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 06 / 01 / 2010
	City	State	Zip Code
	TUCSON	AZ	85718
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87691
Name of Employer SOUTHERN ARIZONA ANESTHESIA SERVICES		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 ▼ 498.00	<input type="text"/> 83.00

B.	Full Name (Last, First, Middle Initial) DONALD PENNING		Date of Receipt
	Mailing Address 1611 NW 12TH AVE., # ROOM C300		<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 06 / 29 / 2010
	City	State	Zip Code
	MIAMI	FL	33136
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88038
Name of Employer UNIVERSITY OF MIAMI 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 ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) FREDERICK PERKINS		Date of Receipt
	Mailing Address VAMC & ROC # 112,215 N MAIN ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 04 / 2010
	City	State	Zip Code
	WHITE RIVER JUNCTI	VT	05009
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87830
Name of Employer VHA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 583.00
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 56 / 97
	<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)
ANDY PORITZ

Mailing Address 300 GROVE ST

City State Zip Code
WORCESTER MA 01605

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

Name of Employer Occupation
AMBULATORY ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2010

Transaction ID: SA11AI.87954

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
WADE PORTERFIELD

Mailing Address 3887 W. BRANCH RD.

City State Zip Code
ALLEGANY NY 14706

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

Name of Employer Occupation
SO TIER ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11AI.88088

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address PO BOX 727

City State Zip Code
GREEN HARBOR MA 02041

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

Name of Employer Occupation
MASS GEN PHYS ORG ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2010

Transaction ID: SA11AI.87791

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 57 / 97
(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) COLLETTA RICHARDS		Date of Receipt MM / DD / YYYY 06 / 04 / 2010
Mailing Address 9911 BALD HILL RD		Transaction ID: SA11AI.87800
City MITCHELLVILLE	State MD	Zip Code 20721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer JOHNS HOPKINS UNIV	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) JOSEPH RIFICI		Date of Receipt MM / DD / YYYY 06 / 04 / 2010
Mailing Address LAKESIDE ANES 2532 LKS5007		Transaction ID: SA11AI.87826
City CLEVELAND	State OH	Zip Code 44106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer UNIV HOSP OF CLEVELAND CA-SE MED	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) LARRY ROBBINS		Date of Receipt MM / DD / YYYY 06 / 29 / 2010
Mailing Address 11 BRIAR CLIFF DR.		Transaction ID: SA11AI.88049
City WILBRAHAM	State MA	Zip Code 01095
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer BERKSHIRE FACULTY SERVICES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 97
	<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 06 / 01 / 2010		
	Mailing Address 240 WALNUT LN.		Transaction ID: SA11AI.87692		
	City SLINGERLANDS	State NY	Zip Code 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 ▼ 498.00			

B.	Full Name (Last, First, Middle Initial) KAI RODNING		Date of Receipt MM / DD / YYYY 06 / 28 / 2010		
	Mailing Address 3750 RHONDA DR N		Transaction ID: SA11AI.88011		
	City MOBILE	State AL	Zip Code 36608	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer COASTAL ANESTHESIA		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) LEOPOLDO RODRIGUEZ		Date of Receipt MM / DD / YYYY 06 / 01 / 2010		
	Mailing Address 21050 POINT PLACE #305 ATLANTIC 3 AT THE POINT		Transaction ID: SA11AI.87723		
	City AVENTURA	State FL	Zip Code 33180	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SHERIDAN HEALTHCARE INC		Occupation MEDICAL DIRECTOR OF THE SURGERY CENTER		
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)	▶	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 59 / 97
(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 ▼ 600.00

Date of Receipt: 06 / 04 / 2010
Transaction ID: SA11AI.87814
 Amount of Each Receipt this Period: 100.00

B.

