

# 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 08 01 2010 through 08 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer THOMAS CONWAY

Signature of Treasurer Electronically Filed by THOMAS CONWAY Date 01 01 2011

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

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	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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 .....	1430319.50									
(c) Total Receipts (from Line 19) .....	86059.34	780294.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1516378.84	2275514.32								
7. Total Disbursements (from Line 31) .....	178174.44	937309.92								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1338204.40	1338204.40								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	76327.00	647650.00
(ii) Unitemized .....	9704.00	132520.01
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	86031.00	780170.01
(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) .....	86031.00	780170.01
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.) .....	28.34	124.28
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)) .....	86059.34	780294.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	86059.34	780294.29

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	2024.44	3442.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2024.44	3442.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	87000.00	668010.00
24. Independent Expenditure (use Schedule E) .....	64150.00	64150.00
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.....	25000.00	201707.74
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))..	178174.44	937309.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	178174.44	937309.92

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	86031.00	780170.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	86031.00	780170.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2024.44	3442.18
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2024.44	3442.18

**SCHEDULE A (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 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) BASEM ABDELMALAK	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 9500 EUCLID AVE DEPT OF ANES E-31	<b>Transaction ID:</b> SA11AI.88767
	City State Zip Code CLEVELAND OH 44195	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 328.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) AMR ABOULEISH	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 4303 EVERGREEN ELM CT	<b>Transaction ID:</b> SA11AI.88744
	City State Zip Code HOUSTON TX 77059	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 328.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) BRUCE ADELMAN	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 4896 WOODCLIFF HILL ROAD NORTH	<b>Transaction ID:</b> SA11AI.88737
	City State Zip Code WEST BLOOMFIELD MI 48323	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 328.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>123.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 104  
(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)  
TIMOTHY AIKEN

Mailing Address 3217 BROOKWOOD RD

City BIRMINGHAM State AL Zip Code 35223

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

Name of Employer ANESTHESIOLOGISTS ASSOC., P.C. Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 25 / 2010

Transaction ID: SA11AI.89258

Amount of Each Receipt this Period 500.00

**B.**

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

Mailing Address 10800 MIDLOTHIAN TURNPIKE SUITE 265

City RICHMOND State VA Zip Code 23235

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

Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt 08 / 01 / 2010

Transaction ID: SA11AI.88812

Amount of Each Receipt this Period 41.00

**C.**

Full Name (Last, First, Middle Initial)  
HUGH ALLEN

Mailing Address 1924 46TH AVE SW

City SEATTLE State WA Zip Code 98116

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

Name of Employer VIRGINIA MASON MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 10 / 2010

Transaction ID: SA11AI.88944

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1041.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) THOMAS ALLISON		Date of Receipt
	Mailing Address 14740 WATERCHASE BLVD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 20 / 2010
	City	State	Zip Code
	TAMPA	FL	33626
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.89220
Name of Employer ANES. ASSOC. OF PINELLAS COUNTY		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) THOMAS ANDREWS		Date of Receipt
	Mailing Address 1821 ALAQUA DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2010
	City	State	Zip Code
	LONGWOOD	FL	32779
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.88839
Name of Employer JLR MEDICAL GROUP, MAITLAND, FLORIDA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.00

<b>C.</b>	Full Name (Last, First, Middle Initial) GEORGE ASH		Date of Receipt
	Mailing Address P.O. BOX 8305		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 17 / 2010
	City	State	Zip Code
	GADSDEN	AL	35902
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.89130
Name of Employer ANESTHESIA ASSOCIATES		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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 791.00
<b>TOTAL</b> 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 9 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) WILLIAM BAKER		Date of Receipt MM / DD / YYYY 08 / 25 / 2010	
	Mailing Address 4968 SPRING ROCK RD		Transaction ID: SA11AI.89269	
	City	State	Zip Code	Amount of Each Receipt this Period
	BIRMINGHAM	AL	35223	500.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UAB DEPT. OF ANESTHESIOLOGY		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) ARNA BANERJEE		Date of Receipt MM / DD / YYYY 08 / 01 / 2010	
	Mailing Address DEPARTMENT OF ANESTHESIA CRITICAL 1211 21ST AVENUE SOUTH SUITE 52		Transaction ID: SA11AI.88776	
	City	State	Zip Code	Amount of Each Receipt this Period
	NASHVILLE	TN	37212	83.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer VANDERBILT UNIVERSITY MEDICAL CENTER		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 664.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) SHAWN BANKS		Date of Receipt MM / DD / YYYY 08 / 01 / 2010	
	Mailing Address 601 NE 36TH ST APT 3407		Transaction ID: SA11AI.88803	
	City	State	Zip Code	Amount of Each Receipt this Period
	MIAMI	FL	33137	83.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UNIVERSITY OF MIAMI		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 664.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	666.00
<b>TOTAL</b> This Period (last page this line 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 / 104  
(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)  
CAROLYN BANNISTER

Mailing Address 5102 CHASTLETON DRIVE

City State Zip Code  
STONE MOUNTAIN GA 30087

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

Name of Employer Occupation  
EMORY UNIVERSITY SCHOOL OF MEDICINE MD

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 664.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 2010

**Transaction ID:** SA11AI.88746

Amount of Each Receipt this Period  
83.00

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

Mailing Address 500 PINE RIDGE TRL

City State Zip Code  
BIRMINGHAM AL 35213

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

Name of Employer Occupation  
ANESTHESIA SERVICES OF BIRMINGHAM ANESTHESIOLOGIST

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

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 11 / 2010

**Transaction ID:** SA11AI.88978

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
MATTHEW BARTON

Mailing Address 244 HOLGERSON RD.

City State Zip Code  
SEQUIM WA 98382

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

Name of Employer Occupation  
SELF PHYSICIAN

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

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2010

**Transaction ID:** SA11AI.89087

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **833.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 104  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) ANDREW BAUDO		Date of Receipt MM / DD / YYYY 08 / 01 / 2010		
	Mailing Address 627 W BUCKINGHAM PLACE UNIT 1		<b>Transaction ID:</b> SA11AI.88770		
	City CHICAGO	State IL	Zip Code 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) ▼		Aggregate Year-to-Date ▼ 328.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) JEFFREY BAUMBACH		Date of Receipt MM / DD / YYYY 08 / 18 / 2010		
	Mailing Address 2008 KING STABLES RD		<b>Transaction ID:</b> SA11AI.89164		
	City BIRMINGHAM	State AL	Zip Code 35242	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIOLOGISTS ASSOCIATED, PC	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) BRION BEERLE		Date of Receipt MM / DD / YYYY 08 / 11 / 2010		
	Mailing Address PO BOX 212289		<b>Transaction ID:</b> SA11AI.89040		
	City ANCHORAGE	State AK	Zip Code 99521	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CHUGACH ANESTHESIA, LLC	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) .....

1541.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 104

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) EILEEN BEGIN		Date of Receipt
	Mailing Address 110 IRVING ST. NW #G-226		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2010
	City	State	Zip Code
	WASHINGTON	DC	20010
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.88805
Name of Employer WASHINGTON HOSPITAL CENTER		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 287.00	<input type="text"/> 41.00

<b>B.</b>	Full Name (Last, First, Middle Initial) JAMES BENONIS		Date of Receipt
	Mailing Address 1031 WESTBURY DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 26 / 2010
	City	State	Zip Code
	MATTHEWS	NC	28104
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.89281
Name of Employer PRESBYTERIAN 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 ▼ 250.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID BIEL		Date of Receipt
	Mailing Address 2216 MADISON AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2010
	City	State	Zip Code
	CINCINNATI	OH	45212
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.88824
Name of Employer ANESTHESIA ASSOC. OF CINCINNATI		Occupation ANESTHESIOLOGIST ASSISTANT	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 ▼ 336.00	<input type="text"/> 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 13 / 104
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) WENDY BINSTOCK	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 1122 W MONTANA ST	<b>Transaction ID:</b> SA11AI.88819
	City State Zip Code CHICAGO IL 60614	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF CHICAGO PHYSICAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 419.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) TIMOTHY BITTENBINDER	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 5014 ASCOT PARKWAY	<b>Transaction ID:</b> SA11AI.88755
	City State Zip Code TEMPLE TX 76502	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SCOTT WHITE MEMORIAL HOS- PITAL ANES. D ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KENNETH BOCHENEK	Date of Receipt MM / DD / YYYY 08 / 11 / 2010
	Mailing Address 2000 SPRUCE DR	<b>Transaction ID:</b> SA11AI.89055
	City State Zip Code LAFAYETTE IN 47905	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIOLOGY ASSOC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	216.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 104  
(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)  
KENNETH BOCHENEK

Mailing Address 2000 SPRUCE DR

City State Zip Code  
LAFAYETTE IN 47905

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

Name of Employer ANESTHESIOLOGY ASSOC      Occupation ANESTHESIOLOGIST

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1425.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	1	0

**Transaction ID:** SA11AI.89366

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
JASPER BOOKER

Mailing Address 2151 OLD ROCKY RIDGE RD. STE 106

City State Zip Code  
BIRMINGHAM AL 35216

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

Name of Employer ANES. SERV. OF BIRMINGHAM P.C      Occupation ANESTHESIOLOGIST

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

Date of Receipt  

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

**Transaction ID:** SA11AI.88979

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2950 CLEVELAND CLINIC BLVD  
DEPT. OF ANES.

City State Zip Code  
WESTON FL 33331

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

Name of Employer CLEVELAND CLINIC, FLORIDA      Occupation ANESTHESIOLOGIST

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      328.00

Date of Receipt  

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

**Transaction ID:** SA11AI.88740

Amount of Each Receipt this Period  
41.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **591.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) GREGORY BOUSKA		Date of Receipt
	Mailing Address 3000 BOGEY CIR SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2010
	City	State	Zip Code
	OWENS CROSS ROADS	AL	35763
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.88739
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"/> 83.00
		<input type="text"/> 668.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) GREGORY BOUSKA		Date of Receipt
	Mailing Address 3000 BOGEY CIR SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2010
	City	State	Zip Code
	OWENS CROSS ROADS	AL	35763
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.88846
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"/> 83.00
		<input type="text"/> 751.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MARK BRADY		Date of Receipt
	Mailing Address 9403 W. 146TH PL.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2010
	City	State	Zip Code
	OVERLAND PARK	KS	66221
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.88748
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
		<input type="text"/> 664.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 249.00
<b>TOTAL</b> 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 16 / 104

