

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 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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, Convention, General, Special, Runoff (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 05 01 2011 through 05 31 2011

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 06 17 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	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		1200707.26
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	1415053.55									
(c) Total Receipts (from Line 19)	98770.83	625960.06								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1513824.38	1826667.32								
7. Total Disbursements (from Line 31)	99594.36	412437.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1414230.02	1414230.02								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	81431.00	485522.00
(ii) Unitemized	16533.00	139572.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	97964.00	625094.00
(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)	97964.00	625094.00
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)	799.00	799.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	7.83	67.06
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))	98770.83	625960.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	98770.83	625960.06

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2094.36	11472.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2094.36	11472.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	72500.00	343000.00
24. Independent Expenditure (use Schedule E)	0.00	7965.00
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	50000.00
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))..	99594.36	412437.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	99594.36	412437.30

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)	97964.00	625094.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	97964.00	625094.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2094.36	11472.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	799.00	799.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1295.36	10673.30

**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 / 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) BASEM ABDELMALAK	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 9500 EUCLID AVE DEPT OF ANES E-31	Transaction ID: SA11AI.100350
	City State Zip Code CLEVELAND OH 44195	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CLEVELAND CLINIC FOUNDATION ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00	

B.	Full Name (Last, First, Middle Initial) AMR ABOULEISH	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 4303 EVERGREEN ELM CT	Transaction ID: SA11AI.100268
	City State Zip Code HOUSTON TX 77059	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF TEXAS MEDICAL BRANCH ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00	

C.	Full Name (Last, First, Middle Initial) AMR ABOULEISH	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 4303 EVERGREEN ELM CT	Transaction ID: SA11AI.100364
	City State Zip Code HOUSTON TX 77059	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF TEXAS MEDICAL BRANCH PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00	

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

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

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

FOR LINE NUMBER: PAGE 7 / 124
(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)
JOEL ACKERMAN

Mailing Address 10301 HICKMAN MILLS DR STE 100

City State Zip Code
KANSAS CITY MO 64137

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

Name of Employer ANESTHESIA ASSOC OF KANSAS CITY PAIN M Occupation PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.100746

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ZULFIQAR AHMED

Mailing Address 2865 WOODFORD DR

City State Zip Code
STERLING HEIGHTS MI 48310

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

Name of Employer CHILDRENS HOSPITAL OF MICHIGAN Occupation PEDIATRIC ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.100296

Amount of Each Receipt this Period
83.00

C. Full Name (Last, First, Middle Initial)
ZULFIQAR AHMED

Mailing Address 2865 WOODFORD DR

City State Zip Code
STERLING HEIGHTS MI 48310

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

Name of Employer PEDIATRIC ANES PC Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 747.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.100462

Amount of Each Receipt this Period
747.00

SUBTOTAL of Receipts This Page (optional) ► **1330.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 124
(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)
HOWARD AKS
Mailing Address 6700 W. 132ND ST.
City OVERLAND PARK State KS Zip Code 66209
FEC ID number of contributing federal political committee. **C**
Name of Employer AAKC Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 05 / 16 / 2011
Transaction ID: SA11AI.100790
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
HOWARD AKS
Mailing Address 6700 W. 132ND ST.
City OVERLAND PARK State KS Zip Code 66209
FEC ID number of contributing federal political committee. **C**
Name of Employer AAKC Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00
Date of Receipt 05 / 16 / 2011
Transaction ID: SA11AI.100791
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
YASSER AL-BAGHDADI
Mailing Address 3990 JOHN R ST
City DETROIT State MI Zip Code 48201
FEC ID number of contributing federal political committee. **C**
Name of Employer DETROIT MEDICAL CENTER Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 13 / 2011
Transaction ID: SA11AI.100649
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 800.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MOHAMMAD AL-NOURI	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 3653 THATCHER CT	Transaction ID: SA11AI.100653
	City State Zip Code ROCHESTER HILLS MI 48309	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PORT HURON HOSPITAL MED. STAFF OFFICE/ ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) ERIC ALBRECHT	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 938 HANOVER AVE.	Transaction ID: SA11AI.100293
	City State Zip Code NORFOLK VA 23508	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ATLANTIC ANESTHESIA, INC. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) GRAY ALLEN	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 22 CAMINO ARCO IRIS	Transaction ID: SA11AI.100266
	City State Zip Code MADRID NM 87010	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ALBUQUERQUE VETERANS HOSPITAL ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line 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 / 124
(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 ASHBURN

Mailing Address 1840 SOUTH ST
SECOND FLOOR TUTTLEMAN CENTER

City State Zip Code
PHILADELPHIA PA 19146

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

Name of Employer: PENN PAIN MEDICINE AND PALLIATIVE CARE
Occupation: PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt: 05 / 01 / 2011
Transaction ID: SA11AI.100277
Amount of Each Receipt this Period: 41.00

B. Full Name (Last, First, Middle Initial)
JEFFERY BAEUERLE

Mailing Address 11923 DELMAHOY DR.

City State Zip Code
CHARLOTTE NC 28277

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

Name of Employer: PRESBYTERIAN ANESTHESIA ASSOCIATES
Occupation: PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 05 / 13 / 2011
Transaction ID: SA11AI.100772
Amount of Each Receipt this Period: 1000.00

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

Mailing Address PO BOX 1076

City State Zip Code
GAINESVILLE GA 30503

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

Name of Employer: ANESTHESIA ASSOCIATES OF GAINESVILLE
Occupation: ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 05 / 13 / 2011
Transaction ID: SA11AI.100643
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1291.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 124
	<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 BALDONE		Date of Receipt
	Mailing Address 106 RANDOM OAKS LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 13 / 2011
	City	State	Zip Code
	MANDEVILLE	LA	70448
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100609
Name of Employer SUMMIT 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 ▼ 500.00	500.00

B.	Full Name (Last, First, Middle Initial) RICHARD BALLARD		Date of Receipt
	Mailing Address 415 VERDI LN.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 13 / 2011
	City	State	Zip Code
	ATLANTA	GA	30350
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100594
Name of Employer NORTHSIDE ANESTHESIOLOGY CONSULTANT		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

C.	Full Name (Last, First, Middle Initial) ARNA BANERJEE		Date of Receipt
	Mailing Address DEPARTMENT OF ANESTHESIA CRITICAL 1211 21ST AVENUE, SOUTH, SUITE 5		<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 05 / 01 / 2011
	City	State	Zip Code
	NASHVILLE	TN	37212
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100351
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 ▼ 415.00	83.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 124
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
SHAWN BANKS

Mailing Address 601 NE 36TH ST APT 3407

City State Zip Code
MIAMI FL 33137

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

Name of Employer UNIVERSITY OF MIAMI Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt: 05 / 01 / 2011
Transaction ID: SA11AI.100318
Amount of Each Receipt this Period: 83.00

B. Full Name (Last, First, Middle Initial)
GINGER BARR-ZARSE

Mailing Address 1206 MONROE DR NE

City State Zip Code
ATLANTA GA 30306

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

Name of Employer NORTHSIDE ANESTHESIOLOGY CONSULTANT Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 13 / 2011
Transaction ID: SA11AI.100596
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
RENEE BAUGH

Mailing Address 3173 CHESTNUT RUN DR

City State Zip Code
BLOOMFIELD MI 48302

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

Name of Employer ANESTHESIA SERVICES Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 13 / 2011
Transaction ID: SA11AI.100692
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 583.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 124
(check only one)

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

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

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

Mailing Address 152 FORTY LOVE PT.