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 ▼ 700.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: SA11AI.88075
 Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
GLEN ROSENFELD

Mailing Address 25 FULTON PLACE

City WEST HARTFORD State CT Zip Code 06107

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

Name of Employer MILFORD ANSTHESIA ASSOCIATES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 28 / 2010
Transaction ID: SA11AI.88013
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

TOTAL This Period (last page this line 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 / 97
	<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 06 / 01 / 2010
	Mailing Address 23 IDLEWOOD PL	Transaction ID: SA11AI.87719
	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 ▼ 246.00	

B.	Full Name (Last, First, Middle Initial) LAWRENCE ROY	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 2420 FREEMAN MANOR DR	Transaction ID: SA11AI.87648
	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 ▼ 498.00	

C.	Full Name (Last, First, Middle Initial) GREG RUHLAND	Date of Receipt MM / DD / YYYY 06 / 28 / 2010
	Mailing Address 28 MAKAKAI PL. SUITE 104	Transaction ID: SA11AI.88024
	City State Zip Code HILO HI 96720	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer HAWAII ISLAND INTERV. PAIN MNGMT. Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	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 61 / 97
	<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) JEFFREY RUSHEEN		Date of Receipt	
	Mailing Address 6011 N POINTE PL		M M / D D / Y Y Y Y Y 06 / 03 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.87778
	WOODLAND HILLS	CA	91367	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) LYLE SALTZMAN		Date of Receipt	
	Mailing Address 1304 OAK ST.		M M / D D / Y Y Y Y Y 06 / 28 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.88022
	MELBOURNE	FL	32901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer BREVARD ANESTHESIA SERVICES		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) JULIE SCHOENEMAN		Date of Receipt	
	Mailing Address 2151 E. SENTRY RIDGE CT.		M M / D D / Y Y Y Y Y 06 / 04 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.87803
	TUCSON	AZ	85718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer SO AZ ANESTHESIA		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 97
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ALAN JAY SCHWARTZ

Mailing Address 1000 SHARPLESS ROAD

City State Zip Code
MELROSE PARK PA 19027

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

Name of Employer Occupation
CHILDRENS HOSPITAL OF PHILADELPHIA PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 246.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 01 / 2010

Transaction ID: SA11AI.87666

Amount of Each Receipt this Period
41.00

B.

Full Name (Last, First, Middle Initial)
B. SCOTT SEGAL

Mailing Address DEPARTMENT OF ANESTHESIA, PERIOPER
75 FRANCIS STREET, CWN L 1

City State Zip Code
BOSTON MA 02115

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

Name of Employer Occupation
BWPO PROFESSOR OF ANESTHESIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 246.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 01 / 2010

Transaction ID: SA11AI.87705

Amount of Each Receipt this Period
41.00

C.

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

Mailing Address 23 RIDGE DR.

City State Zip Code
BIRMINGHAM AL 35213

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

Name of Employer Occupation
AMB ANES & PAIN MED PHYSICIAN

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 03 / 2010

Transaction ID: SA11AI.87751

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 582.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 97
	<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) BERNARD SHICH		Date of Receipt
	Mailing Address 11717 LONGLEAF LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 01 / 2010
	City	State	Zip Code
	HOUSTON	TX	77024
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87710
Name of Employer GREATER HOUSTON ANESTHESIOLOGY		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 ▼ 246.00	<input type="text"/> 41.00

B.	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 06 / 01 / 2010
	City	State	Zip Code
	PLEASANTON	CA	94588
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87634
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 ▼ 246.00	<input type="text"/> 41.00

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 06 / 01 / 2010
	City	State	Zip Code
	SHERMAN OAKS	CA	91423
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87662
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 ▼ 246.00	<input type="text"/> 41.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 123.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 97
	<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) 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 06 / 03 / 2010
	City	State	Zip Code
	SHERMAN OAKS	CA	91423
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87747
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) JOHN SIEGLE		Date of Receipt
	Mailing Address 22 BRAMHALL ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2010
	City	State	Zip Code
	PORTLAND	ME	04102
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88083
Name of Employer SPECTRUM MED GRP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) KEVIN SIMMONS		Date of Receipt
	Mailing Address 1304 OAK ST.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 10 / 2010
	City	State	Zip Code
	MELBOURNE	FL	32901
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87891
Name of Employer BREVARD ANESTHESIA SERVICES		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"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 97
	<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) BRETT SIMON	Date of Receipt MM / DD / YYYY 06 / 20 / 2010
	Mailing Address 330 BROOKLINE AVE YAMINS 219 DEPT OF ANESTHESIOLOGY	Transaction ID: SA11AI.87978
	City State Zip Code BOSTON MA 02215	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BETH ISRAEL DEACONESS MEDICAL CENTER ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL SIMON	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 35 GELLATLY DR.	Transaction ID: SA11AI.87681
	City State Zip Code WAPPINGERS FALLS NY 12590	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NAPA 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) ALEXEY SLUCKY	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 333 W. HAMPDEN AVE., SUITE 600	Transaction ID: SA11AI.87682
	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 Occupation SOUTH DENVER ANESTHESIOLOGISTS, PC 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)	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 66 / 97
(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)
BLAIR SMITH

Mailing Address 1046 LAKE COLONY LN.