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) NORMAN BRAHEN		Date of Receipt	
	Mailing Address 9263 MEDICAL PLAZA DR STE A		M M / D D / Y Y Y Y Y 08 / 15 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.89101
	CHARLESTON	SC	29406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer SELF		Occupation ANESTHEESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) CLAUDE BRUNSON		Date of Receipt	
	Mailing Address 2500 N STATE ST		M M / D D / Y Y Y Y Y 08 / 01 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.88816
	JACKSON	MS	39216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.00	
Name of Employer UNIV OF MISSISSIPPI MED CTR		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 419.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN BULLINGTON		Date of Receipt	
	Mailing Address 2151 OLD ROCKY RIDGE RD.		M M / D D / Y Y Y Y Y 08 / 11 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.88980
	BIRMINGHAM	AL	35216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer ANES. SERV. OF BIRMINGHAM PC		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1083.00</b>
<b>TOTAL</b> This Period (last page this line 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 17 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES BURKMAN	Date of Receipt MM / DD / YYYY 08 / 09 / 2010
	Mailing Address 601 BELMONT AVE E APT A12	<b>Transaction ID:</b> SA11AI.88934
	City State Zip Code SEATTLE WA 98102	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer PHYSICIANS ANESTHESIA SERVICE	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) RUTH BURSTROM	Date of Receipt MM / DD / YYYY 08 / 19 / 2010
	Mailing Address 1538 EAGLE RIDGE PL.,N.E.	<b>Transaction ID:</b> SA11AI.89205
	City State Zip Code ALBUQUERQUE NM 87122	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer UNIVERSITY OF NM SCHOOL OF MED.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) TROY CALDWELL	Date of Receipt MM / DD / YYYY 08 / 26 / 2010
	Mailing Address 1704 NW 179TH TER	<b>Transaction ID:</b> SA11AI.89277
	City State Zip Code EDMOND OK 73012	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer TROY CALDWELL, MD PC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 18 / 104  
(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)  
JAMES CARLSEN

Mailing Address 1958 COMMON WAY RD

City State Zip Code  
ORLANDO FL 32814

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

Name of Employer Occupation  
JLR MEDICAL GROUP ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 254.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2010

**Transaction ID:** SA11AI.88838

Amount of Each Receipt this Period  
41.00

**B.** Full Name (Last, First, Middle Initial)  
ANTONIO CASSARA

Mailing Address 1236 MURRAY HILL AVE.

City State Zip Code  
PITTSBURGH PA 15217

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

Name of Employer Occupation  
UPMC CHILDRENS RESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 664.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2010

**Transaction ID:** SA11AI.88771

Amount of Each Receipt this Period  
83.00

**C.** Full Name (Last, First, Middle Initial)  
MARTYN CAVALLO

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

City State Zip Code  
NASHVILLE TN 37203

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

Name of Employer Occupation  
ANESTHESIA MEDICAL GROUP ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 328.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2010

**Transaction ID:** SA11AI.88745

Amount of Each Receipt this Period  
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: PAGE 19 / 104  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES CHANEY		Date of Receipt
	Mailing Address 3452 OAK CANYON DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 30 / 2010
	City	State	Zip Code
	BIRMINGHAM	AL	35243
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.89350
Name of Employer ANESTHESIOLOGISTS ASSOCIATED, 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"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN CHATELAIN		Date of Receipt
	Mailing Address 1319 S.9TH ST.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2010
	City	State	Zip Code
	FARGO	ND	58103
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.88786
Name of Employer MERITCARE MEDICAL GROUP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.00

<b>C.</b>	Full Name (Last, First, Middle Initial) EDWARD CHEN		Date of Receipt
	Mailing Address 4569 CLEARWATER HARBOR DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 20 / 2010
	City	State	Zip Code
	LARGO	FL	33770
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.89214
Name of Employer ANES ASSOC OF PINELLAS COUNTY		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 791.00
<b>TOTAL</b> 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 20 / 104  
(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)  
SAMUEL CHERRY

Mailing Address 149 LUCERNE BLVD

City State Zip Code  
BIRMINGHAM AL 35209

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

Name of Employer Occupation  
BIRMINGHAM VA MEDICAL CENTER ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2010

Transaction ID: SA11AI.88815

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
JIEUN CHOI

Mailing Address 22 KILMER DR

City State Zip Code  
HILLSBOROUGH NJ 08844

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

Name of Employer Occupation  
ACNJ ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

Transaction ID: SA11AI.89083

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
ELIAS CHUA

Mailing Address 113 CENTRENEST LN.

City State Zip Code  
WILMINGTON DE 19807

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2010

Transaction ID: SA11AI.89263

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1625.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBIN CONNER	Date of Receipt MM / DD / YYYY 08 / 11 / 2010
	Mailing Address 2151 OLD ROCKY RIDGE RD.	<b>Transaction ID:</b> SA11AI.88981
	City State Zip Code BIRMINGHAM AL 35216	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANES. SERV. OF BIRMINGHAM PC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ANTHONY COOK	Date of Receipt MM / DD / YYYY 08 / 11 / 2010
	Mailing Address 2151 OLD ROCKY RIDGE RD., #106	<b>Transaction ID:</b> SA11AI.88982
	City State Zip Code BIRMINGHAM AL 35216	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA SERVICES OF BIRMINGHAM, PC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) PAULA CRAIGO	Date of Receipt MM / DD / YYYY 08 / 16 / 2010
	Mailing Address DEPARTMENT OF ANESTHESIOLOGY 200 FIRST STREET S.W., CHARLTON 1 -	<b>Transaction ID:</b> SA11AI.89113
	City State Zip Code ROCHESTER MN 55905	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MAYO CLINIC COLLEGE OF MEDICINE ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line 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 22 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) STEVEN CROY	Date of Receipt MM / DD / YYYY 08 / 08 / 2010
	Mailing Address 20 ENDICOTT LN.	<b>Transaction ID:</b> SA11AI.88925
	City State Zip Code HIGHWOOD IL 60040	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA CONSULTANTS LTD Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID CUTTING	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 1889 FISH HATCHERY COURT	<b>Transaction ID:</b> SA11AI.89218
	City State Zip Code PALM HARBOR FL 34684	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANES ASSOC OF PINELLAS CO-UNTY Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) VINCENT DEGENHART	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 415 HARDEN ST.	<b>Transaction ID:</b> SA11AI.88785
	City State Zip Code COLUMBIA SC 29205	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CRITICAL HEALTH SYSTEMS Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 328.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1291.00
<b>TOTAL</b> This Period (last page this line 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 / 104  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) ASHOK DESAI		Date of Receipt MM / DD / YYYY 08 / 12 / 2010		
	Mailing Address 6 SANDRA DR.		<b>Transaction ID:</b> SA11AI.89079		
	City EDISON	State NJ	Zip Code 08820	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACNJ	Occupation ANAESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) CHRISTIAN DIEZ		Date of Receipt MM / DD / YYYY 08 / 01 / 2010		
	Mailing Address 7915 SW 55 AVENUE		<b>Transaction ID:</b> SA11AI.88799		
	City MIAMI	State FL	Zip Code 33143	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY OF MIAMI MEDICAL GROUP	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 664.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) DENISE DRVOL		Date of Receipt MM / DD / YYYY 08 / 02 / 2010		
	Mailing Address 3330 N. 129TH CIRCLE		<b>Transaction ID:</b> SA11AI.88861		
	City OMAHA	State NE	Zip Code 68164	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CHILDRENS SPECIALITY PHYSICIANS	Occupation PEDIATRIC 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) .....

833.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 104

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL DULITZ		Date of Receipt MM / DD / YYYY 08 / 12 / 2010		
	Mailing Address 9465 E CHARTER OAK DR		<b>Transaction ID:</b> SA11AI.89075		
	City SCOTTSDALE	State AZ	Zip Code 85260	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer VALLEY ANESTHESIOLOGY CONSULTANTS	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) GEORGE DUMAS		Date of Receipt MM / DD / YYYY 08 / 11 / 2010		
	Mailing Address 2151 OLD ROCKY RIDGE RD., STE. 106		<b>Transaction ID:</b> SA11AI.88983		
	City BIRMINGHAM	State AL	Zip Code 35216	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA SERV. OF BIRMINGHAM, P.C.	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) TIMOTHY DUTTON		Date of Receipt MM / DD / YYYY 08 / 18 / 2010		
	Mailing Address 2 OCEANWOOD DRIVE		<b>Transaction ID:</b> SA11AI.89147		
	City SCARBOROUGH	State ME	Zip Code 04074	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 250.00			

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) JAN DUVOISIN		Date of Receipt
	Mailing Address 5301 GULF BLVD APT C609		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 20 / 2010
	City	State	Zip Code
	ST PETE BEACH	FL	33706
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.89208
Name of Employer ANES ASSOC OF PINELLAS COUNTY		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN EBERT		Date of Receipt
	Mailing Address 5910 PROVIDENCE COUNTRY CLUB DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 30 / 2010
	City	State	Zip Code
	CHARLOTTE	NC	28277
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.89359
Name of Employer PRESBYTERIAN ANESTHESIA ASSOC. PA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) PAUL ELLIOTT		Date of Receipt
	Mailing Address 2151 OLD ROCKY RIDGE RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 11 / 2010
	City	State	Zip Code
	BIRMINGHAM	AL	35216
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.88984
Name of Employer ANES. SERV. OF BIRMINGHAM 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"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1000.00
<b>TOTAL</b> 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 26 / 104  
(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)  
KENNETH ELMASSIAN

Mailing Address 2399 PINE HOLLOW DR.

City EAST LANSING State MI Zip Code 48823

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

Name of Employer INGHAM REGIONAL MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 664.00

Date of Receipt: 08 / 01 / 2010  
**Transaction ID: SA11AI.88784**  
 Amount of Each Receipt this Period: 83.00

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

Mailing Address 2341 MCCALLIE AVE., #402

City CHATTANOOGA State TN Zip Code 37404

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

Name of Employer ANESTHESIOLOGISTS ASSOCIATED Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 419.00

Date of Receipt: 08 / 01 / 2010  
**Transaction ID: SA11AI.88821**  
 Amount of Each Receipt this Period: 83.00

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

Mailing Address 144 STATE ST.