City State Zip Code
CHAPIN SC 29036

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

Name of Employer Occupation
ACC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100366

Amount of Each Receipt this Period
41.00

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

Mailing Address 110 IRVING ST. NW #G-226

City State Zip Code
WASHINGTON DC 20010

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

Name of Employer Occupation
WASHINGTON HOSPITAL CENTER ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100379

Amount of Each Receipt this Period
41.00

C. Full Name (Last, First, Middle Initial)
DEAN BERKUS

Mailing Address 9675 BRIGHTON WAY STE 100

City State Zip Code
BEVERLY HILLS CA 90210

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

Name of Employer Occupation
SPECIALTY SURGICAL CENTER ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011

Transaction ID: SA11AI.100620

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 124
	<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) MORDECHAI BERMANN		Date of Receipt MM / DD / YYYY 05 / 01 / 2011
Mailing Address 7 PLYMOUTH LN.		Transaction ID: SA11AI.100336
City EAST BRUNSWICK	State NJ	Zip Code 08816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
Name of Employer UMDNJ	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	

B.

Full Name (Last, First, Middle Initial) AARON BETEL		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 34488 OLD TIMBER		Transaction ID: SA11AI.100694
City FARMINGTON	State MI	Zip Code 48331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AAKC	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) DOUGLAS BEZ		Date of Receipt MM / DD / YYYY 05 / 01 / 2011
Mailing Address 3597 OTSEGO DR.		Transaction ID: SA11AI.100359
City OKEMOS	State MI	Zip Code 48864
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer LANSING ANES.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

SUBTOTAL of Receipts This Page (optional)	▶	458.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 124
(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) JOEL BEZ		Date of Receipt MM / DD / YYYY 05 / 01 / 2011		
	Mailing Address 3806 VICEROY DR.		Transaction ID: SA11AI.100339		
	City OKEMOS	State MI	Zip Code 48864	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer LANSING ANESTHESIOLOGIST P.C.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00			

B.	Full Name (Last, First, Middle Initial) WENDY BINSTOCK		Date of Receipt MM / DD / YYYY 05 / 01 / 2011		
	Mailing Address 1122 W MONTANA ST		Transaction ID: SA11AI.100380		
	City CHICAGO	State IL	Zip Code 60614	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY OF CHICAGO		Occupation PHYSICAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 581.00			

C.	Full Name (Last, First, Middle Initial) TIMOTHY BITTENBINDER		Date of Receipt MM / DD / YYYY 05 / 01 / 2011		
	Mailing Address 5014 ASCOT PARKWAY		Transaction ID: SA11AI.100338		
	City TEMPLE	State TX	Zip Code 76502	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SCOTT WHITE MEMORIAL HOSPITAL ANES DE		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00			

SUBTOTAL of Receipts This Page (optional)	▶	249.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 124
(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) JEFFREY BLALACK		Date of Receipt MM / DD / YYYY 05 / 12 / 2011
Mailing Address 3237 N HARTWELL RIDGE DR		Transaction ID: SA11AI.100565
City COLLIERVILLE	State TN	Zip Code 38017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UNIVERSITY OF TN MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) ROBERT BLUMBERG		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 31677 MOUNTAIN VIEW RD		Transaction ID: SA11AI.100625
City FRANKLIN	State MI	Zip Code 48025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIA SERVICES, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) KENNETH BOCHENEK		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 2000 SPRUCE DR		Transaction ID: SA11AI.100641
City LAFAYETTE	State IN	Zip Code 47905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer ANESTHESIOLOGY ASSOCIATES, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 17 / 124
(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) KENNETH BOCHENEK		Date of Receipt MM / DD / YYYY 05 / 16 / 2011		
	Mailing Address 2000 SPRUCE DR		Transaction ID: SA11AI.100835		
	City LAFAYETTE	State IN	Zip Code 47905	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Name of Employer ANESTHESIOLOGY ASSOCIATES, P.C.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation ANESTHESIOLOGIST			
		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) BOB BOCTOR		Date of Receipt MM / DD / YYYY 05 / 16 / 2011		
	Mailing Address 76 WEBBER PL.		Transaction ID: SA11AI.100838		
	City GROSSE POINTE	State MI	Zip Code 48236	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Name of Employer AAKC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation ANESTHESIOLOGIST			
		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) PETER BOOSALIS		Date of Receipt MM / DD / YYYY 05 / 13 / 2011		
	Mailing Address 515 S. BROADWAY ST.		Transaction ID: SA11AI.100629		
	City STILLWATER	State MN	Zip Code 55082	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Name of Employer VALLEY ANESTH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation ANESTHESIOLOGIST			
		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 124
(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) JUAN BOTERO		Date of Receipt MM / DD / YYYY 05 / 01 / 2011
Mailing Address 2950 CLEVELAND CLINIC BLVD DEPT. OF ANES.		Transaction ID: SA11AI.100250
City WESTON	State FL	Zip Code 33331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
Name of Employer CLEVELAND CLINIC, FLORIDA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	

B.

Full Name (Last, First, Middle Initial) MARK BRADY		Date of Receipt MM / DD / YYYY 05 / 01 / 2011
Mailing Address 9403 W. 146TH PL.		Transaction ID: SA11AI.100342
City OVERLAND PARK	State KS	Zip Code 66221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
Name of Employer MIDWEST ANESTHESIA ASSOCI- ATES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	

C.

Full Name (Last, First, Middle Initial) THOMAS BRILES		Date of Receipt MM / DD / YYYY 05 / 16 / 2011
Mailing Address 26605 W. 106TH TERRACE		Transaction ID: SA11AI.100831
City OLATHE	State KS	Zip Code 66061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AAKC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 124
	<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 BROWN	Date of Receipt MM / DD / YYYY 05 / 06 / 2011
	Mailing Address ONE HOSPITAL DR	Transaction ID: SA11AI.100473
	City State Zip Code COLUMBIA MO 65212	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF MISSOURI 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) THOMAS BUCHHEIT	Date of Receipt MM / DD / YYYY 05 / 25 / 2011
	Mailing Address DEPARTMENT OF ANESTHESIOLOGY BOX 3094	Transaction ID: SA11AI.101058
	City State Zip Code DURHAM NC 27710	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DUKE UNIVERSITY MEDICAL CENTER PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) REBECCA BURFEIND	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 8338 FONTANA	Transaction ID: SA11AI.100742
	City State Zip Code PRARIE VILLAGE KS 66207	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA ASSOCIATES OF KANSAS CITY PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 20 / 124
	(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) BRIAN BYER		Date of Receipt
	Mailing Address 1890 LESTER 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 0 5 / 1 6 / 2 0 1 1
	City	State	Zip Code
	DULUTH	MN	55804
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.100848
Name of Employer ESSENTIA HEALTH		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"/> 400.00
		<input type="text"/> 400.00	

B.	Full Name (Last, First, Middle Initial) JOHN CARTER		Date of Receipt
	Mailing Address 750 NE 13TH ST STE 200		<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 0 5 / 1 3 / 2 0 1 1
	City	State	Zip Code
	OKLAHOMA CITY	OK	73104
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.100631
Name of Employer OUHSC		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
		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) BRIAN CASEMENT		Date of Receipt
	Mailing Address 325 N.E. CHELMSFORD CT.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 3 / 2 0 1 1
	City	State	Zip Code
	LEE'S SUMMIT	MO	64064
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.100748
Name of Employer AAKC		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"/> 300.00
		<input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1200.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 21 / 124
(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)
SARAH CASSIAS

Mailing Address 2401 GILLHAM RD

City State Zip Code
KANSAS CITY MO 64108

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

Name of Employer CHILDREN'S MERCY HOSPITAL AND CLINICS
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.101145

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
SHUSHOVAN CHAKRABORTTY

Mailing Address 3381 CHICKERING LANE

City State Zip Code
BLOOMFIELD HILLS MI 48302

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

Name of Employer LAPEER REGIONAL MEDICAL CENTER DEPT. O
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11AI.100655

Amount of Each Receipt this Period
250.00

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

Mailing Address 14117 GARNETT ST.