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer UNIVERSITY OF ALABAMA HSF Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 498.00

Date of Receipt 06 / 01 / 2010
Transaction ID: SA11AI.87690
Amount of Each Receipt this Period 83.00

B.

Full Name (Last, First, Middle Initial)
HOMER SMITH

Mailing Address 2084 SCENIC CIRCLE

City SALT LAKE CITY State UT Zip Code 84109

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

Name of Employer MILLCREEK ANESTH Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 03 / 2010
Transaction ID: SA11AI.87755
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
DON SOKOLIK

Mailing Address 2757 KINSINGTON CIRCLE

City WESTON State FL Zip Code 33332

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

Name of Employer SHERIDAN HEALTH CARE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 04 / 2010
Transaction ID: SA11AI.87818
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 583.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 97
	<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) GREGORY SOMERVILLE	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 6208 DEVILS HOLLOW RD.	Transaction ID: SA11AI.87625
	City State Zip Code FORT WAYNE IN 46814	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 213.00	

B.	Full Name (Last, First, Middle Initial) SHANNON SORAH	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 11743 COUCH MILL ROAD	Transaction ID: SA11AI.87622
	City State Zip Code KNOXVILLE TN 37932	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
Name of Employer METHODIST MED. CTR. ANES. GR.	Occupation 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) ROGER SPENCER	Date of Receipt MM / DD / YYYY 06 / 18 / 2010
	Mailing Address 5101 N BRANCH DR	Transaction ID: SA11AI.87969
	City State Zip Code FORT WORTH TX 76132	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer PINNACLE PART IN MED	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)	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: PAGE 68 / 97
(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)
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 ▼ 246.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2010

Transaction ID: SA11AI.87678

Amount of Each Receipt this Period
41.00

B. 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 ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2010

Transaction ID: SA11AI.87615

Amount of Each Receipt this Period
125.00

C. 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 ▼ 498.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2010

Transaction ID: SA11AI.87658

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ► 249.00

TOTAL This Period (last page this line 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 69 / 97

(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) SCOTT SWITZER		Date of Receipt
	Mailing Address 26 FARM HILL RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 01 / 2010
	City	State	Zip Code
	WEST HARTFORD	CT	06107
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87707
Name of Employer MILFORD ANESTHESIA, 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 ▼ 498.00	<input type="text"/> 83.00

B.	Full Name (Last, First, Middle Initial) THOMAS SWYGERT		Date of Receipt
	Mailing Address 7014 PRESTONSHIRE LN.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 01 / 2010
	City	State	Zip Code
	DALLAS	TX	75225
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87670
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 246.00	<input type="text"/> 41.00

C.	Full Name (Last, First, Middle Initial) JOSEPH TALARICO		Date of Receipt
	Mailing Address DEPARTMENT OF ANESTHESIOLOGY 200 LOTHROP ST # 463		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 01 / 2010
	City	State	Zip Code
	PITTSBURGH	PA	15213
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87647
Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CENTE		Occupation ASSISTANT PROFESSOR	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 ▼ 246.00	<input type="text"/> 41.00

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 70 / 97
	<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 TAYLOR		Date of Receipt
	Mailing Address 5403 REDFIELD CIRCLE		<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 06 / 09 / 2010
	City	State	Zip Code
	DUNWOODY	GA	30338
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87885
Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA,PC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) DAVID THEIL		Date of Receipt
	Mailing Address 1678 STONEHAM LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 03 / 2010
	City	State	Zip Code
	EVERGREEN	CO	80439
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87756
Name of Employer COLORADO ANES CONSULT		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) ANDREW TROBRIDGE		Date of Receipt
	Mailing Address 13909 WATERWAY BLVD.		<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 06 / 01 / 2010
	City	State	Zip Code
	FORTVILLE	IN	46040
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87633
Name of Employer INTERVENTIONAL PAIN CARE		Occupation PAIN 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"/> 83.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 583.00
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 71 / 97
	<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) CHRISTOPHER TROIANOS		Date of Receipt
	Mailing Address 427 HEIGHTS DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 01 / 2010
	City	State	Zip Code
	GIBSONIA	PA	15044
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87665
Name of Employer WESTERN PENNSYLVANIA HOSPITAL DEPARTMENT		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