City PORTLAND State ME Zip Code 04101

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

Name of Employer SPECTRUM MEDICAL GROUP Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 17 / 2010  
**Transaction ID: SA11AI.89121**  
 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: PAGE 27 / 104  
(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		Date of Receipt MM / DD / YYYY 08 / 30 / 2010
Mailing Address 2810 N SWAN RD STE 100		Transaction ID: SA11AI.89363
City TUCSON	State AZ	Zip Code 85712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer OLD PUEBLO ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**B.**

Full Name (Last, First, Middle Initial) ELLIOTT FARBER		Date of Receipt MM / DD / YYYY 08 / 28 / 2010
Mailing Address 4535 E QUARTZ MOUNTAIN RD		Transaction ID: SA11AI.89304
City PARADISE VALLEY	State AZ	Zip Code 85253
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer VALLEY ANESTHESIOLOGY CON-SULTANTS, LTD	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) RITCHIE FEVRIER		Date of Receipt MM / DD / YYYY 08 / 01 / 2010
Mailing Address 9837 GLADIOLUS BULB LOOP		Transaction ID: SA11AI.88773
City FORT MYERS	State FL	Zip Code 33908
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.00
Name of Employer MEDICAL ANESTHESIA AND PA-IN MANAGEMENT	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	341.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 104  
(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 FIELDEN		Date of Receipt MM / DD / YYYY 08 / 03 / 2010
Mailing Address 3010 W CHARLESTON BLVD STE 150		Transaction ID: SA11AI.88873
City LAS VEGAS	State NV	Zip Code 89102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
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 ▼ 581.00	

**B.**

Full Name (Last, First, Middle Initial) WILLIAM FITZPATRICK		Date of Receipt MM / DD / YYYY 08 / 11 / 2010
Mailing Address 2151 OLD ROCKY RIDGE RD.		Transaction ID: SA11AI.88985
City BIRMINGHAM	State AL	Zip Code 35216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANES. SERV. OF BIRMINGHAM PC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) MICHAEL FLANAGAN		Date of Receipt MM / DD / YYYY 08 / 15 / 2010
Mailing Address P.O. BOX 9011		Transaction ID: SA11AI.89106
City DOTHAN	State AL	Zip Code 36304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANESTH CONSULT MED GRP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1083.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 29 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL FLANAGAN  
 Mailing Address P.O. BOX 9011  
 City State Zip Code  
 DOTHAN AL 36304  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2010  
**Transaction ID:** SA11AI.89107  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ANESTH CONSULT MED GRP Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL FLANAGAN  
 Mailing Address 104 WILDFLOWER WAY  
 City State Zip Code  
 DOTHAN AL 36305  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 17 / 2010  
**Transaction ID:** SA11AI.89135  
 Amount of Each Receipt this Period  
 -500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -500.00

**C.** Full Name (Last, First, Middle Initial)  
RICHARD FLOWERDEW  
 Mailing Address 38 HEDGEROW DR  
 City State Zip Code  
 FALMOUTH ME 04105  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 01 / 2010  
**Transaction ID:** SA11AI.88783  
 Amount of Each Receipt this Period  
 83.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SPECTRUM MEDICAL GROUP Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 664.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 83.00  
**TOTAL** This Period (last page this line 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 / 104  
(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)  
WILLIAM FRAME

Mailing Address 2300 N EDWARD ST  
DEPT. OF ANESTHESIA

City State Zip Code  
DECATUR IL 62526

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

Name of Employer ASSOCIATED ANESTHESIOLOGISTS OF DECATUR      Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 664.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 0 1 / 2 0 1 0

**Transaction ID:** SA11AI.88789

Amount of Each Receipt this Period  
83.00

**B.** Full Name (Last, First, Middle Initial)  
PHILLIP GEIGER

Mailing Address 1908 W BERKSHIRE LN

City State Zip Code  
HANFORD CA 93230

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

Name of Employer US NAVY      Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 328.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 0 1 / 2 0 1 0

**Transaction ID:** SA11AI.88826

Amount of Each Receipt this Period  
41.00

**C.** Full Name (Last, First, Middle Initial)  
BARBARA GOLD

Mailing Address 4751 GIRARD AVE S SO

City State Zip Code  
MINNEAPOLIS MN 55419

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

Name of Employer UNIVERSITY OF MINNESOTA      Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 1 0

**Transaction ID:** SA11AI.89159

Amount of Each Receipt this Period  
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: PAGE 31 / 104

(check only one)

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MARK GOODMAN		Date of Receipt	
	Mailing Address 14813 HOLLYHOCK DR		M M / D D / Y Y Y Y Y 08 / 26 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.89288
	OKLAHOMA CITY	OK	73142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer AFFILIATED ANESTHESIOLOGI- STS, INC.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) ANDREW GOODRICH		Date of Receipt	
	Mailing Address 1304 OAK ST.		M M / D D / Y Y Y Y Y 08 / 04 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.88884
	MELBOURNE	FL	32901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer BREVARD ANESTHESIA SERVIC- ES, 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		

<b>C.</b>	Full Name (Last, First, Middle Initial) JOSEPH GUNSELMAN		Date of Receipt	
	Mailing Address 920 W. COMSTOCK CT.		M M / D D / Y Y Y Y Y 08 / 16 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.89119
	SPOKANE	WA	99203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer ROBERT KARL CELLARS, LLC		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) ..... ▶

2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) ELIZABETH HADDAD		Date of Receipt MM / DD / YYYY 08 / 05 / 2010		
	Mailing Address 3505 N. 14TH ST.		Transaction ID: SA11AI.88895		
	City ARLINGTON	State VA	Zip Code 22201	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DOMINION ANESTHESIA	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) JAMAL HAKIM		Date of Receipt MM / DD / YYYY 08 / 29 / 2010		
	Mailing Address 2699 LEE RD STE 510		Transaction ID: SA11AI.89318		
	City WINTER PARK	State FL	Zip Code 32789	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AGO	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) JAMES HALE		Date of Receipt MM / DD / YYYY 08 / 11 / 2010		
	Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11AI.88986		
	City BIRMINGHAM	State AL	Zip Code 35216	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANES. SERV. OF BIRMINGHAM PC	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 104  
(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) AARON HAMMOND		Date of Receipt MM / DD / YYYY 08 / 01 / 2010
Mailing Address 3390 N. CAMPBELL AVE., STE. 110		Transaction ID: SA11AI.88825
City TUCSON	State AZ	Zip Code 85719
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.00
Name of Employer SOUTHERN ARIZONA ANESTHES- IA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	

**B.**

Full Name (Last, First, Middle Initial) AARON HAMMOND		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
Mailing Address 3390 N. CAMPBELL AVE., STE. 110		Transaction ID: SA11AI.88933
City TUCSON	State AZ	Zip Code 85719
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 4.00
Name of Employer SOUTHERN ARIZONA ANESTHES- IA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 668.00	

**C.**

Full Name (Last, First, Middle Initial) MICHAEL HANEY		Date of Receipt MM / DD / YYYY 08 / 02 / 2010
Mailing Address 800 E. DAWSON		Transaction ID: SA11AI.88866
City TYLER	State TX	Zip Code 75701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer TRINITY CLINIC ANESTHESIO- LOGY	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>587.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 34 / 104  
(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)  
STEVEN HATTAMER

Mailing Address 8 PROSPECT STREET

City State Zip Code  
NASHUA NH 03060

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

Name of Employer Occupation  
NASHUA ANESTHESIA PARTNERS PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
08 / 01 / 2010

Transaction ID: SA11AI.88797

Amount of Each Receipt this Period

83.00

**B.**

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

Mailing Address 1711 RIVER RIDGE DR

City State Zip Code  
SPRING VALLEY OH 45370

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

Name of Employer Occupation  
KETTERING ANESTHESIA ASSO- CIATES PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 328.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 01 / 2010

Transaction ID: SA11AI.88759

Amount of Each Receipt this Period

41.00

**C.**

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

Mailing Address 8205 E MERCER WAY

City State Zip Code  
MERCER ISLAND WA 98040

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

Name of Employer Occupation  
VIGINIA MASON MEDICAL CEN- TER ANESTHESIOLOGIST

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

Date of Receipt

M M / D D / Y Y Y Y  
08 / 17 / 2010

Transaction ID: SA11AI.89138

Amount of Each Receipt this Period

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: PAGE 35 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
PETER HENDRICKS  
 Mailing Address 1590 PANORAMA DR  
 City BIRMINGHAM State AL Zip Code 35216  
 Date of Receipt 08 / 01 / 2010  
**Transaction ID:** SA11AI.88760  
 Amount of Each Receipt this Period 83.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 664.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT HENRY  
 Mailing Address 3104 BLUE LAKE DR., #110  
 City BIRMINGHAM State AL Zip Code 35243  
 Date of Receipt 08 / 06 / 2010  
**Transaction ID:** SA11AI.88919  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ANES. ASSOCIATED, P.C. Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**C.** Full Name (Last, First, Middle Initial)  
THOMAS HERFURTH  
 Mailing Address 3826 8TH STREET PLACE NW  
 City HICKORY State NC Zip Code 28601  
 Date of Receipt 08 / 19 / 2010  
**Transaction ID:** SA11AI.89196  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIFOUR ANESTHESIA ASSOCIATES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 116 HAVERFORD CIRCLE

City State Zip Code  
PITTSBURGH PA 15228

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

Name of Employer Occupation  
UPMC MERCY ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 664.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2010

**Transaction ID:** SA11AI.88795

Amount of Each Receipt this Period  
83.00

**B.** Full Name (Last, First, Middle Initial)  
CHARLES HIGGINS

Mailing Address MAINE MED. CTR.  
ANES. DEPT.

City State Zip Code  
PORTLAND ME 04102

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

Name of Employer Occupation  
SPECTRUM MEDICAL GROUP ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2010

**Transaction ID:** SA11AI.89174

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
CHRIS HILLMAN

Mailing Address 232 NARROWS DR.

City State Zip Code  
BIRMINGHAM AL 35242

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

Name of Employer Occupation  
ANESTHESIOLOGISTS ASSOC., P.C. ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2010

**Transaction ID:** SA11AI.88888

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **833.00**

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

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

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

FOR LINE NUMBER: PAGE 37 / 104

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) RICHARD HINDIN		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address 1116 WEBSTER DR.		<b>Transaction ID:</b> SA11AI.89128		
	City WILMINGTON	State DE	Zip Code 19803	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 250.00		
Name of Employer ANESTHESIA SERVICES, PA		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) TIMOTHY HOUSEMAN		Date of Receipt MM / DD / YYYY 08 / 01 / 2010		
	Mailing Address PO BOX 1025		<b>Transaction ID:</b> SA11AI.88840		
	City FAIRHOPE	State AL	Zip Code 36533	Amount of Each Receipt this Period 41.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 295.00		
Name of Employer EASTERN SHORE ANESTHESIA		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) MADELEINE HSU		Date of Receipt MM / DD / YYYY 08 / 16 / 2010		
	Mailing Address 63 WOODMAN LN		<b>Transaction ID:</b> SA11AI.89115		
	City BASKING RIDGE	State NJ	Zip Code 07920	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 250.00		
Name of Employer SUMMIT ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

**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 38 / 104
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) JEFFREY HUANG	Date of Receipt MM / DD / YYYY 08 / 07 / 2010
	Mailing Address 2699 LEE RD STE 510	<b>Transaction ID:</b> SA11AI.88923
	City State Zip Code WINTER PARK FL 32789	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIOLOGISTS OF GREATER ORLANDO Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) WILLIAM HURFORD	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address DEPARTMENT OF ANESTHESIOLOGY 231 ALBERT SABIN WAY	<b>Transaction ID:</b> SA11AI.88791
	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 ▼ 328.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KELLY HYDE	Date of Receipt MM / DD / YYYY 08 / 18 / 2010
	Mailing Address 421 OAKWOOD DR	<b>Transaction ID:</b> SA11AI.89145
	City State Zip Code DOTHAN AL 36303	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ACMG Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1541.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) RANDY IDLER		Date of Receipt
	Mailing Address 300 S. ARLINGTON 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 08 / 30 / 2010
	City	State	Zip Code
	RENO	NV	89501
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.89353
Name of Employer		Occupation	Amount of Each Receipt this Period
		ANESTHESIOLOGIST	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) JEFFREY JACOBS		Date of Receipt
	Mailing Address 11041 PINE LODGE TRAIL		<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 08 / 01 / 2010
	City	State	Zip Code
	DAVIE	FL	33328
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.88768
Name of Employer		Occupation	Amount of Each Receipt this Period
CLEVELAND CLINIC FLORIDA		ANESTHESIOLOGIST	<input type="text"/> 41.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 328.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) ALIRAZA JAFFER		Date of Receipt
	Mailing Address 5070 BROOKDALE ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 01 / 2010
	City	State	Zip Code
	BLOOMFIELD HILLS	MI	48304
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.88764
Name of Employer		Occupation	Amount of Each Receipt this Period
SOUTH OAKLAND ANESTHESIA ASSOCIATES		ANESTHESIOLOGIST	<input type="text"/> 83.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 664.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 624.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 40 / 104  
(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)  
DANIEL JANIK

Mailing Address 15605 E PRENTICE DR

City State Zip Code  
CENTENNIAL CO 80015

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

Name of Employer Occupation  
UNIVERSITY OF COLORADO PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 581.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2010

**Transaction ID:** SA11AI.88794

Amount of Each Receipt this Period  
83.00

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

Mailing Address 434 MAIN ST.