City State Zip Code
OVERLAND PARK KS 66221

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

Name of Employer AAKC
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	6	/	2	0	1	1

Transaction ID: SA11AI.100807

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 22 / 124
(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 CHAPMAN
Mailing Address 8 FORT HILL PARK
City STATEN ISLAND State NY Zip Code 10301
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 16 / 2011
Transaction ID: SA11AI.100861
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
STEVEN CHARAPATA
Mailing Address 18118 S SUNSET DR
City OLATHE State KS Zip Code 66062
FEC ID number of contributing federal political committee. **C**
Name of Employer ANESTHESIA ASSOC. OF KANSAS CITY Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 05 / 16 / 2011
Transaction ID: SA11AI.100809
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
JOHN CHATELAIN
Mailing Address 1319 S.9TH ST.
City FARGO State ND Zip Code 58103
FEC ID number of contributing federal political committee. **C**
Name of Employer SANFORD HEALTH SYSTEMS Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00
Date of Receipt 05 / 01 / 2011
Transaction ID: SA11AI.100322
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 23 / 124
(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) HAO CHENG		Date of Receipt MM / DD / YYYY 05 / 13 / 2011		
	Mailing Address 2400 HAVERFORD DR.		Transaction ID: SA11AI.100702		
	City TROY	State MI	Zip Code 48098	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA SERVICES, P.C.	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) ELIE CHIDIAC		Date of Receipt MM / DD / YYYY 05 / 13 / 2011		
	Mailing Address 1612 APPLE LN.		Transaction ID: SA11AI.100698		
	City BLOOMFIELD HILLS	State MI	Zip Code 48302	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer WAYNE STATE UNIVERSITY SC- HOOLOF MEDIC	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) JEFFREY CLARK		Date of Receipt MM / DD / YYYY 05 / 13 / 2011		
	Mailing Address 1835 LAKEVIEW CT		Transaction ID: SA11AI.100651		
	City BLOOMFIELD HILLS	State MI	Zip Code 48304	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DETROIT MEDICAL CENTER	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) ▶

750.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 124
(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)
DAVID COHEN

Mailing Address 32630 BINGHAM RD

City BINGHAM FARMS State MI Zip Code 48025

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

Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 05 / 01 / 2011
Transaction ID: SA11AI.100269
 Amount of Each Receipt this Period: 41.00

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

Mailing Address 900 PEELER ST.
P.O. BOX 4095

City KALAMAZOO State MI Zip Code 49003

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 05 / 01 / 2011
Transaction ID: SA11AI.100256
 Amount of Each Receipt this Period: 41.00

C. Full Name (Last, First, Middle Initial)
JEREMY COLYER

Mailing Address 2206 LUCAS AVE UNIT 506

City SAINT LOUIS State MO Zip Code 63103

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

Name of Employer SOUTH COUNTY ANESTHESIA ASSOCIATION Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 16 / 2011
Transaction ID: SA11AI.100900
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 332.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 124
	<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) LISA CONLEY		Date of Receipt
	Mailing Address 8126 DEER RUN ST.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 16 / 2011
	City	State	Zip Code
	LENEXA	KS	66220
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100827
Name of Employer CHILDREN'S MERCY HOSPITAL & CLINICS		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.	Full Name (Last, First, Middle Initial) MELISSA CONTE		Date of Receipt
	Mailing Address 9219 CROMWELL WOODS SQ.		<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 05 / 13 / 2011
	City	State	Zip Code
	ORLANDO	FL	32827
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100626
Name of Employer JLR 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

C.	Full Name (Last, First, Middle Initial) LEBRON COOPER		Date of Receipt
	Mailing Address 1757 NE 35TH ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 01 / 2011
	City	State	Zip Code
	OAKLAND PARK	FL	33334
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100370
Name of Employer UNIVERSITY OF MIAMI SCHOOL OF MEDICINE		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00	<input type="text"/> 125.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1125.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 26 / 124
(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)
LISA COOPER

Mailing Address 7134 BUENA VISTA CT.

City WEST BLOOMFIELD State MI Zip Code 48322

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

Name of Employer AAKC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 13 / 2011
Transaction ID: SA11AI.100724
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
JEFFREY CROY

Mailing Address P.O. BOX 3218

City ALBANY State OR Zip Code 97321

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

Name of Employer ALBANY ANESTHESIA, P.C. Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 30 / 2011
Transaction ID: SA11AI.101135
 Amount of Each Receipt this Period: 1000.00

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

Mailing Address 3325 LOVE CIR

City NASHVILLE State TN Zip Code 37212

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

Name of Employer HOWELL ALLEN CLINIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 31 / 2011
Transaction ID: SA11AI.101160
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 124
(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)
SUSAN CURLING

Mailing Address 8234 MAGNOLIA GLEN DRIVE

City State Zip Code
HUMBLE TX 77346

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

Name of Employer Occupation
NORTH HOUSTON ANESTHESIOLOGISTS ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 336.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100279

Amount of Each Receipt this Period
83.00

B. Full Name (Last, First, Middle Initial)
SUSAN DANDO

Mailing Address 1093 ELLERMAN OAKS DR

City State Zip Code
FORISTELL MO 63348

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

Name of Employer Occupation
NORTHWEST ANESTHESIA, LTD ANESTHESIOLOGIST

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

Date of Receipt
MM / DD / YYYY
05 / 16 / 2011

Transaction ID: SA11AI.100902

Amount of Each Receipt this Period
250.00

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

Mailing Address 8717 W. 110TH ST., STE 600

City State Zip Code
OVERLAND PARK MO 66210-2144

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

Name of Employer Occupation
ANESTHESIA ASSOCIATES OF KANSAS CITY, ANESTHESIOLOGIST

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

Date of Receipt
MM / DD / YYYY
05 / 10 / 2011

Transaction ID: SA11AI.100523

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 583.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 124