B.	Full Name (Last, First, Middle Initial) BENJAMIN UNGER		Date of Receipt
	Mailing Address 474 W 238TH ST., APT. 3A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 01 / 2010
	City	State	Zip Code
	RIVERDALE	NY	10463
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87687
Name of Employer COLUMBIA UNIVERSITY 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 ▼ 246.00	<input type="text"/> 41.00

C.	Full Name (Last, First, Middle Initial) DAVID VARLOTTA		Date of Receipt
	Mailing Address 1303 BAYSHORE BLVD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 01 / 2010
	City	State	Zip Code
	TAMPA	FL	33606
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87649
Name of Employer UNICOM 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 ▼ 498.00	<input type="text"/> 83.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 207.00
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 72 / 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) ALBERT VARON		Date of Receipt
	Mailing Address P.O. BOX 016370-M820		<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 06 / 29 / 2010
	City	State	Zip Code
	MIAMI	FL	33101
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.88034
Name of Employer UNIV OF MIAMI SCH OF MED TRAUMA ANES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) HECTOR VILA		Date of Receipt
	Mailing Address 4304 W AZEELE ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 01 / 2010
	City	State	Zip Code
	TAMPA	FL	33609
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87631
Name of Employer HV PA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 498.00	<input type="text"/> 83.00

C.	Full Name (Last, First, Middle Initial) ANNETTE VIZENA		Date of Receipt
	Mailing Address 919 SKIPPING STONE CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 18 / 2010
	City	State	Zip Code
	TIMNATH	CO	80547
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87960
Name of Employer NORTHERN CO ANESTH. PROF. CONSUL		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"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 383.00
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 73 / 97
	<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) J. MICHAEL VOLLERS	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 1 CHILDRENS WAY SLOT 203, S-319	Transaction ID: SA11AI.87661
	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 498.00	

B.	Full Name (Last, First, Middle Initial) VALERIE WASSILL	Date of Receipt MM / DD / YYYY 06 / 18 / 2010
	Mailing Address 94 FAIRWAY LANE	Transaction ID: SA11AI.87952
	City State Zip Code LITTLETON CO 80123	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) CHRISTOPHER WASSINK	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 3300 EGYPT VALLEY NE	Transaction ID: SA11AI.87641
	City State Zip Code ADA MI 49301	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA MEDICAL CONSULTANTS PC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 246.00	

SUBTOTAL of Receipts This Page (optional)	624.00
TOTAL This Period (last page this line 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 / 97
(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)
THOMAS WEST

Mailing Address 125 OLD STRATTON CHASE

City ATLANTA State GA Zip Code 30328

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 03 / 2010
Transaction ID: SA11AI.87773
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
JORDAN WETSTONE

Mailing Address 531 ROSE LANE ST., NW, SUITE 750

City MARIETTA State GA Zip Code 30060

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

Name of Employer GEORGIA ANESTHESIOLOGISTS, P.C. Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 03 / 2010
Transaction ID: SA11AI.87742
 Amount of Each Receipt this Period: 250.00

C.

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

Mailing Address 10136 CHEROKEE ROAD

City RICHMOND State VA Zip Code 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 ▼ 246.00

Date of Receipt: 06 / 01 / 2010
Transaction ID: SA11AI.87651
 Amount of Each Receipt this Period: 41.00

SUBTOTAL of Receipts This Page (optional) ► 541.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 97
(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) GRANVILLE WORK		Date of Receipt
Mailing Address 3749 LYNNFIELD DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 01 / 2010
City	State	Zip Code
VIRGINIA BEACH	VA	23452
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87652
		Amount of Each Receipt this Period
		<input type="text"/> 83.00
Name of Employer ATLANTIC ANESTHESIA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 415.00	

B.

Full Name (Last, First, Middle Initial) JASON WORKMAN		Date of Receipt
Mailing Address 7575 W WASHINGTON AVE STE 127-374		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 01 / 2010
City	State	Zip Code
LAS VEGAS	NV	89128
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87700
		Amount of Each Receipt this Period
		<input type="text"/> 83.00
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 ▼	
	<input type="text"/> 498.00	

C.