City State Zip Code  
WATERVILLE ME 04901

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

Name of Employer Occupation  
ANESTHESIA ASSOCIATES OF LEWISTON 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  
08 / 18 / 2010

**Transaction ID:** SA11AI.89186

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
JOEL JOHNSON

Mailing Address 2025 SOUTHERN LIGHT DR.

City State Zip Code  
LINCOLN NE 68512

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

Name of Employer Occupation  
ASSOCIATED ANESTHESIOLOGI-STS, PC ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2010

**Transaction ID:** SA11AI.89337

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **833.00**

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

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

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

FOR LINE NUMBER: PAGE 41 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 39 WOODMERE DR.

City State Zip Code  
DOTHAN AL 36305

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

Name of Employer ANESTHESIA CONSULTANTS MEDICAL GROUP. Occupation ANESTHESIOLOGIST

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

Date of Receipt: 08 / 18 / 2010  
Transaction ID: SA11AI.89178  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
PHILIP KALARICKAL

Mailing Address 1415 TULANE AVE., SL-4  
DEPT. OF ANESTHESIOLOGY

City State Zip Code  
NEW ORLEANS LA 70112

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

Name of Employer TULANE UNIVERSITY HOSP. AND CLINIC. Occupation PHYSICIAN

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

Date of Receipt: 08 / 18 / 2010  
Transaction ID: SA11AI.89153  
Amount of Each Receipt this Period: 250.00

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

Mailing Address 1101 W CLAIREMONT AVE STE 2C

City State Zip Code  
EAU CLAIRE WI 54701

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

Name of Employer EAU CLAIRE ANESTHESIOLOGISTS. Occupation ANESTHESIOLOGIST

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

Date of Receipt: 08 / 01 / 2010  
Transaction ID: SA11AI.88736  
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 42 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 664.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2010

**Transaction ID:** SA11AI.88761

Amount of Each Receipt this Period  
83.00

**B.** Full Name (Last, First, Middle Initial)  
JONATHAN KENTROS

Mailing Address 3104 BLUE LAKE DR., #110

City State Zip Code  
BIRMINGHAM AL 35243

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

Name of Employer Occupation  
ANES. ASSOCIATED, P.C. ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2010

**Transaction ID:** SA11AI.89110

Amount of Each Receipt this Period  
500.00

**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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2010

**Transaction ID:** SA11AI.88790

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: PAGE 43 / 104  
(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) RUBIN KESNER		Date of Receipt MM / DD / YYYY 08 / 01 / 2010
Mailing Address 35 HEARTHSTONE DRIVE		<b>Transaction ID:</b> SA11AI.88742
City GANSEVOORT	State NY	Zip Code 12831
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.00
Name of Employer ANESTHESIA GROUP OF ALBANY	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	

**B.**

Full Name (Last, First, Middle Initial) EDWIN KEZAR		Date of Receipt MM / DD / YYYY 08 / 11 / 2010
Mailing Address 2151 OLD ROCKY RIDGE RD., #106		<b>Transaction ID:</b> SA11AI.88987
City BIRMINGHAM	State AL	Zip Code 35216
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA SERVICES OF BI-RMINGHAM	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) HAROLD KIAMZON		Date of Receipt MM / DD / YYYY 08 / 27 / 2010
Mailing Address 100 LUKE ST		<b>Transaction ID:</b> SA11AI.89299
City SOUTH AMBOY	State NJ	Zip Code 08879
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY	Occupation ATTENDING ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1083.00</b>
<b>TOTAL</b> This Period (last page this line 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 / 104  
(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) HYON KIM		Date of Receipt MM / DD / YYYY 08 / 17 / 2010	
Mailing Address 285 DAVIDSON AVE STE 301		Transaction ID: SA11AI.89123	
City SOMERSET	State NJ	Zip Code 08873	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY	Occupation PHYSICIAN	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**B.**

Full Name (Last, First, Middle Initial) KEVIN KINKEAD		Date of Receipt MM / DD / YYYY 08 / 01 / 2010	
Mailing Address 1776 MCCONNELL DR.		Transaction ID: SA11AI.88842	
City WILLIAMSPORT	State PA	Zip Code 17701	Amount of Each Receipt this Period 166.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTHESIA ASSOCIATES OF WILLIAMSPORT	Occupation PHYSICIAN	Aggregate Year-to-Date 340.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**C.**

Full Name (Last, First, Middle Initial) STEPHEN KLEIN		Date of Receipt MM / DD / YYYY 08 / 30 / 2010	
Mailing Address ANES. ASSOCIATED, P.C.		Transaction ID: SA11AI.89371	
City BIRMINGHAM	State AL	Zip Code 35243	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer TRINITY HOSPITAL	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1166.00
<b>TOTAL</b> This Period (last page this line 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 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) GEORGE KORONES	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 2191 MUIRFIELD WAY	<b>Transaction ID:</b> SA11AI.89216
	City State Zip Code OLDSMAR FL 34677	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ANES ASSOC OF PINELLAS COUNTY	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID KRHOVSKY	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 2248 SHAWNEE S.E.	<b>Transaction ID:</b> SA11AI.88807
	City State Zip Code GRAND RAPIDS MI 49506	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 664.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JAMES KU	Date of Receipt MM / DD / YYYY 08 / 02 / 2010
	Mailing Address 726 RIVER RD.	<b>Transaction ID:</b> SA11AI.88863
	City State Zip Code HILLSBOROUGH NJ 08844	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>583.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 46 / 104  
(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)  
CHANG KWEON

Mailing Address 105 GREENE ST APT 1207

City State Zip Code  
JERSEY CITY NJ 07302

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

Name of Employer Occupation  
SUMMIT ANESTHESIA ASSOCIATES ANESTHESIOLOGIST

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

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2010

**Transaction ID:** SA11AI.88953

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
HUNG-CHI KWOK

Mailing Address 2732 MUIR WOODS DR., SE

City State Zip Code  
HAMPTON COVE AL 35763

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

Name of Employer Occupation  
ALABAMA ANES. OF HUNTSVILLE, LLC PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2010

**Transaction ID:** SA11AI.89249

Amount of Each Receipt this Period  
150.00

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

Mailing Address 6304 CRESTVIEW DRIVE

City State Zip Code  
SHAWNEE KS 66218

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

Name of Employer Occupation  
MWA MD

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

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 09 / 2010

**Transaction ID:** SA11AI.88939

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MARY LANZA	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 6355 KALMIA DR	<b>Transaction ID:</b> SA11AI.89095
	City State Zip Code ANCHORAGE AK 99507	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PAAMG Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL LATHEM	Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address 3104 BLUE LAKE DR., #110	<b>Transaction ID:</b> SA11AI.89349
	City State Zip Code BIRMINGHAM AL 35243	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANES. ASSOC., P.C. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) RICHARD LAYMAN	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 6431 FANNIN ST STE 5.196 DEPT OF ANESTHESIOLOGY	<b>Transaction ID:</b> SA11AI.88814
	City State Zip Code HOUSTON TX 77030	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNIVERSITY OF TEXAS MED SCHOOL Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 295.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	791.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 104

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) ABRAHAM LAYON		Date of Receipt MM / DD / YYYY 08 / 07 / 2010		
	Mailing Address PO BOX 100254 1600 SW ARCHER ROAD, PSB 2536		<b>Transaction ID:</b> SA11AI.88921		
	City GAINESVILLE	State FL	Zip Code 32610	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY OF FLORIDA MEDICAL CENTER -		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) SCOTT LEIGHTY		Date of Receipt MM / DD / YYYY 08 / 01 / 2010		
	Mailing Address 3900 WALNUT CLAY DR.		<b>Transaction ID:</b> SA11AI.88766		
	City AUSTIN	State TX	Zip Code 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 ▼ 328.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) GORDON LEWIS		Date of Receipt MM / DD / YYYY 08 / 11 / 2010		
	Mailing Address 2151 OLD ROCKY RIDGE RD SUITE 106		<b>Transaction ID:</b> SA11AI.88988		
	City BIRMINGHAM	State AL	Zip Code 35216	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA SERVICES OF BIRMINGHAM P C		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	791.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL LEWIS	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address DEPARTMENT OF ANESTHESIOLOGY 1611 NW 12TH AVE	<b>Transaction ID:</b> SA11AI.88747
	City MIAMI State FL Zip Code 33136	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer JACKSON MEMORIAL HOSPITAL Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 581.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) RICHARD LEWIS	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 3104 BLUE LAKE DR., #110	<b>Transaction ID:</b> SA11AI.89206
	City BIRMINGHAM State AL Zip Code 35243	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer ANES. ASSOCIATED, P.C. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JAMES LIMANEK	Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address 39 FIELDSTONE WAY	<b>Transaction ID:</b> SA11AI.89347
	City SHELBURNE State VT Zip Code 05482	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer FLETCHER ALLEN HEALTH CARE Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>833.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 104  
(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
ASA LOCKHART

Mailing Address 2106 KENNEBUNK LN.

City TYLER State TX Zip Code 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 ▼ 664.00

Date of Receipt 08 / 01 / 2010  
Transaction ID: SA11AI.88832  
Amount of Each Receipt this Period 83.00

**B.** Full Name (Last, First, Middle Initial)  
LAJUANA LOGAN

Mailing Address 2151 OLD ROCKY RIDGE RD.