(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) LAURIE DAVIES		Date of Receipt MM / DD / YYYY 05 / 28 / 2011		
	Mailing Address PO BOX 100254		Transaction ID: SA11AI.101121		
	City GAINESVILLE	State FL	Zip Code 32610	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Occupation PHYSICIAN		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) LEE DAVIS		Date of Receipt MM / DD / YYYY 05 / 13 / 2011		
	Mailing Address 3935 CLUB DR.		Transaction ID: SA11AI.100603		
	City ATLANTA	State GA	Zip Code 30319	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Occupation ANESTHESIOLOGIST		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) ROBERT DE QUEVEDO		Date of Receipt MM / DD / YYYY 05 / 16 / 2011		
	Mailing Address 7096 BLOSSOM LN		Transaction ID: SA11AI.100844		
	City COOPERSBURG	State PA	Zip Code 18036	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Occupation PHYSICIAN		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 124
	<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) BRIAN DEZZUTTI	Date of Receipt MM / DD / YYYY 05 / 31 / 2011
	Mailing Address 11501 BLACK ISLE WAY	Transaction ID: SA11AI.101152
	City State Zip Code CHESTERFIELD VA 23838	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PINNACLE ANESTHESIA DEPT OF ANESTHESIO Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) STEVEN DICKERSON	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 93 VICTORIA PARK	Transaction ID: SA11AI.100608
	City State Zip Code NASHVILLE TN 37205	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA SERVICES ASSOC- IATION 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) GARY DILISIO	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 324 GANNETT DR STE 200	Transaction ID: SA11AI.100276
	City State Zip Code SOUTH PORTLAND ME 04106	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SPECTRUM MEDICAL GROUP Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 415.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 124
(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) DEANNA DORANTES		Date of Receipt	
	Mailing Address 47559 ABERDEEN DR.		M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.100706
	NOVI	MI	48374	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer DETROIT MEDICAL CENTER		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) DONALD DOWNS		Date of Receipt	
	Mailing Address 7351 OLIVER WOODS DR SE		M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.100298
	GRAND RAPIDS	MI	49546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.00	
Name of Employer ANESTHESIA MEDICAL CONSULTANTS		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 253.00		

C.	Full Name (Last, First, Middle Initial) ZORAN DRMANOVIC		Date of Receipt	
	Mailing Address 5600 SW BELLFLOWER CT.		M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.100395
	PALM CITY	FL	34990	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		41.00	
Name of Employer SHERIDAN HEALTHCORP		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00		

SUBTOTAL of Receipts This Page (optional) ▶

374.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 124
	<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) DANA DUREN		Date of Receipt	
	Mailing Address 4008 SHOALS DR.		M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.100271
	OKEMOS	MI	48864	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		41.00	
Name of Employer LANSING ANESTHESIOLOGISTS P.C.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00		

B.	Full Name (Last, First, Middle Initial) GEORGE EDWARDS		Date of Receipt	
	Mailing Address 10301 HICKMAN MILLS DR.		M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.100811
	KANSAS CITY	MO	64137	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer ANESTHESIA ASSOC. OF KANSAS CITY		Occupation PHYSICIAN		
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) JAMIE ELLIOTT		Date of Receipt	
	Mailing Address 4101 CAERLEON CIR		M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.100413
	BENTONVILLE	AR	72712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer ANESTHESIA SERVICES OF BENTON COUNTY		Occupation STAFF ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 124
	<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) S. ELLIS		Date of Receipt	
	Mailing Address 6709 WEST 119TH STREET		M M / D D / Y Y Y Y 05 / 16 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.100797
	OVERLAND PARK	KS	66209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer AAKC		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) KENNETH ELMASSIAN		Date of Receipt	
	Mailing Address 2399 PINE HOLLOW DR.		M M / D D / Y Y Y Y 05 / 01 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.100381
	EAST LANSING	MI	48823	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.00	
Name of Employer INGHAM REGIONAL MEDICAL CENTER		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00		

C.	Full Name (Last, First, Middle Initial) AMR ELSAADAT		Date of Receipt	
	Mailing Address 57 CRESTFIELD AVE		M M / D D / Y Y Y Y 05 / 13 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.100691
	TROY	MI	48085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer HARPER UNIVERSITY HOSPITAL - DEPAR		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)	▶	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 33 / 124

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CHRISTOPHER EMERSON		Date of Receipt
	Mailing Address 2303 W. 113TH CT.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 13 / 2011
	City	State	Zip Code
	JENKS	OK	74037
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100598
Name of Employer A. A. I.		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.	Full Name (Last, First, Middle Initial) F. KAYSER ENNEKING		Date of Receipt
	Mailing Address P.O. BOX 100254		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 25 / 2011
	City	State	Zip Code
	GAINESVILLE	FL	32610
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.101037
Name of Employer UNIVERSITY OF FLORIDA 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 ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) FAYE EVANS		Date of Receipt
	Mailing Address 140 WAVERLY WAY NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 25 / 2011
	City	State	Zip Code
	ATLANTA	GA	30307
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.101067
Name of Employer CHILDRENS HEALTHCARE OF ATLANTA GEORGI		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional) ▶

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 34 / 124
	<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) RANDY FAYNE	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 1130 HILLSIDE DR	Transaction ID: SA11AI.100392
	City State Zip Code BIRMINGHAM MI 48009	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SOUTH OAKLAND ANESTHESIA ASSOCIATES, P ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 205.00	

B.	Full Name (Last, First, Middle Initial) MELVIN FERLITA JR	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 320 JADE CT.	Transaction ID: SA11AI.100317
	City State Zip Code MADISONVILLE LA 70447	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation APMC, LLC. PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 205.00	

C.	Full Name (Last, First, Middle Initial) RICHARD FLOWERDEW	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 38 HEDGEROW DR	Transaction ID: SA11AI.100326
	City State Zip Code FALMOUTH ME 04105	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SPECTRUM MEDICAL GROUP ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 332.00	

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 35 / 124
(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) WILLIAM FRAME		Date of Receipt	
	Mailing Address 2300 N EDWARD ST		M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.100333
	DECATUR	IL	62526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.00	
Name of Employer DECATUR MEM HOSP ANES DEPT		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00		

B.	Full Name (Last, First, Middle Initial) BARBARA FRIED		Date of Receipt	
	Mailing Address 2030 S MADISON ST		M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.100526
	DENVER	CO	80210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer SOUTH DENVER ANESTHESIOLOGISTS, 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		

C.	Full Name (Last, First, Middle Initial) LESLEY FRISKEL		Date of Receipt	
	Mailing Address 10301 HICKMAN MILLS DR., #100		M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.100813
	KANSAS CITY	MO	64137	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer ANESTHESIA ASSOCIATES OF KANSAS CITY		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	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 36 / 124
(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)
PATRICK FUJIMOTO

Mailing Address 230 LILLE LN APT 112

City State Zip Code
NEWPORT BEACH CA 92663

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

Name of Employer Occupation
NHAC, INC. ANESTHESIOLOGIST

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

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2011

Transaction ID: SA11AI.101113

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
SAMIR FULEIHAN

Mailing Address HARPER HOSP., ANES. DEPT.