Full Name (Last, First, Middle Initial) LAWRENCE YOUNG		Date of Receipt
Mailing Address 1717 VALLEY FORGE DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 01 / 2010
City	State	Zip Code
HIXSON	TN	37343
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.87721
		Amount of Each Receipt this Period
		<input type="text"/> 125.00
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 ▼	
	<input type="text"/> 750.00	

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 76 / 97
(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)
JONATHAN ZUCKER

Mailing Address 1612 SAINT GREGORY DRIVE

City State Zip Code
LAS VEGAS NV 89117

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

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 498.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2010

Transaction ID: SA11AI.87657

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional)	▶	83.00
TOTAL This Period (last page this line number only)	▶	52990.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 77 / 97	
	(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

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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		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>6</td><td></td><td>3</td><td>0</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	6		3	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		3	0		2	0	1	0														
	City State Zip Code CHICAGO IL 60675		Transaction ID: SA17.88171																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.69																					
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 ▼ 83.59																						

SUBTOTAL of Receipts This Page (optional)	▶	12.69
TOTAL This Period (last page this line number only)	▶	12.69

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 78 / 97

<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) ADVANCE ARKANSAS PAC <hr/> Mailing Address PO BOX 344 <hr/> City PRESCOTT State AR Zip Code 71857 <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: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88114 Date of Disbursement 06 / 16 / 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) ▼
B. Full Name (Last, First, Middle Initial) ANDY BARR FOR CONGRESS <hr/> Mailing Address PO BOX 2059 <hr/> City LEXINGTON State KY Zip Code 40588 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88109 Date of Disbursement 06 / 16 / 2010
	Amount of Each Disbursement this Period 5000.00
	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) ARCURI FOR CONGRESS <hr/> Mailing Address PO BOX 8508 <hr/> City UTICA State NY Zip Code 13505 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88143 Date of Disbursement 06 / 23 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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) BUCSHON FOR CONGRESS	Transaction ID: SB23.88110 Date of Disbursement
	Mailing Address PO BOX 250	<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City NEWBURGH State IN Zip Code 47629	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CAMPAC	Transaction ID: SB23.88103 Date of Disbursement
	Mailing Address 5915 EASTMAN AVE #100	<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City MIDLAND State MI Zip Code 48640	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 CONTRIBUTION	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CARNAHAN IN CONGRESS	Transaction ID: SB23.88091 Date of Disbursement
	Mailing Address 10 G STREET NE #470	<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 80 / 97

<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) CASS PAC	Transaction ID: SB23.88149 Date of Disbursement 06 / 23 / 2010
	Mailing Address 1006 PENDLETON ST	Amount of Each Disbursement this Period 5000.00
	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) CIRO D RODRIGUEZ FOR CONGRESS	Transaction ID: SB23.88134 Date of Disbursement 06 / 23 / 2010
	Mailing Address 236 MASSACHUSETTS AVE NE #603	Amount of Each Disbursement this Period 2000.00
	City WASHINGTON State DC Zip Code 20002	
	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: TX District: 23	

C.	Full Name (Last, First, Middle Initial) CLAY COX FOR CONGRESS	Transaction ID: SB23.88096 Date of Disbursement 06 / 02 / 2010
	Mailing Address PO BOX 834	Amount of Each Disbursement this Period 5000.00
	City LIBURN State GA Zip Code 30048	
	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: GA District: 07	

SUBTOTAL of Disbursements This Page (optional)	▶	12000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) CLEAVER FOR CONGRESS</p> <p>Mailing Address 4801 MAIN ST #1000</p> <p>City KANSAS CITY State MO Zip Code 64112</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: MO District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.88122</p> <p>Date of Disbursement MM / DD / YYYY 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="2000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) CMTE TO RE-ELECT CONGRESSMAN DANA ROHRBACHER</p> <p>Mailing Address PO BOX 823</p> <p>City HUNTINGTON BEACH State CA Zip Code 92648</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: 46</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.88140</p> <p>Date of Disbursement MM / DD / YYYY 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) CMTE TO RE-ELECT LINDA SANCHEZ</p> <p>Mailing Address 1212 S VICTORY BLVD #211</p> <p>City BURBANK State CA Zip Code 91502</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: 39</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.88142</p> <p>Date of Disbursement MM / DD / YYYY 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
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)