City BIRMINGHAM State AL Zip Code 35216

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

Name of Employer ANES. SERV. OF BIRMINGHAM PC Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 11 / 2010  
Transaction ID: SA11AI.88989  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
EDWARD LUCENTE

Mailing Address 1088 SHARPLESS ROAD

City HOCKESSIN State DE Zip Code 19707

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

Name of Employer ANESTHESIA SERVICES P.A. Occupation M.D. ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 02 / 2010  
Transaction ID: SA11AI.88858  
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: PAGE 51 / 104  
(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)  
JOSHUA LUMBLEY

Mailing Address 410 W 10TH AVE  
N411 DOAN HALL

City State Zip Code  
COLUMBUS OH 43210

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

Name of Employer Occupation  
THE OHIO STATE UNIVERSITY ATTENDING ANESTHESIOLOGIST  
MEDICAL CENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 295.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2010

Transaction ID: SA11AI.88836

Amount of Each Receipt this Period  
41.00

**B.**

Full Name (Last, First, Middle Initial)  
PHILIP LUND

Mailing Address 5441 SW VIEW POINT TERRACE

City State Zip Code  
PORTLAND OR 97239

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

Name of Employer Occupation  
OHSU ANESTHESIOLOGIST

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

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

Transaction ID: SA11AI.89074

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
MARIA MACK

Mailing Address 7514 91ST AVE SW

City State Zip Code  
TACOMA WA 98498

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

Name of Employer Occupation  
PACIFIC ANESTHESIA ANESTHESIOLOGIST

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

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2010

Transaction ID: SA11AI.89099

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **541.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN MAKRIDES	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 7 ABACO DR	<b>Transaction ID:</b> SA11AI.89233
	City State Zip Code CAPE ELIZABETH ME 04107	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DARRYL MALAK	Date of Receipt MM / DD / YYYY 08 / 26 / 2010
	Mailing Address 1718 E 4TH ST STE 300	<b>Transaction ID:</b> SA11AI.89279
	City State Zip Code CHARLOTTE NC 28204	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation PRESBYTERIAN ANES. ASSOCI-ATES ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MARK MANDABACH	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address DEPT. OF ANESTHESIOLOGY 619 S. 19TH ST., JT845	<b>Transaction ID:</b> SA11AI.88827
	City State Zip Code BIRMINGHAM AL 35249	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 664.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>583.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 104  
(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)  
KURT MARKGRAF

Mailing Address 3663 MCKINLEY AVE

City State Zip Code  
FORT MYERS FL 33901

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

Name of Employer Occupation  
MEDICAL ANESTHESIA PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 664.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2010

**Transaction ID:** SA11AI.88798

Amount of Each Receipt this Period  
83.00

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

Mailing Address 1604 TACOMA ST

City State Zip Code  
DOTHAN AL 36303

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

Name of Employer Occupation  
ANESTHESIA CONSULTANTS MEDICAL GROUP PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 14 / 2010

**Transaction ID:** SA11AI.89097

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
TY MARTINDALE

Mailing Address 6516 HACKBERRY TRL

City State Zip Code  
EDMOND OK 73034

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

Name of Employer Occupation  
AFFILIATED ANESTHESIOLOGISTS, LLC 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  
08 / 28 / 2010

**Transaction ID:** SA11AI.89306

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) JERRY MATSUMURA	Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address 18124 WEDGE PARKWAY, SUITE 232	<b>Transaction ID:</b> SA11AI.89336
	City State Zip Code RENO NV 89511	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) SCOTT MAXWELL	Date of Receipt MM / DD / YYYY 08 / 25 / 2010
	Mailing Address 4200 W MEMORIAL RD SUITE 703	<b>Transaction ID:</b> SA11AI.89273
	City State Zip Code OKLAHOMA CITY OK 73120	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation SCOTT MAXWELL, MD PC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) BRIAN MCALLISTER	Date of Receipt MM / DD / YYYY 08 / 18 / 2010
	Mailing Address 62 KENWOOD ST	<b>Transaction ID:</b> SA11AI.89142
	City State Zip Code PORTLAND ME 04102	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MAINE MEDICAL CENTER RESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<b>TOTAL</b> This Period (last page this line 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 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) HOA MCLEAN		Date of Receipt
	Mailing Address 230 WHITE TAIL LANE		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	MEDIA	PA	19063
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ANES. SERVICES PA		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.89262
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) RICHARD MCNEER		Date of Receipt
	Mailing Address 18340 SW 122 ST.		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	MIAMI	FL	33196
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UNIVERSITY OF MIAMI DEPT OF ANESTHESIO		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.88811
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="585.00"/>	<input type="text" value="83.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT MICHAELS		Date of Receipt
	Mailing Address 291 SOUTHHALL LN		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	MAITLAND	FL	32751
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer JLR MEDICAL GROUP		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.88762
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="328.00"/>	<input type="text" value="41.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="624.00"/>
<b>TOTAL</b> 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 56 / 104
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) ANDREW MILLER	Date of Receipt MM / DD / YYYY 08 / 25 / 2010
	Mailing Address 509 W PORTLAND ST	<b>Transaction ID:</b> SA11AI.89271
	City State Zip Code PHOENIX AZ 85003	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer VALLEY ANESTHESIOLOGY CONSULTANTS Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL MILLER	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 15936 OAK PARK CT	<b>Transaction ID:</b> SA11AI.88834
	City State Zip Code WESTFIELD IN 46074	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ACI,LLC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 254.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER MILLSON	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 2400 WIMBLEDON DR	<b>Transaction ID:</b> SA11AI.88757
	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 DESERT ANESTHESIOLOGISTS Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 664.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	624.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MITCHELL MINANA		Date of Receipt MM / DD / YYYY 08 / 30 / 2010		
	Mailing Address 1306 E WELDEN DR		Transaction ID: SA11AI.89372		
	City SPOKANE	State WA	Zip Code 99223	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PHYS ANESTH GRP	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) THOMAS MOORE		Date of Receipt MM / DD / YYYY 08 / 01 / 2010		
	Mailing Address 1748 VESTWOOD HILLS DR.		Transaction ID: SA11AI.88775		
	City VESTAVIA HILLS	State AL	Zip Code 35216	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY OF ALABAMA SCH- OOL OF MEDICI	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) JIANLONG MU		Date of Receipt MM / DD / YYYY 08 / 10 / 2010		
	Mailing Address 5 HARVEST LN.		Transaction ID: SA11AI.88940		
	City HOCKESSIN	State DE	Zip Code 19707	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA SERVICE, PA	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	425.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 104

(check only one)

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

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

**A.**

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

Mailing Address 1520 CHANDLER RD SE

City State Zip Code  
HUNTSVILLE AL 35801

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

Name of Employer  
COMPREHENSIVE ANESTHESIA SERVICES

Occupation  
ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 18 / 2010

Transaction ID: SA11AI.89157

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
MARK MULVIHILL

Mailing Address 16 CELESTIAL WAY

City State Zip Code  
NEWARK DE 19711

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

Name of Employer  
ANESTHESIA SERVICES PA

Occupation  
ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 23 / 2010

Transaction ID: SA11AI.89246

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
JOEL MUMFORD

Mailing Address 221 ELM HILL RD.

City State Zip Code  
SPRINGFIELD VT 05156

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

Name of Employer  
V A MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
664.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 01 / 2010

Transaction ID: SA11AI.88779

Amount of Each Receipt this Period

83.00

**SUBTOTAL** of Receipts This Page (optional) .....

1583.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 104

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) MARK MURRAY	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 1924 ALCOA HIGHWAY, BOX U-109 DEPARTMENT OF ANESTHESIA	<b>Transaction ID:</b> SA11AI.88823
	City State Zip Code KNOXVILLE TN 37920	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer UNIVERSITY ANESTHESIOLOGISTS Occupation DOCTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00

<b>B.</b>	Full Name (Last, First, Middle Initial) ROBERT MURRAY III	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 19 ELM PARK BLVD.	<b>Transaction ID:</b> SA11AI.88753
	City State Zip Code PLEASANT RIDGE MI 48069	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 664.00

<b>C.</b>	Full Name (Last, First, Middle Initial) ROSS MUSUMECI	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 9 LINCOLN ST.	<b>Transaction ID:</b> SA11AI.88806
	City State Zip Code WESTON MA 02493	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 328.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>207.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 104  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) PAUL NAGRODZKI		Date of Receipt MM / DD / YYYY 08 / 11 / 2010		
	Mailing Address 2151 OLD ROCKY RIDGE RD.		<b>Transaction ID:</b> SA11AI.88990		
	City BIRMINGHAM	State AL	Zip Code 35216	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer ANES. SERV. OF BIRMINGHAM PC		
Occupation ANESTHESIOLOGIST		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 500.00					

<b>B.</b>	Full Name (Last, First, Middle Initial) JOSEPH NEAL		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address VIRGINIA MASON MEDICAL CTR. P.O. BOX 900		<b>Transaction ID:</b> SA11AI.89127		
	City SEATTLE	State WA	Zip Code 98111	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer VIRGINIA MASON MEDICAL CE- NTER		
Occupation ANESTHESIOLOGIST		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 250.00					

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL NEED		Date of Receipt MM / DD / YYYY 08 / 01 / 2010		
	Mailing Address 7632 TIMBER SPRINGS DR.		<b>Transaction ID:</b> SA11AI.88837		
	City FISHERS	State IN	Zip Code 46038	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 585.00					

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

833.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL NICHOLS		Date of Receipt
	Mailing Address 1090 DEVINE CIRCLE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2010
	City	State	Zip Code
	ATLANTA	GA	30319
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.88778
Name of Employer NOVA SOUTHEASTERN UNIVERSITY ANESTHESIOLOGISTS		Occupation ANESTHESIOLOGIST ASSISTANT	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 ▼ 664.00	<input type="text"/> 83.00

<b>B.</b>	Full Name (Last, First, Middle Initial) THEODOROS PAPALIMBERIS		Date of Receipt
	Mailing Address 2 GOLDENROD LN.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 18 / 2010
	City	State	Zip Code
	FALMOUTH	ME	04105
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.89172
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 ▼ 250.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) C. LEE PARMLEY		Date of Receipt
	Mailing Address 1211 21ST AVE S MEDICAL ARTS BUILDING SUITE 526		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2010
	City	State	Zip Code
	NASHVILLE	TN	37212
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.88758
Name of Employer VANDERBILT UNIVERSITY 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 ▼ 1000.00	<input type="text"/> 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 458.00
<b>TOTAL</b> 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 62 / 104  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) WILLIAM PEKARSKE		Date of Receipt MM / DD / YYYY 08 / 01 / 2010		
	Mailing Address 1281 E. CALLE DE LA CABRA		<b>Transaction ID:</b> SA11AI.88808		
	City TUCSON	State AZ	Zip Code 85718	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SOUTHERN ARIZONA ANESTHESIA SERVICES	Occupation PHYSICIAN	Aggregate Year-to-Date 664.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) JOSEPH PEROSI		Date of Receipt MM / DD / YYYY 08 / 12 / 2010		
	Mailing Address 285 DAVIDSON AVE STE 301		<b>Transaction ID:</b> SA11AI.89077		
	City SOMERSET	State NJ	Zip Code 08873	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA CONSULTANTS OF NJ, LLC.	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) JULIA POLLOCK		Date of Receipt MM / DD / YYYY 08 / 12 / 2010		
	Mailing Address PO BOX 900		<b>Transaction ID:</b> SA11AI.89089		
	City SEATTLE	State WA	Zip Code 98111	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer VIRGINIA MASON MEDICAL CENTER	Occupation PHYSICIAN	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1583.00
<b>TOTAL</b> This Period (last page this line 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 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) RYAN PONG	Date of Receipt MM / DD / YYYY 08 / 17 / 2010
	Mailing Address 1100 NINTH AVENUE MAIL STOP B2-AN	<b>Transaction ID:</b> SA11AI.89140
	City SEATTLE State WA Zip Code 98101	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer VIRGINIA MASON MEDICAL CENTER ANESTHES Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) RONALD POWELL	Date of Receipt MM / DD / YYYY 08 / 29 / 2010
	Mailing Address 4330 HILLSIDE	<b>Transaction ID:</b> SA11AI.89316
	City NORMAN State OK Zip Code 73072	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer SELF Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ANDREW RACKSTEIN	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 300 JEFFORDS ST STE B	<b>Transaction ID:</b> SA11AI.89210
	City CLEARWATER State FL Zip Code 33756	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer ANES ASSOC OF PINELLAS COUNTY Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 64 / 104

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) ATTIQUE RAHMAN	Date of Receipt MM / DD / YYYY 08 / 15 / 2010
	Mailing Address 90 MEADOW LARK LN	<b>Transaction ID:</b> SA11AI.89105
	City State Zip Code BELLE MEAD NJ 08502	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MELINDA RANDALL	Date of Receipt MM / DD / YYYY 08 / 04 / 2010
	Mailing Address 5 ALDERS LN.	<b>Transaction ID:</b> SA11AI.88883
	City State Zip Code WILMINGTON DE 19807	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ASPA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DENFORD RATHEL	Date of Receipt MM / DD / YYYY 08 / 11 / 2010
	Mailing Address 2723 TREVOR DR.	<b>Transaction ID:</b> SA11AI.88959
	City State Zip Code HUNTSVILLE AL 35802	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer COMP ANES SERV, PC	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) .....