City State Zip Code
DETROIT MI 48201

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

Name of Employer Occupation
AAKC ANESTHESIOLOGIST

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

Date of Receipt
M M / D D / Y Y Y Y
05 / 13 / 2011

Transaction ID: SA11AI.100681

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
VIJAY GABA

Mailing Address 1952 ROSE CREEK DR S

City State Zip Code
FARGO ND 58104

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

Name of Employer Occupation
SANFORD HEALTH SYSTEM ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2011

Transaction ID: SA11AI.100415

Amount of Each Receipt this Period
400.00

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: PAGE 37 / 124
(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) GLORIA GARCIA		Date of Receipt MM / DD / YYYY 05 / 07 / 2011		
	Mailing Address 1415 HOUNDS HOLLOW CT.		Transaction ID: SA11AI.100491		
	City LUTZ	State FL	Zip Code 33549	Amount of Each Receipt this Period -500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer S/B PAC ADMIN CONTRIB		Occupation ANESTHESIOLOGIST		

Aggregate Year-to-Date ▼
-500.00

B.	Full Name (Last, First, Middle Initial) CRAIG GILLILAND		Date of Receipt MM / DD / YYYY 05 / 16 / 2011		
	Mailing Address 10301 HICKMAN MILLS DR STE 100		Transaction ID: SA11AI.100815		
	City KANSAS CITY	State MO	Zip Code 64137	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer ANES. ASSOC. OF KANSAS CI- TY		Occupation PHYSICIAN		

Aggregate Year-to-Date ▼
500.00

C.	Full Name (Last, First, Middle Initial) MARVIN GLASS		Date of Receipt MM / DD / YYYY 05 / 13 / 2011		
	Mailing Address 23015 STAUNTON ST		Transaction ID: SA11AI.100704		
	City SOUTHFIELD	State MI	Zip Code 48033	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer ANESTHESIA SERVICES, PC		Occupation ANESTHESIOLOGIST		

Aggregate Year-to-Date ▼
250.00

SUBTOTAL of Receipts This Page (optional) ▶

250.00

TOTAL This Period (last page this line 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 / 124
(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 GLENSKI

Mailing Address 8717 WEST 110TH STREET, SUITE 600

City State Zip Code
OVERLAND PARK KS 66210

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

Name of Employer ANESTHESIA ASSOC. OF KANSAS CITY, P.C. Occupation PHYSICIAN

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

Date of Receipt: MM / DD / YYYY
05 / 16 / 2011

Transaction ID: SA11AI.100912

Amount of Each Receipt this Period: 500.00

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

Mailing Address 670 CARROTWOOD TERRACE

City State Zip Code
PLANTATION FL 33324

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

Name of Employer SHERIDAN HEALTHCARE Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00

Date of Receipt: MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100316

Amount of Each Receipt this Period: 41.00

C. Full Name (Last, First, Middle Initial)
HALIM HABER

Mailing Address 19 NANTUCKET DR

City State Zip Code
BLOOMFIELD HILLS MI 48304

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

Name of Employer AAKC Occupation ANESTHESIOLOGIST

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

Date of Receipt: MM / DD / YYYY
05 / 13 / 2011

Transaction ID: SA11AI.100663

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 791.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 124
(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)
COOPER HAGERTY

Mailing Address 936 LAKE COLONY RUN

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer ARM Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 16 / 2011
Transaction ID: SA11AI.100864
Amount of Each Receipt this Period 500.00

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

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

City TUCSON State AZ Zip Code 85719

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

Name of Employer SOUTHERN ARIZONA ANESTHES-IA Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt 05 / 01 / 2011
Transaction ID: SA11AI.100274
Amount of Each Receipt this Period 83.00

C. Full Name (Last, First, Middle Initial)
JOHNNY HARRISON

Mailing Address 24452 PARK GRANADA

City CALABASAS State CA Zip Code 91302

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

Name of Employer UCLA Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2011
Transaction ID: SA11AI.100972
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 40 / 124
(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)
RONALD HARTER

Mailing Address 7825 HOLISTON CT

City State Zip Code
DUBLIN OH 43016

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

Name of Employer Occupation
OHIO STATE UNIVERSITY MEDICAL CENTER PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 415.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2011

Transaction ID: SA11AI.100408

Amount of Each Receipt this Period
83.00

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

Mailing Address 1590 PANORAMA DR.

City State Zip Code
BIRMINGHAM AL 35216

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

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 415.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100321

Amount of Each Receipt this Period
83.00

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

Mailing Address 3046 OBRIEN DR

City State Zip Code
TALLAHASSEE FL 32309

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

Name of Employer Occupation
ANESTHESIOLOGY ASSOCIATES OF TALLAHASS PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 205.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100264

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional) ► 207.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 124
(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)
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 ▼ 415.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100324

Amount of Each Receipt this Period
83.00

B. Full Name (Last, First, Middle Initial)
ISMAEL HOLIPAS

Mailing Address 23 STARBUCK ST

City State Zip Code
STATEN ISLAND NY 10304

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

Name of Employer Occupation
PARK SLOPE ANESTHESIA P.C. PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: SA11AI.101154

Amount of Each Receipt this Period
250.00

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

Mailing Address PO BOX 1025

City State Zip Code
FAIRHOPE AL 36533

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

Name of Employer Occupation
EASTERN SHORE ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100242

Amount of Each Receipt this Period
41.00

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 42 / 124
(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)
HAYDEN HUGHES
 Mailing Address **1941 21ST AVE S**
 City **BIRMINGHAM** State **AL** Zip Code **35209**
 Date of Receipt **05 / 01 / 2011**
Transaction ID: SA11AI.100265
 Amount of Each Receipt this Period **41.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **UNIVERSITY OF ALABAMA MEDICAL CENTER D** Occupation **ASSISTANT PROFESSOR**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **205.00**

B. Full Name (Last, First, Middle Initial)
JAMES HULIN
 Mailing Address **10713 S WINSTON AVE**
 City **TULSA** State **OK** Zip Code **74137**
 Date of Receipt **05 / 10 / 2011**
Transaction ID: SA11AI.100519
 Amount of Each Receipt this Period **500.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **HILLCREST MEDICAL CENTER** Occupation **ANESTHESIOLOGIST**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

C. Full Name (Last, First, Middle Initial)
JOHN HUNTINGTON
 Mailing Address **3333 EVERGREEN DR., NE**
 City **GRAND RAPIDS** State **MI** Zip Code **49525**
 Date of Receipt **05 / 01 / 2011**
Transaction ID: SA11AI.100394
 Amount of Each Receipt this Period **83.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **ANESTHESIA MEDICAL CONSULTANTS, PC** Occupation **ANESTHESIOLOGIST**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **415.00**

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 43 / 124

(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) ATEF ISRAEL		Date of Receipt	
	Mailing Address 15144 PAWNEE CIR.		M M / D D / Y Y Y Y 05 / 16 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.100817
	LEAWOOD	KS	66224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer AAKC		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) JEFFREY JACOBS		Date of Receipt	
	Mailing Address 11041 PINE LODGE TRAIL		M M / D D / Y Y Y Y 05 / 01 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.100354
	DAVIE	FL	33328	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.00	
Name of Employer CLEVELAND CLINIC FLORIDA		Occupation ANESTHESIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00		

C.	Full Name (Last, First, Middle Initial) ALIRAZA JAFFER		Date of Receipt	
	Mailing Address 5070 BROOKDALE ROAD		M M / D D / Y Y Y Y 05 / 01 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.100352
	BLOOMFIELD HILLS	MI	48304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.00	
Name of Employer WILLIAM BEAUMONT HOSPITAL		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00		

SUBTOTAL of Receipts This Page (optional) ▶

666.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 124
(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)
SANJAY JAIN

Mailing Address 135 CLARK ST

City State Zip Code
NEWTON MA 02459

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

Name of Employer Occupation
AAM ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2011

Transaction ID: SA11AI.101005

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
AURELIA JAMERSON

Mailing Address 5434 AVALON CT.