<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) DAVID SCOTT FOR CONGRESS Mailing Address PO BOX 960821 City RIVERDALE State GA Zip Code 30296 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88164 Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2010
	Amount of Each Disbursement this Period 4000.00
B. Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMP Mailing Address 120 MARYLAND AVE NE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement 2010 CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88163 Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2010
	Amount of Each Disbursement this Period 10000.00
C. Full Name (Last, First, Middle Initial) DIANE BLACK FOR CONGRESS Mailing Address 819 PLANTATION BLVD City GALLATIN State TN Zip Code 37066 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88145 Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2010
	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional)	▶	19000.00
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) DIRIGO PAC <hr/> Mailing Address PO BOX 1355 <hr/> City ALEXANDRIA State VA Zip Code 22313 <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: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88112 Date of Disbursement 06 / 16 / 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) FRIENDS OF ERIK PAULSEN <hr/> Mailing Address PO BOX 44369 250 PRAIRIE CTR DR <hr/> City EDEN PRAIRIE State MN Zip Code 55344 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88162 Date of Disbursement 06 / 30 / 2010
	Amount of Each Disbursement this Period 1000.00
	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) FRIENDS OF GLENN NYE <hr/> Mailing Address 499 S CAPITOL ST SW, #404 <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88090 Date of Disbursement 06 / 02 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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) FRIENDS OF JOE HECK	Transaction ID: SB23.88101 Date of Disbursement
	Mailing Address PO BOX 750114	<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City LAS VEGAS State NV Zip Code 89136	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GARDNER FOR CONGRESS	Transaction ID: SB23.88125 Date of Disbursement
	Mailing Address PO BOX 2408	<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City LOVELAND State CO Zip Code 80539	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HELLER FOR CONGRESS	Transaction ID: SB23.88118 Date of Disbursement
	Mailing Address P.O. BOX 750580	<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City LAS VEGAS State NV Zip Code 89136	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="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) JIM GERLACH FOR CONGRESS CMTE	Transaction ID: SB23.88120 Date of Disbursement 06 / 16 / 2010
	Mailing Address PO BOX 87	Amount of Each Disbursement this Period 1000.00
	City UWCHLAND State PA Zip Code 19480	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) JIM HIMES FOR CONGRESS	Transaction ID: SB23.88151 Date of Disbursement 06 / 23 / 2010
	Mailing Address 857 POST RD #312	Amount of Each Disbursement this Period 1000.00
	City FAIRFIELD State CT Zip Code 06824	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) JO BONNER FOR CONGRESS	Transaction ID: SB23.88138 Date of Disbursement 06 / 23 / 2010
	Mailing Address P.O. BOX 851232	Amount of Each Disbursement this Period 1500.00
	City MOBILE State AL Zip Code 36685	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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)
JOHN D DINGELL FOR CONGRESS

Mailing Address P.O. BOX 75214

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District: 15

Transaction ID: SB23.88106

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

1500.00

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

Mailing Address P.O. BOX 470840

City TULSA State OK Zip Code 74147

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OK District: 01

Transaction ID: SB23.88102

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

2000.00

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

Mailing Address PO BOX 1530

City BISCOE State NC Zip Code 27209

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NC District: 08

Transaction ID: SB23.88144

Date of Disbursement

06 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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) KURT SCHRADER FOR CONGRESS	Transaction ID: SB23.88129 Date of Disbursement
	Mailing Address 607 N MAIN ST #240	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City OREGON CITY State OR Zip Code 97045	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS	Transaction ID: SB23.88100 Date of Disbursement
	Mailing Address 29 RUFF CIR	<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City GLASTONBURY State CT Zip Code 06033	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LONE STAR LEADERSHIP PAC	Transaction ID: SB23.88156 Date of Disbursement
	Mailing Address 7315 WISCONSIN AVE #310 E	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City BETHESDA State MD Zip Code 20814	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 CONTRIBUTION	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
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) MATHESON FOR CONGRESS Mailing Address PO BOX 521048 #A City SALT LAKE CITY State UT Zip Code 84152 Purpose of Disbursement OTHER JUNE 2010 PRIMARY Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88107 Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2010
	Amount of Each Disbursement this Period 5000.00
B. Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS Mailing Address 888 16TH STREET NW, #680 City WASHINGTON State DC Zip Code 20006 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88093 Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2010
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS Mailing Address 888 16TH STREET NW, #680 City WASHINGTON State DC Zip Code 20006 Purpose of Disbursement CK VOIDED ORIG ISSUED 6/2/10 Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88160 Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2010
	Amount of Each Disbursement this Period -1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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) MCNERNEY FOR CONGRESS	Transaction ID: SB23.88131 Date of Disbursement
	Mailing Address PO BOX 12022	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City PLEASANTON State CA Zip Code 94588	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMM	Transaction ID: SB23.88136 Date of Disbursement
	Mailing Address 425 SECOND ST NE	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 CONTRIBUTION	<input type="text" value="7500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMM	Transaction ID: SB23.88137 Date of Disbursement
	Mailing Address 425 SECOND ST NE	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 CONTRIBUTION	<input type="text" value="7500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="16000.00"/>
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)