2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) STEVEN READ		Date of Receipt
	Mailing Address 102 WATERSTONE CV		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2010
	City	State	Zip Code
	GEORGETOWN	TX	78628
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.88835
Name of Employer NORTHSTAR ANESTHESIA DEPT. OF ANESTHES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 254.00	<input type="text"/> 41.00

<b>B.</b>	Full Name (Last, First, Middle Initial) ANN REARDON		Date of Receipt
	Mailing Address 34 BELLEVUE AVE.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 18 / 2010
	City	State	Zip Code
	BANGOR	ME	04401
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.89155
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 ▼ 500.00	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) PULI REDDY		Date of Receipt
	Mailing Address 1118 ROSS CLARK CIRCLE, #700		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 18 / 2010
	City	State	Zip Code
	DOTHAN	AL	36301
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.89143
Name of Employer ANES. CONSULTANTS 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 ▼ 1000.00	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1041.00
<b>TOTAL</b> 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 66 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN REISINGER	Date of Receipt MM / DD / YYYY 08 / 16 / 2010
	Mailing Address 1526 NORTHWAY DR	<b>Transaction ID:</b> SA11AI.89117
	City State Zip Code SAINT CLOUD MN 56303	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CENTRAL MINNESOTA ANESTHESIA, LTD. PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DIANE REYNOLDS	Date of Receipt MM / DD / YYYY 08 / 11 / 2010
	Mailing Address 3608 HILLVALE CIRCLE	<b>Transaction ID:</b> SA11AI.89000
	City State Zip Code KNOXVILLE TN 37919	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA MEDICAL ALLIANCE OF EAST TN ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KEVIN ROBERTS	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 240 WALNUT LN.	<b>Transaction ID:</b> SA11AI.88802
	City State Zip Code SLINGERLANDS NY 12159	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ALBANY MEDICAL CENTER HOSPITAL ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	933.00
<b>TOTAL</b> This Period (last page this line 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 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) LEOPOLDO RODRIGUEZ		Date of Receipt
	Mailing Address 21050 POINT PLACE #305 ATLANTIC 3 AT THE POINT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 01 / 2010
	City	State	Zip Code
	AVENTURA	FL	33180
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.88800
Name of Employer SHERIDAN HEALTHCARE INC		Occupation MEDICAL DIRECTOR OF THE SURGERY CENTER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 664.00	83.00

<b>B.</b>	Full Name (Last, First, Middle Initial) ANNE ROGERS		Date of Receipt
	Mailing Address 6005 RIVER 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 08 / 30 / 2010
	City	State	Zip Code
	NORFOLK	VA	23505
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.89351
Name of Employer ATLANTIC ANESTHESIA 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 ▼ 900.00	100.00

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT ROSEN		Date of Receipt
	Mailing Address 1838 PARK STREET, NORTH		<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 08 / 11 / 2010
	City	State	Zip Code
	ST. PETERSBURG	FL	33710
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.88963
Name of Employer ANES ASSOC OF PINELLAS CT-Y, 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 ▼ 250.00	250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>433.00</b>
<b>TOTAL</b> This Period (last page this line 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 / 104  
(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)  
FRANK ROSINIA

Mailing Address 23 IDLEWOOD PL

City State Zip Code  
RIVER RIDGE LA 70123

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

Name of Employer  
TULANE UNIVERSITY SCHOOL OF MEDICINE

Occupation  
CHAIRMAN, DEPARTMENT OF ANESTHESIOLOGY

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
328.00

Date of Receipt  

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

**Transaction ID:** SA11AI.88831

Amount of Each Receipt this Period  
41.00

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

Mailing Address 2151 OLD ROCKY RIDGE RD SUITE 106

City State Zip Code  
BIRMINGHAM AL 35216

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

Name of Employer  
ANESTHESIA SERVICES OF BIRMINGHAM P C

Occupation  
ANESTHESIOLOGIST

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID:** SA11AI.88991

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2151 OLD ROCKY RIDGE RD SUITE 106

City State Zip Code  
BIRMINGHAM AL 35216

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

Name of Employer  
ANESTHESIA SERVICES OF BIRMINGHAM P C

Occupation  
ANESTHESIOLOGIST

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID:** SA11AI.88995

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1041.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN ROY		Date of Receipt
	Mailing Address 10222 FALCON TERRACE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 20 / 2010
	City	State	Zip Code
	LARGO	FL	33778
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.89212
Name of Employer ANES ASSOC OF PINELLAS COUNTY		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) LAWRENCE ROY		Date of Receipt
	Mailing Address 2420 FREEMAN MANOR DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2010
	City	State	Zip Code
	JONES	OK	73049
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.88751
Name of Employer OKLAHOMA ANESTHESIA CONSULTANTS		Occupation MEDICAL DOCTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 83.00

<b>C.</b>	Full Name (Last, First, Middle Initial) ALAN RUDOLPH		Date of Receipt
	Mailing Address 4912 ANDROS DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 20 / 2010
	City	State	Zip Code
	TAMPA	FL	33629
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.89222
Name of Employer ANES ASSOC OF PINELLAS COUNTY		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 583.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 104  
(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 RUDULPH

Mailing Address 2151 OLD ROCKY RIDGE RD.

City BIRMINGHAM State AL Zip Code 35216

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

Name of Employer ANES. SERV. OF BIRMINGHAM PC Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 11 / 2010

Transaction ID: SA11AI.88992

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
SAMMY SABRI

Mailing Address 3104 BLUE LAKE DR STE 110

City BIRMINGHAM State AL Zip Code 35243

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

Name of Employer ANES. ASSOCIATES, P.C. Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 25 / 2010

Transaction ID: SA11AI.89259

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
JOSEPH SANDOR

Mailing Address 8625 E. CLYDESDALE TR.

City SCOTTSDALE State AZ Zip Code 85258

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

Name of Employer VALLEY ANES. CONSULTANTS, LTD. Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 26 / 2010

Transaction ID: SA11AI.89282

Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) JORDAN SANKEL		Date of Receipt MM / DD / YYYY 08 / 01 / 2010		
	Mailing Address 333 W. HAMPDEN AVE. SUITE 600		<b>Transaction ID:</b> SA11AI.88818		
	City ENGLEWOOD	State CO	Zip Code 80110	Amount of Each Receipt this Period 41.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer SOUTH DENVER ANESTHESIOLOGISTS, PC		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 213.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) JAMES SCHLIMMER		Date of Receipt MM / DD / YYYY 08 / 11 / 2010		
	Mailing Address 15321 TIMBER RIDGE DR		<b>Transaction ID:</b> SA11AI.88956		
	City BURNSVILLE	State MN	Zip Code 55306	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	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 ▼ 1000.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) KEITH SCHRADER		Date of Receipt MM / DD / YYYY 08 / 10 / 2010		
	Mailing Address 1304 OAK ST		<b>Transaction ID:</b> SA11AI.88943		
	City MELBOURNE	State FL	Zip Code 32901	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer BREVARD ANESTHESIA		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1541.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 104  
(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)  
ABRAHAM SCHUSTER

Mailing Address 2151 OLD ROCKY RIDGE RD.

City State Zip Code  
BIRMINGHAM AL 35216

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

Name of Employer ANES. SERV. OF BIRMINGHAM  
PC Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2010

Transaction ID: SA11AI.88993

Amount of Each Receipt this Period  
1000.00

**B.**

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 CHILDRENS HOSPITAL OF PHI-  
LADELPHIA Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 328.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2010

Transaction ID: SA11AI.88780

Amount of Each Receipt this Period  
41.00

**C.**

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

Mailing Address 2898 HAMPTON COVE WAY

City State Zip Code  
HAMPTON COVE AL 35763

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

Name of Employer ALABAMA ANESTHESIA OF HUN-  
TSVILLE Occupation MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2010

Transaction ID: SA11AI.89312

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1541.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 104  
(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)  
DOUGLAS SEDLACEK

Mailing Address 2250 COUNTRY CLUB PKWY SE

City State Zip Code  
CEDAR RAPIDS IA 52403

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

Name of Employer  
LINN COUNTY ANESTH Occupation  
ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2010

Transaction ID: SA11AI.89356

Amount of Each Receipt this Period  
600.00

**B.**

Full Name (Last, First, Middle Initial)  
KURT SENN

Mailing Address 3104 BLUE LAKE DR., #110

City State Zip Code  
BIRMINGHAM AL 35243

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

Name of Employer  
ANESTHESIOLOGISTS ASSOCIA- Occupation  
TED, P.C. ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2010

Transaction ID: SA11AI.89057

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
EDWARD SEUGLING

Mailing Address 1103 JASMINE CT.