City State Zip Code
WEST BLOOMFIELD MI 48323

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

Name of Employer Occupation
AAKC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011

Transaction ID: SA11AI.100701

Amount of Each Receipt this Period
250.00

C. 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 DENVER ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100323

Amount of Each Receipt this Period
83.00

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

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

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

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

FOR LINE NUMBER: PAGE 45 / 124

(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) CURBY JENKINS		Date of Receipt	
	Mailing Address 654 EMILY LN.		M M / D D / Y Y Y Y 05 / 01 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.100275
	HASLETT	MI	48840	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.00	
Name of Employer LANSING ANESTHESIOLOGISTS, PC		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		415.00		

B.	Full Name (Last, First, Middle Initial) CYNTHIA JENSON		Date of Receipt	
	Mailing Address 434 MAIN ST.		M M / D D / Y Y Y Y 05 / 01 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.100294
	WATERVILLE	ME	04901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.00	
Name of Employer ANESTHESIA ASSOCIATES OF LEWISTON		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		253.00		

C.	Full Name (Last, First, Middle Initial) THOMAS JOHANS		Date of Receipt	
	Mailing Address 12335 IRONSTONE RD		M M / D D / Y Y Y Y 05 / 06 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.100469
	SAINT LOUIS	MO	63131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer WAAI		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

SUBTOTAL of Receipts This Page (optional)	1166.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 124
	<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) CURTIS JOHNSON		Date of Receipt																					
	Mailing Address 14600 BLUEJACKET ST		<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>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		1	3		2	0	1	1														
	City State Zip Code OVERLAND PARK KS 66221		Transaction ID: SA11AI.100738																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer ANESTHESIA ASSOCIATES OF KC PAIN MANAG 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) GARY JONES		Date of Receipt																					
	Mailing Address 69 JACKSON ST		<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>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		0	1		2	0	1	1														
	City State Zip Code NEWMAN GA 30263		Transaction ID: SA11AI.100368																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00																						
Name of Employer UNIVERSITY OF TEXAS AND CASE WESTERN U Occupation ANESTHESIOLOGIST ASSISTANT AND PROGRAM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00																						

C.	Full Name (Last, First, Middle Initial) NABIL KADI		Date of Receipt																					
	Mailing Address 49982 ASH CT		<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>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		1	3		2	0	1	1														
	City State Zip Code PLYMOUTH MI 48170		Transaction ID: SA11AI.100710																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer AAKC 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)	▶	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 47 / 124
	<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) TRIPTI KATARIA		Date of Receipt	
	Mailing Address 130 S CANAL ST APT 419		M M / D D / Y Y Y Y 05 / 01 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.100377
	CHICAGO	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.00	
Name of Employer UNIVERSITY OF CHICAGO		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00		

B.	Full Name (Last, First, Middle Initial) STEVEN KATZ		Date of Receipt	
	Mailing Address 241 OGDEN AVE		M M / D D / Y Y Y Y 05 / 01 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.100386
	SWARTHMORE	PA	19081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		41.00	
Name of Employer ANESTHESIA SERVICES PA		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00		

C.	Full Name (Last, First, Middle Initial) AMBER KELLER		Date of Receipt	
	Mailing Address 3723 HAVEN VIEW CIR		M M / D D / Y Y Y Y 05 / 01 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.100243
	BIRMINGHAM	AL	35216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		41.00	
Name of Employer UNIVERSITY OF ALABAMA AT BIRMINGHAM		Occupation RESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 124
	(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) JOHN KELLOW	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 5683 BRANFORD DR	Transaction ID: SA11AI.100687
	City State Zip Code WEST BLOOMFIELD MI 48322	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ADVANCES ANESTHESIA ASSOC- P.C. 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.	Full Name (Last, First, Middle Initial) SCOTT KELLY	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 1229 MADISON ST., #1440	Transaction ID: SA11AI.100252
	City State Zip Code SEATTLE WA 98104	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PAS, INC ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 205.00	

C.	Full Name (Last, First, Middle Initial) WILL KENDRICK	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 110 29TH AVE. N., #301	Transaction ID: SA11AI.100398
	City State Zip Code NASHVILLE TN 37203	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AMG PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 124
	<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) MARK KENTER		Date of Receipt	
	Mailing Address 1675 EMORY ST.		M M / D D / Y Y Y Y 05 / 13 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.100618
	SAN JOSE	CA	95126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer COAST ANESTHESIA INC.		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) ATTILA KETT		Date of Receipt	
	Mailing Address 24 BELVIDERE RD		M M / D D / Y Y Y Y 05 / 18 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.100945
	ATLANTIC HIGHLANDS	NJ	07716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer ACNJ		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) KEVIN KINKEAD		Date of Receipt	
	Mailing Address 1776 MCCONNELL DR.		M M / D D / Y Y Y Y 05 / 01 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.100383
	WILLIAMSPORT	PA	17701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		208.00	
Name of Employer ANESTHESIA ASSOCIATES OF WILLIAMSPORT		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 836.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) KEVIN KINKEAD		Date of Receipt MM / DD / YYYY 05 / 01 / 2011		
	Mailing Address 1776 MCCONNELL DR.		Transaction ID: SA11AI.100387		
	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 332.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) SCOTT KLEIN		Date of Receipt MM / DD / YYYY 05 / 31 / 2011		
	Mailing Address 3126 MORGAN CIR		Transaction ID: SA11AI.101141		
	City BISMARCK	State ND	Zip Code 58503	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ST. ALEXIUS HEART AND LUNG CLINIC	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) CEZAR KOEV		Date of Receipt MM / DD / YYYY 05 / 10 / 2011		
	Mailing Address 2905 OLIVE AVE NW		Transaction ID: SA11AI.100528		
	City WASHINGTON	State DC	Zip Code 20007	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PROVIDENCE HOSPITAL DEPT. OF ANESTHESI	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1416.00
TOTAL This Period (last page this line 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 / 124
(check only one)

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

A.

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

Mailing Address 6700 BLACKBERRY

City State Zip Code
EDMOND OK 73034

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

Name of Employer Occupation
UNIV OF OK HSC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2011

Transaction ID: SA11AI.101099

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
SUJATHA KOTAMRAJU

Mailing Address 5800 NANEVA CT.

City State Zip Code
WEST BLOOMFIELD MI 48322

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

Name of Employer Occupation
AAKC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011

Transaction ID: SA11AI.100659

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 2045 SCARLET OAK CT. NE

City State Zip Code
ADA MI 49301

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

Name of Employer Occupation
ANESTHESIA MEDICAL CONSULTANTS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100348

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ▶ **833.00**

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

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

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

FOR LINE NUMBER: PAGE 52 / 124
(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)
DAVID KRHOVSKY

Mailing Address 2248 SHAWNEE DR SE

City State Zip Code
GRAND RAPIDS MI 49506

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

Name of Employer ANESTHESIA MEDICAL CONSULTANTS, P.C. Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 415.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100327

Amount of Each Receipt this Period
83.00

B. Full Name (Last, First, Middle Initial)
ALAN KROLL

Mailing Address 3014 NW 58TH BLVD.

City State Zip Code
GAINESVILLE FL 32606

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

Name of Employer NFRMC Occupation ANESTHESIOLOGIST

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

Date of Receipt
MM / DD / YYYY
05 / 21 / 2011

Transaction ID: SA11AI.101007

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
SCOTT KUHNERT

Mailing Address 4640 HAWK HOLLOW DR. E.

City State Zip Code
BATH MI 48808

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 585.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100300

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ► **416.00**

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

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

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

FOR LINE NUMBER: PAGE 53 / 124
(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)
SCOTT KUHNERT

Mailing Address 4640 HAWK HOLLOW DR. E.

City State Zip Code
BATH MI 48808

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 668.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	1	/	2	0	1	1

Transaction ID: SA11AI.100389

Amount of Each Receipt this Period
83.00

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

Mailing Address 929 ARBORETUM DR.