<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) PAUL BROUN COMMITTEE</p> <p>Mailing Address PO BOX 1512</p> <p>City ATHENS State GA Zip Code 30601</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.88119</p> <p>Date of Disbursement 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) ROBIN SMITH FOR TENNESSEE</p> <p>Mailing Address 6231 PERIMETER DR #113</p> <p>City CHATTANOOGA State TN Zip Code 37421</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.88147</p> <p>Date of Disbursement 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) SILVER STATE 21ST CENTURY PAC</p> <p>Mailing Address 3069 CONQUISTA CT</p> <p>City LAS VEGAS State NV Zip Code 89121</p> <p>Purpose of Disbursement 2010 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.88116</p> <p>Date of Disbursement 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

<p>A. Full Name (Last, First, Middle Initial) STEVE COHEN FOR CONGRESS</p> <p>Mailing Address 349 KENILWORTH</p> <p>City MEMPHIS State TN Zip Code 38112</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.88155 Date of Disbursement 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS</p> <p>Mailing Address 81 S 5TH STREET</p> <p>City COLUMBUS State OH Zip Code 43215</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: OH District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.88139 Date of Disbursement 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS</p> <p>Mailing Address 2501 WISCONSIN AVE #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: NC District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.88094 Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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)
TEXANS FOR HENRY CUELLAR

Mailing Address 1519 WASHINGTON ST, 2ND FL #200

City LAREDO State TX Zip Code 78042

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: TX District: 28

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.88127

Date of Disbursement

06 / 23 / 2010

Amount of Each Disbursement this Period

2500.00

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

Mailing Address PO BOX 9392

City AMARILLO State TX Zip Code 79105

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: TX District: 13

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.88153

Date of Disbursement

06 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 1405 ASHLEY RIVER RD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: SC District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Runoff

Category/
Type

Transaction ID: SB23.88124

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

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) TODD AKIN FOR CONGRESS <hr/> Mailing Address P.O. BOX 31222 <hr/> City ST LOUIS State MO Zip Code 63131 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88133 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Runoff
B. Full Name (Last, First, Middle Initial) TREY GOWDY FOR CONGRESS <hr/> Mailing Address PO BOX 3324 <hr/> City SPARTANBURG State SC Zip Code 29304 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88111 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Runoff
C. Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS CMTE <hr/> Mailing Address PO BOX 1500 <hr/> City CHICO State CA Zip Code 95927 <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: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88159 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Runoff

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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) WALLY HERGER FOR CONGRESS COMM Mailing Address PO BOX 1500 City CHICO State CA Zip Code 95927 Purpose of Disbursement CK VOIDED ORIG ISSUED 5/12/10 Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88158 Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2010
	Amount of Each Disbursement this Period -2000.00
B. Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS COMM Mailing Address PO BOX 1500 City CHICO State CA Zip Code 95927 Purpose of Disbursement CK VOIDED ORIG ISSUED 6/9/10 Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88161 Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2010
	Amount of Each Disbursement this Period -2000.00
C. Full Name (Last, First, Middle Initial) YODER FOR CONGRESS Mailing Address PO BOX 26742 City OVERLAND PARK State KS Zip Code 66225 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88166 Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2010
	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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)

YUMA COUNTY REPUBLICAN CENTRAL COMM

Transaction ID: SB23.88168

Date of Disbursement

Mailing Address 6740 W DEER VALLEY RD #D-107

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

City State Zip Code
GLENDALE AZ 85310

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
2010 CONTRIBUTION

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

144000.00

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)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City
CHICAGO

State
IL

Zip Code
60675

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.88172

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

3484.04

SUBTOTAL of Disbursements This Page (optional)

3484.04

TOTAL This Period (last page this line number only)

3484.04