City State Zip Code  
MULLICA HILL NJ 08062

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2010

Transaction ID: SA11AI.89160

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) DANIEL SHERRER	Date of Receipt MM / DD / YYYY 08 / 11 / 2010
	Mailing Address 2151 OLD ROCKY RIDGE RD STE 106	Transaction ID: SA11AI.88994
	City State Zip Code BIRMINGHAM AL 35216	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA SERVICES OF BIRMINGHAM, P.C. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JAMES SHU	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 6063 LAUREL CREEK DR	Transaction ID: SA11AI.88741
	City State Zip Code PLEASANTON CA 94588	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation EDEN MEDICAL CENTER ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KAREN SIBERT	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 4146 SUNNYSLOPE AVE.	Transaction ID: SA11AI.88750
	City State Zip Code SHERMAN OAKS CA 91423	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CEDARS-SINAI MEDICAL CENTER ANES. DEPT ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	582.00
<b>TOTAL</b> This Period (last page this line 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 / 104  
(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 SIEGEL		Date of Receipt MM / DD / YYYY 08 / 27 / 2010	
Mailing Address 18 MELANIE MNR		Transaction ID: SA11AI.89297	
City EAST BRUNSWICK	State NJ	Zip Code 08816	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 ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

**B.**

Full Name (Last, First, Middle Initial) MICHAEL SIMON		Date of Receipt MM / DD / YYYY 08 / 01 / 2010	
Mailing Address 35 GELLATLY DR.		Transaction ID: SA11AI.88777	
City WAPPINGERS FALLS	State NY	Zip Code 12590	Amount of Each Receipt this Period 83.00
FEC ID number of contributing federal political committee. C			
Name of Employer NAPA	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00		

**C.**

Full Name (Last, First, Middle Initial) JAMES SIMONSON		Date of Receipt MM / DD / YYYY 08 / 30 / 2010	
Mailing Address 14816 MARBLELEAF DR		Transaction ID: SA11AI.89376	
City EDMOND	State OK	Zip Code 73013	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer NWA	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	833.00
<b>TOTAL</b> This Period (last page this line 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 76 / 104  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) ALEXEY SLUCKY		Date of Receipt MM / DD / YYYY 08 / 01 / 2010		
	Mailing Address 333 W. HAMPDEN AVE., SUITE 600		<b>Transaction ID:</b> SA11AI.88769		
	City ENGLEWOOD	State CO	Zip Code 80110	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 664.00		
Name of Employer SOUTH DENVER ANESTHESIOLOGISTS, PC		Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 664.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) BLAIR SMITH		Date of Receipt MM / DD / YYYY 08 / 01 / 2010		
	Mailing Address 1046 LAKE COLONY LN.		<b>Transaction ID:</b> SA11AI.88774		
	City BIRMINGHAM	State AL	Zip Code 35242	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 664.00		
Name of Employer UNIVERSITY OF ALABAMA HSF		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 664.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) JEREMY SMITH		Date of Receipt MM / DD / YYYY 08 / 02 / 2010		
	Mailing Address 103 RESEDA LN.		<b>Transaction ID:</b> SA11AI.88862		
	City DOTHAN	State AL	Zip Code 36305	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00		
Name of Employer ANESTHESIA CONSULTANTS MED. GROUP		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1166.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 104  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) JATINDER SOMAL		Date of Receipt MM / DD / YYYY 08 / 25 / 2010
	Mailing Address 4422 N CAMINO ALLENADA		<b>Transaction ID:</b> SA11AI.89275
	City PHOENIX	State AZ	Zip Code 85018
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer SELF	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) GREGORY SOMERVILLE		Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 6208 DEVILS HOLLOW RD.		<b>Transaction ID:</b> SA11AI.88813
	City FORT WAYNE	State IN	Zip Code 46814
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.00
	Name of Employer ASSOCIATED ANESTHESIOLOGISTS OF FORT W	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 295.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) SHANNON SORAH		Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 11743 COUCH MILL ROAD		<b>Transaction ID:</b> SA11AI.88810
	City KNOXVILLE	State TN	Zip Code 37932
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.00
	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 ▼ 295.00	

**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 78 / 104  
(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 SPIVAK

Mailing Address 3104 BRADFORD PLACE

City State Zip Code  
BIRMINGHAM AL 35242

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2010

Transaction ID: SA11AI.88898

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 6911 VAN DORN, SUITE 2

City State Zip Code  
LINCOLN NE 68506

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

Name of Employer ASSOCIATED ANESTHESIOLOGY, P.C. Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2010

Transaction ID: SA11AI.89295

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 270 MIDDLETON ROAD

City State Zip Code  
BOXFORD MA 01921

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

Name of Employer ANESTHESIA ASSOCIATES OF MASSACHUSETTS Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 328.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2010

Transaction ID: SA11AI.88765

Amount of Each Receipt this Period  
41.00

**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 79 / 104
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) MARION STARKS		Date of Receipt MM / DD / YYYY 08 / 01 / 2010		
	Mailing Address 1204 N. WINDOMERE AVE.		Transaction ID: SA11AI.88820		
	City DALLAS	State TX	Zip Code 75208	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA RESOURCES FOR CHILDREN	Occupation PHYSICIAN	Aggregate Year-to-Date 625.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) SHANE STIDHAM		Date of Receipt MM / DD / YYYY 08 / 30 / 2010		
	Mailing Address 13005 ANDUIN AVE.		Transaction ID: SA11AI.89374		
	City OKLAHOMA CITY	State OK	Zip Code 73170	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) WYNDAM STRODTBECK		Date of Receipt MM / DD / YYYY 08 / 10 / 2010		
	Mailing Address 5692 179TH AVE SE		Transaction ID: SA11AI.88951		
	City BELLEVUE	State WA	Zip Code 98006	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer VIRGINIA MASON MEDICAL CENTER	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	875.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 104  
(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) <b>MAYA SURESH</b>		Date of Receipt MM / DD / YYYY <b>08 / 01 / 2010</b>
Mailing Address <b>1709 DRYDEN RD STE 1700</b>		<b>Transaction ID: SA11AI.88788</b>
City <b>HOUSTON</b>	State <b>TX</b>	Zip Code <b>77030</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>83.00</b>
Name of Employer <b>BAYLOR COLLEGE OF MEDICINE</b>	Occupation <b>ANESTHESIOLOGIST</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>664.00</b>	

**B.**

Full Name (Last, First, Middle Initial) <b>LAURIE SUTHERLAND</b>		Date of Receipt MM / DD / YYYY <b>08 / 18 / 2010</b>
Mailing Address <b>2 GOLDEN ROD LN.</b>		<b>Transaction ID: SA11AI.89184</b>
City <b>FALMOUTH</b>	State <b>ME</b>	Zip Code <b>04105</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>MAINE MEDICAL CENTER</b>	Occupation <b>ANESTHESIOLOGIST</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

**C.**

Full Name (Last, First, Middle Initial) <b>THOMAS SWYGERT</b>		Date of Receipt MM / DD / YYYY <b>08 / 01 / 2010</b>
Mailing Address <b>7014 PRESTONSHIRE LN.</b>		<b>Transaction ID: SA11AI.88781</b>
City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75225</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>41.00</b>
Name of Employer <b>PINNACLE ANESTHESIA CONSUL-TANTS</b>	Occupation <b>ANESTHESIOLOGIST</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>328.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>374.00</b>
<b>TOTAL</b> This Period (last page this line 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 81 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) STEVEN SYKES	Date of Receipt MM / DD / YYYY 08 / 18 / 2010
	Mailing Address 1118 ROSS CLARK CIRCLE,SUITE 700	Transaction ID: SA11AI.89177
	City State Zip Code DOTHAN AL 36301	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ANESTHESIA CONSULTANTS ME- DICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JOSEPH TALARICO	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address DEPARTMENT OF ANESTHESIOLOGY 200 LOTHROP ST # 463	Transaction ID: SA11AI.88754
	City State Zip Code PITTSBURGH PA 15213	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CENTE	Occupation ASSISTANT PROFESSOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JULIE THOMPSON	Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address 8208 NW 134TH TER	Transaction ID: SA11AI.89320
	City State Zip Code OKLAHOMA CITY OK 73142	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer AFFILIATED ANESTHESIOLOGI- STS, INC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1291.00
<b>TOTAL</b> This Period (last page this line 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 82 / 104  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) EUGENE TOLPIN		Date of Receipt
	Mailing Address 1309 OBERLIN RD., GREEN ACRES		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2010
	City	State	Zip Code
	WILMINGTON	DE	19803
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.88855
Name of Employer ANESTHESIA SERVICES,P.A.		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>B.</b>	Full Name (Last, First, Middle Initial) JAMES TOMLINSON		Date of Receipt
	Mailing Address 8221 CASTLEHILL RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 30 / 2010
	City	State	Zip Code
	BIRMINGHAM	AL	35242
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.89348
Name of Employer ANESTHESIOLOGISTS ASSOCIATED, 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"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) ANDREW TROBRIDGE		Date of Receipt
	Mailing Address 13909 WATERWAY BLVD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2010
	City	State	Zip Code
	FORTVILLE	IN	46040
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.88743
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"/> 664.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>833.00</b>
<b>TOTAL</b> 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 83 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER TROIANOS		Date of Receipt MM / DD / YYYY 08 / 01 / 2010		
	Mailing Address 427 HEIGHTS DR		Transaction ID: SA11AI.88796		
	City GIBSONIA	State PA	Zip Code 15044	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer WESTERN PENNSYLVANIA HOSPITAL	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 664.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) BENJAMIN UNGER		Date of Receipt MM / DD / YYYY 08 / 01 / 2010		
	Mailing Address 474 W 238TH ST., APT. 3A		Transaction ID: SA11AI.88772		
	City RIVERDALE	State NY	Zip Code 10463	Amount of Each Receipt this Period 41.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer COLUMBIA UNIVERSITY MEDICAL CENTER	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 328.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) PAUL VADNAIS		Date of Receipt MM / DD / YYYY 08 / 30 / 2010		
	Mailing Address 3507 EVERMORE CT.		Transaction ID: SA11AI.89361		
	City CHARLOTTE	State NC	Zip Code 28226	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PRESBYTERIAN ANESTHESIA ASSOC. PA	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	374.00
<b>TOTAL</b> This Period (last page this line 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 84 / 104  
(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)  
DAVID VARLOTTA

Mailing Address 1303 BAYSHORE BLVD.

City State Zip Code  
TAMPA FL 33606

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

Name of Employer Occupation  
UNICOM ANESTHESIA ASSOCIATES ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 664.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2010

Transaction ID: SA11AI.88752

Amount of Each Receipt this Period  
83.00

**B.**

Full Name (Last, First, Middle Initial)  
HECTOR VILA

Mailing Address 4304 W AZEELE ST

City State Zip Code  
TAMPA FL 33609

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

Name of Employer Occupation  
HV PA ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 664.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2010

Transaction ID: SA11AI.88738

Amount of Each Receipt this Period  
83.00

**C.**

Full Name (Last, First, Middle Initial)  
ANNETTE VIZENA

Mailing Address 919 SKIPPING STONE CT

City State Zip Code  
TIMNATH CO 80547

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

Name of Employer Occupation  
NORTHERN CO ANESTH. PROF. CONSULTANTS ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2010

Transaction ID: SA11AI.89362

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **216.00**

**TOTAL** This Period (last page this line 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 85 / 104
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) J. MICHAEL VOLLERS		Date of Receipt
	Mailing Address 1 CHILDRENS WAY SLOT 203, S-319		<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 08 / 01 / 2010
	City	State	Zip Code
	LITTLE ROCK	AR	72202
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.88792
Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI		Occupation PROFESSOR OF ANESTHESIOLOGY	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 ▼ 664.00	<input type="text"/> 83.00