City State Zip Code
SALINE MI 48176

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

Name of Employer Occupation
AAKC ANESTHESIOLOGIST

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11AI.100685

Amount of Each Receipt this Period
250.00

C. 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 HUNTSVIL-LE, LLC PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 875.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	1	1

Transaction ID: SA11AI.100583

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional) ► **508.00**

TOTAL This Period (last page this line 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 / 124
	<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) HOWARD LAKRITZ		Date of Receipt	
	Mailing Address 21 CORNELL TRL		M M / D D / Y Y Y Y Y 05 / 01 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.100384
	HILLSBOROUGH	NJ	08844	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		41.00	
Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00		

B.	Full Name (Last, First, Middle Initial) ALICE LANDRUM		Date of Receipt	
	Mailing Address 1121 S HICKORY GROVE SCHOOL RD		M M / D D / Y Y Y Y Y 05 / 12 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.100573
	COLUMBIA	MO	65279	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer UNIVERSITY OF MISSOURI		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) THOMAS LAUGHLIN		Date of Receipt	
	Mailing Address 1030 BURNING TREE DR.		M M / D D / Y Y Y Y Y 05 / 16 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.100819
	KANSAS CITY	MO	64145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer AAKC		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	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 55 / 124
	(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) PHONG LE		Date of Receipt
	Mailing Address 3361 HOLLOW SPRING 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 0 5 / 0 1 / 2 0 1 1
	City	State	Zip Code
	DEWITT	MI	48820
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100273
Name of Employer INGHAM REGIONAL MED. CTR.		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 ▼ 205.00	<input type="text"/> 41.00

B.	Full Name (Last, First, Middle Initial) WILLIAM LEE		Date of Receipt
	Mailing Address 55 RIDGEVIEW 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 0 5 / 0 2 / 2 0 1 1
	City	State	Zip Code
	BELLE MEAD	NJ	08502
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100418
Name of Employer ANESTHESIA CONSULTANTS OF NJ		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) MARGARET LEICHT		Date of Receipt
	Mailing Address 3802 85TH ST.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 7 / 2 0 1 1
	City	State	Zip Code
	LUBBOCK	TX	79423
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.101105
Name of Employer NORTHSTAR ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 124
(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 LEWIS		Date of Receipt MM / DD / YYYY 05 / 01 / 2011
Mailing Address 1611 NW 12TH AVE CENTRAL BLDG, #300		Transaction ID: SA11AI.100341
City MIAMI	State FL	Zip Code 33136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
Name of Employer UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	

B.

Full Name (Last, First, Middle Initial) J. LANCE LICHTOR		Date of Receipt MM / DD / YYYY 05 / 01 / 2011
Mailing Address PO BOX 55071 ECM #8824		Transaction ID: SA11AI.100365
City BOSTON	State MA	Zip Code 02205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.00
Name of Employer UNIV. OF MASS MED SCHOOL DEPT ANES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

C.

Full Name (Last, First, Middle Initial) JEFF LINDSAY		Date of Receipt MM / DD / YYYY 05 / 22 / 2011
Mailing Address 5402 E. 118TH ST.		Transaction ID: SA11AI.101013
City TULSA	State OK	Zip Code 74137
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ASSOCIATED 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	

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 57 / 124
(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 LISCO		Date of Receipt	
	Mailing Address DEPARTMENT OF ANESTHESIOLOGY 231 ALBERT SABIN WAY		M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.101080
	CINCINNATI	OH	45267	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer UNIVERSITY OF CINCINNATI COLLEGE OF ME		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) JAMES LONERGAN		Date of Receipt	
	Mailing Address 4400 WORNALL RD		M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.100515
	KANSAS CITY	MO	64111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer CARDIOTHORACIC ANESTHESIA ASSOC., PC		Occupation PHYSICIAN		
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) PETER LOUX		Date of Receipt	
	Mailing Address 1606 DRAKE AVE SE		M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.100260
	HUNTSVILLE	AL	35802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.00	
Name of Employer COMPREHENSIVE ANESTHESIA SERVICES PC		Occupation ANESTHESIOLOGIST PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00		

SUBTOTAL of Receipts This Page (optional)

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 58 / 124

(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) GARY LOYD		Date of Receipt
	Mailing Address 2809 ALTA VISTA COURT		<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 05 / 25 / 2011
	City	State	Zip Code
	LOUISVILLE	KY	40206
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.101069
Name of Employer UNIVERSITY OF LOUISVILLE, DEPT OF ANES		Occupation PROFESSOR AND DIRECTOR OF FACULTY DEVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) PAUL LUGTHART		Date of Receipt
	Mailing Address 6746 RFD		<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 05 / 20 / 2011
	City	State	Zip Code
	LONG GROVE	IL	60047
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100992
Name of Employer NORTHWEST COMMUNITY HOSPI- TAL ANES. DEP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) SANTIAGO LUIS		Date of Receipt
	Mailing Address 19369 SW 64TH ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 01 / 2011
	City	State	Zip Code
	PEMBROKE PINES	FL	33332
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100313
Name of Employer CLEVELAND CLINIC FLORIDA		Occupation MD	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 ▼ 205.00	<input type="text"/> 41.00

SUBTOTAL of Receipts This Page (optional) ▶

541.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JOSHUA LUMBLEY		Date of Receipt
	Mailing Address 410 W 10TH AVE N411 DOAN HALL		<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 05 / 01 / 2011
	City	State	Zip Code
	COLUMBUS	OH	43210
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100361
Name of Employer THE OHIO STATE UNIVERSITY MEDICAL CENT		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 ▼ 205.00	<input type="text"/> 41.00

B.	Full Name (Last, First, Middle Initial) ASIF MALIK		Date of Receipt
	Mailing Address 2760 CHARNWOOD 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 05 / 01 / 2011
	City	State	Zip Code
	TROY	MI	48098
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100297
Name of Employer HENRY FORD WEST BLOOMFIELD HOSPITAL AN		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 ▼ 253.00	<input type="text"/> 83.00

C.	Full Name (Last, First, Middle Initial) ALVIN MANALAYSAY		Date of Receipt
	Mailing Address 769 RIVER HILLS DRIVE		<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 05 / 16 / 2011
	City	State	Zip Code
	FENTON	MO	63026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100904
Name of Employer SOUTH COUNTY ANESTHESIA ASSOCIATES LTD		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 124
(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)
MARK MANDABACH

Mailing Address DEPT. OF ANESTHESIOLOGY
619 S. 19TH ST., JT845

City BIRMINGHAM State AL Zip Code 35249

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

Name of Employer UNIV. OF ALABAMA - BIRMIN-
GHAM Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.100249

Amount of Each Receipt this Period
83.00

B. Full Name (Last, First, Middle Initial)
DURGESH MANKIKAR

Mailing Address 7 REID ST

City WEST ORANGE State NJ Zip Code 07052

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

Name of Employer SELF EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.100479

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
KURT MARKGRAF

Mailing Address 3663 MCKINLEY AVE

City FORT MYERS State FL Zip Code 33901

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

Name of Employer MEDICAL ANESTHESIA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.100337

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ▶ 666.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 124
	(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) TIMOTHY MARTIN	Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 1 1
	Mailing Address ARKANSAS CHILDRENS HOSPITAL #1 CHILDRENS WAY, S-203	Transaction ID: SA11AI.100304
	City State Zip Code LITTLE ROCK AR 72202	Amount of Each Receipt this Period 166.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

B.	Full Name (Last, First, Middle Initial) STEPHEN MAZE	Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 1
	Mailing Address 1550 BOYSON RD.	Transaction ID: SA11AI.100981
	City State Zip Code HIAWATHA IA 52233	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer LINN COUNTY ANESTHESIOLOG-ISTS Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) JIM MCCHRISTIAN	Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 1
	Mailing Address 8720 LOW CHAPARREL RD	Transaction ID: SA11AI.100563
	City State Zip Code ROGERS AR 72756	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF EMPLOYED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	716.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 124
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MATTHEW MCEVOY

Mailing Address 3090 YACHTSMAN DRIVE

City State Zip Code
MOUNT PLEASANT SC 29466

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

Name of Employer Occupation
MUSC DEPT OF ANESTHESIOLOGY AND PERIOP ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 205.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100393

Amount of Each Receipt this Period
41.00

B.