<b>B.</b>	Full Name (Last, First, Middle Initial) BENJAMIN WALKER		Date of Receipt
	Mailing Address 2009 COUNTRY RIDGE CIR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 12 / 2010
	City	State	Zip Code
	BIRMINGHAM	AL	35243
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.89081
Name of Employer SPS, PC		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>C.</b>	Full Name (Last, First, Middle Initial) WILLIAM WARE		Date of Receipt
	Mailing Address 4326 BOULDER LAKE CIR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 11 / 2010
	City	State	Zip Code
	BIRMINGHAM	AL	35242
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.88997
Name of Employer ANESTHESIA SVCS OF BIRMINGHAM		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1083.00
<b>TOTAL</b> 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 86 / 104
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID WARREN		Date of Receipt
	Mailing Address 415 OAKWOOD 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 08 / 18 / 2010
	City	State	Zip Code
	DOTHAN	AL	36303
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.89182
Name of Employer ANESTHESIA CONSULTANTS MEDICAL GROUP		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER WASSINK		Date of Receipt
	Mailing Address 3300 EGYPT VALLEY NE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 01 / 2010
	City	State	Zip Code
	ADA	MI	49301
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.88749
Name of Employer ANESTHESIA MEDICAL CONSULTANTS PC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.00
		<input type="text"/> 328.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ANNE WILHITE		Date of Receipt
	Mailing Address 10136 CHEROKEE ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 01 / 2010
	City	State	Zip Code
	RICHMOND	VA	23235
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.88793
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 ▼	<input type="text"/> 41.00
		<input type="text"/> 328.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1082.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN WILKINSON		Date of Receipt
	Mailing Address 22222 NEFF 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 08 / 30 / 2010
	City	State	Zip Code
	BEND	OR	97701
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.89365
Name of Employer		Occupation	Amount of Each Receipt this Period
		ANESTHESIOLOGIST	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) CHARLES WILLIAMS		Date of Receipt
	Mailing Address 503 CHESHIRE 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 08 / 30 / 2010
	City	State	Zip Code
	KNOXVILLE	TN	37919
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.89339
Name of Employer		Occupation	Amount of Each Receipt this Period
ANESTHESIA MEDICAL ALLIANCE OF E.T.N.		ANESTHESIOLOGIST	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) MARK WILLIS		Date of Receipt
	Mailing Address 1118 ROSS CLARK CIRCLE, STE. 700		<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 08 / 10 / 2010
	City	State	Zip Code
	DOTHAN	AL	36301
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.88945
Name of Employer		Occupation	Amount of Each Receipt this Period
ANESTHESIA CONSULTANTS MED. GROUP		PHYSICIAN	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) GLENN WOODS	Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address 1956 STONERIDGE DR	<b>Transaction ID:</b> SA11AI.89340
	City State Zip Code AUBURN AL 36830	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA ASSOC OF EAST ALA Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) GRANVILLE WORK	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 3749 LYNNFIELD DR.	<b>Transaction ID:</b> SA11AI.88782
	City State Zip Code VIRGINIA BEACH VA 23452	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 581.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JASON WORKMAN	Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 7575 W WASHINGTON AVE STE 127-374	<b>Transaction ID:</b> SA11AI.88829
	City State Zip Code LAS VEGAS NV 89128	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIOLOGY CONSULTANT-S, INC. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 664.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	666.00
<b>TOTAL</b> This Period (last page this line 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 89 / 104
	(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)  
ELIZABETH YASIK

Mailing Address 10 EVANS DR

City State Zip Code  
LANDENBERG PA 19350

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

Name of Employer ANESTHESIA SERVICES PA Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

Transaction ID: SA11AI.89071

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
RUOXU YOU

Mailing Address 1 PARSONAGE HILL RD

City State Zip Code  
SHORT HILLS NJ 07078

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

Name of Employer SUMMIT ANESTHESIA ASSOC. Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2010

Transaction ID: SA11AI.88937

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
LAWRENCE YOUNG

Mailing Address 1717 VALLEY FORGE DR.

City State Zip Code  
HIXSON TN 37343

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

Name of Employer ANESTHESIOLOGISTS ASSOCIATED Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2010

Transaction ID: SA11AI.88833

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **875.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 / 104
	(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) BEEKMAN YOUNGBLOOD		Date of Receipt
Mailing Address P.O. BOX 907		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 08 / 2010
City	State	Zip Code
SELMA	AL	36702
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.88927
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 250.00
Name of Employer SELF	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 250.00	

**B.**

Full Name (Last, First, Middle Initial) JONATHAN ZUCKER		Date of Receipt
Mailing Address 1612 SAINT GREGORY DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2010
City	State	Zip Code
LAS VEGAS	NV	89117
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.88787
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 83.00
Name of Employer SELF	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 664.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 333.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 76327.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 91 / 104	
	(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**

<b>A.</b>	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>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		3	1		2	0	1	0														
	City State Zip Code CHICAGO IL 60675		<b>Transaction ID:</b> SA17.89416																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 28.34																					
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 ▼ 124.28																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	28.34
<b>TOTAL</b> This Period (last page this line number only) .....	▶	28.34

**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 92 / 104

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City  
CHICAGO

State  
IL

Zip Code  
60675

Purpose of Disbursement  
BANK/CC FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21B.89417

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

2024.44

SUBTOTAL of Disbursements This Page (optional) .....

2024.44

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

2024.44

# 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 93 / 104

<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

<b>A.</b> Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DR City MARLTON State NJ Zip Code 08053 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88694 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
<b>B.</b> Full Name (Last, First, Middle Initial) BACHUS FOR CONGRESS COMMITTEE Mailing Address PO BOX 131134 City BIRMINGHAM State AL Zip Code 35213 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88701 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 4000.00
<b>C.</b> Full Name (Last, First, Middle Initial) BLUMENTHAL FOR SENATE Mailing Address 777 SUMMER ST City STAMFORD State CT Zip Code 06901 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88704 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 94 / 104

<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) CANTOR FOR CONGRESS	Transaction ID: SB23.88696 Date of Disbursement
	Mailing Address P.O. BOX 17813	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City RICHMOND State VA Zip Code 23226	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: VA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS	Transaction ID: SB23.88695 Date of Disbursement
	Mailing Address P.O. BOX 442	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City ALLENTOWN State PA Zip Code 18105	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="4000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) COMM TO ELECT CHRIS MURPHY	Transaction ID: SB23.88692 Date of Disbursement
	Mailing Address P.O. BOX 127	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City CHESHIRE State CT Zip Code 06410	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: CT District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**8500.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 95 / 104

<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><b>A.</b> Full Name (Last, First, Middle Initial) DJOU FOR HAWAII</p> <p>Mailing Address PO BOX 235280</p> <p>City HONOLULU State HI Zip Code 96823</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: HI District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.88703</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ESHOO FOR CONGRESS</p> <p>Mailing Address 555 CAPITOL MALL #1425</p> <p>City SACRAMENTO State CA Zip Code 95814</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.88725</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FAMILIES FOR JAMES LANKFORD</p> <p>Mailing Address 16121 WINDRUSH PL</p> <p>City EDMOND State OK Zip Code 73013</p> <p>Purpose of Disbursement 2010 PRIMARY RUN-OFF</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff</p>	<p><b>Transaction ID:</b> SB23.88716</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 2500.00</p>

**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)

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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><b>A.</b> Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMITTEE</p> <p>Mailing Address 205 5TH AVE S #428</p> <p>City LA CROSSE State WI Zip Code 54601</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 03</p>	<p><b>Transaction ID:</b> SB23.88708</p> <p>Date of Disbursement 08 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) KIRK FOR SENATE</p> <p>Mailing Address PO BOX 8</p> <p>City WINNETKA State IL Zip Code 60093</p> <p>Purpose of Disbursement 2010 SPECIAL GENERAL ELECTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General</p>	<p><b>Transaction ID:</b> SB23.88722</p> <p>Date of Disbursement 08 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) KISSELL FOR CONGRESS</p> <p>Mailing Address PO BOX 1530</p> <p>City BISCOE State NC Zip Code 27209</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.88707</p> <p>Date of Disbursement 08 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

10500.00

**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><b>A.</b> Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS</p> <p>Mailing Address 21301 POWERLINE RD #204</p> <p>City BOCA RATON State FL Zip Code 33433</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.88718 <b>Date of Disbursement</b> 08 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS</p> <p>Mailing Address 21301 POWERLINE RD #204</p> <p>City BOCA RATON State FL Zip Code 33433</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.88719 <b>Date of Disbursement</b> 08 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS</p> <p>Mailing Address PO BOX 225</p> <p>City COLONIA State NJ Zip Code 07067</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.88730 <b>Date of Disbursement</b> 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9500.00
<b>TOTAL</b> 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)  
**MARSHA BLACKBURN FOR CONGRESS**

Mailing Address PO BOX 682185

City CHATTANOOGA State TN Zip Code 37404

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Transaction ID: SB23.88728

Date of Disbursement

08 / 18 / 2010

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
**MARTIN HEINRICH FOR CONGRESS**

Mailing Address 2118 CENTRAL AVE SE #71

City ALBUQUERQUE State NM Zip Code 87106

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NM District: 01

Transaction ID: SB23.88693

Date of Disbursement

08 / 04 / 2010

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL BURGESS FOR CONGRESS**

Mailing Address P.O. BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Transaction ID: SB23.88700

Date of Disbursement

08 / 04 / 2010

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7000.00

**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

<b>A.</b> Full Name (Last, First, Middle Initial) MO BROOKS FOR CONGRESS <hr/> Mailing Address 7610 FOXFIRE DR <hr/> City HUNTSVILLE State AL Zip Code 35802 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88726 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
<b>B.</b> Full Name (Last, First, Middle Initial) PROSPERITY PAC <hr/> Mailing Address 1006 PENDLETON ST <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement 2010 CONTRIBUTION <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88706 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
<b>C.</b> Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS <hr/> Mailing Address P.O. BOX 11519 <hr/> City CHARLESTON State WV Zip Code 25339 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.88691 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

12500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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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><b>A.</b> Full Name (Last, First, Middle Initial) TERRI SEWELL FOR CONGRESS</p> <p>Mailing Address PO BOX 1964</p> <p>City BIRMINGHAM State AL Zip Code 35201</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: AL District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.88733 <b>Date of Disbursement</b> 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) THOMPSON FOR CONGRESS</p> <p>Mailing Address 5429 MADISON AVE</p> <p>City SACRAMENTO State CA Zip Code 95841</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: CA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.88705 <b>Date of Disbursement</b> 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) WELCH FOR CONGRESS</p> <p>Mailing Address PO BOX 1682</p> <p>City BURLINGTON State VT Zip Code 05402</p> <p>Purpose of Disbursement 2010 GENERAL AT-LARGE</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.88699 <b>Date of Disbursement</b> 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8000.00

**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)

WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: OR District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.88697

Date of Disbursement

08 / 04 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

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

87000.00

**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)

GOVERNOR BRANSTAD 2010 COMMITTEE

Mailing Address 3590 109TH STREET

City URBANDALE State IA Zip Code 50322

Purpose of Disbursement  
2010 NON-FEDERAL CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.88712

Date of Disbursement

08 / 11 / 2010

Amount of Each Disbursement this Period

25000.00

SUBTOTAL of Disbursements This Page (optional) .....

25000.00

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

25000.00

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00255752
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee DYNAMIC MARKETING, INC.		Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0
Mailing Address 1145 W COLLINS AVE		Amount 64150.00
City State Zip Code ORANGE CA 92867		Transaction ID: SE.94722
Purpose of Expenditure RADIO ADVERTISING EXPENSES		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: ANDY HARRIS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 64150.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	64150.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	64150.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
THOMAS CONWAY Signature	Date M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 1 1