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

Mailing Address 1832 22ND AVE NE

City State Zip Code
ROCHESTER MN 55906

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

Name of Employer Occupation
MAYO CLINIC ANESTHESIOLOGY PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 415.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100371

Amount of Each Receipt this Period
83.00

C.

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

Mailing Address 99 EAST RIVER DRIVE, 5TH FLOOR

City State Zip Code
EAST HARTFORD CT 06108

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

Name of Employer Occupation
HARTFORD ANES. ASSOC., IN-C. PHYSICIAN

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

Date of Receipt
MM / DD / YYYY
05 / 25 / 2011

Transaction ID: SA11AI.101063

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: (check only one)	PAGE 63 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JAMES MESROBIAN	Date of Receipt MM / DD / YYYY 05 / 26 / 2011
	Mailing Address 827 E. BIRCH AVENUE	Transaction ID: SA11AI.101074
	City State Zip Code WHITEFISH BAY WI 53217	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AURORA MEDICAL GROUP ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) PETER MESTAD	Date of Receipt MM / DD / YYYY 05 / 16 / 2011
	Mailing Address 5702 W 131ST TER	Transaction ID: SA11AI.100821
	City State Zip Code OVERLAND PARK KS 66209	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AAKC PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MARLON MICHEL	Date of Receipt MM / DD / YYYY 05 / 29 / 2011
	Mailing Address 1187 N 1100 E	Transaction ID: SA11AI.101125
	City State Zip Code OREM UT 84097	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MOUNTAIN WEST ANESTHESIA ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 124
	<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) BURNEY MILLER	Date of Receipt MM / DD / YYYY 05 / 16 / 2011
	Mailing Address 820 S. FIRST ST. TERRACE	Transaction ID: SA11AI.100823
	City ODESSA State MO Zip Code 64076	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AAKC Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) CHRISTOPHER MILLSON	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 2400 WIMBLEDON DR	Transaction ID: SA11AI.100328
	City LAS VEGAS State NV Zip Code 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 ▼ 415.00	

C.	Full Name (Last, First, Middle Initial) SHARON MINOTT	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 29125 SHENANDOAH DR.	Transaction ID: SA11AI.100700
	City FARMINGTON HILLS State MI Zip Code 48331	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AAKC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 65 / 124
(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)
KAREN MITCHELL

Mailing Address 3838 N BRAESWOOD BLVD APT 112

City HOUSTON State TX Zip Code 77025

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

Name of Employer MEMORIAL HERMANN SOUTHWEST HOSPITAL Occupation RESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 254.00

Date of Receipt 05 / 01 / 2011
Transaction ID: SA11AI.100259
Amount of Each Receipt this Period 41.00

B. Full Name (Last, First, Middle Initial)
KAREN MITCHELL

Mailing Address 3838 N BRAESWOOD BLVD APT 112

City HOUSTON State TX Zip Code 77025

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

Name of Employer MEMORIAL HERMANN SOUTHWEST HOSPITAL Occupation RESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt 05 / 01 / 2011
Transaction ID: SA11AI.100307
Amount of Each Receipt this Period 41.00

C. Full Name (Last, First, Middle Initial)
PARAG MODI

Mailing Address 26 REGENCY DR

City VOORHEES State NJ Zip Code 08043

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

Name of Employer MID ATLANTIC ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2011
Transaction ID: SA11AI.100950
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 332.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 124
(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)
KIMBERLY MONCURE

Mailing Address 12603 GRANADA

City State Zip Code
LEAWOOD KS 66209

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

Name of Employer Occupation
AAKC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2011

Transaction ID: SA11AI.100825

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DOMINIC MONTEROSSO

Mailing Address 100 5TH ST. UNIT #614

City State Zip Code
ROYAL OAK MI 48067

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

Name of Employer Occupation
SOAA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100345

Amount of Each Receipt this Period
83.00

C. Full Name (Last, First, Middle Initial)
RAUL MONTIAGUE

Mailing Address 7803 RAILYARD DR SW

City State Zip Code
BYRON CENTER MI 49315

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

Name of Employer Occupation
ANESTHESIA MEDICAL CONSUL-TANTS, PC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100251

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional) ▶ **624.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) BARRY MOODY		Date of Receipt
	Mailing Address 216 MARENGO ST., #F		<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 05 / 01 / 2011
	City	State	Zip Code
	FLORENCE	AL	35630
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100270
Name of Employer BARRY J. MOODY, DMD, MD, 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 ▼ 415.00	<input type="text"/> 83.00

B.	Full Name (Last, First, Middle Initial) AVIJIT MOOKERJEE		Date of Receipt
	Mailing Address 5150 WINLANE		<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 05 / 13 / 2011
	City	State	Zip Code
	BLOOMFIELD HILLS	MI	48302
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100647
Name of Employer AAKC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) JAY MOON		Date of Receipt
	Mailing Address 8861 PLEASANTVIEW		<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 05 / 13 / 2011
	City	State	Zip Code
	NORTHVILLE	MI	48168
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100718
Name of Employer HARPER HOSPITAL DEPT. OF ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 124
(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) DONALD MOORE		Date of Receipt MM / DD / YYYY 05 / 01 / 2011		
	Mailing Address 1614 OAKHURST DR.		Transaction ID: SA11AI.100301		
	City OOLTEWAH	State TN	Zip Code 37363	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANES. CONSULTANTS EXCHANGE	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

B.	Full Name (Last, First, Middle Initial) JOHN MOORE		Date of Receipt MM / DD / YYYY 05 / 12 / 2011		
	Mailing Address 1323 COLONY WAY CT		Transaction ID: SA11AI.100575		
	City CHESTERFIELD	State MO	Zip Code 63017	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ST JOHN'S MERCY HOSPITAL	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) PATRICK MOORE		Date of Receipt MM / DD / YYYY 05 / 02 / 2011		
	Mailing Address 3939 J ST STE 310		Transaction ID: SA11AI.100420		
	City SACRAMENTO	State CA	Zip Code 95819	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SACRAMENTO ANESTHESIA MEDICAL GROUP	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	925.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) THOMAS MOORE	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 1748 VESTWOOD HILLS DR.	Transaction ID: SA11AI.100262
	City State Zip Code VESTAVIA HILLS AL 35216	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00	

B.	Full Name (Last, First, Middle Initial) DAVID MORSE	Date of Receipt MM / DD / YYYY 05 / 04 / 2011
	Mailing Address 218 CORONA AVE	Transaction ID: SA11AI.100432
	City State Zip Code SAN ANTONIO TX 78209	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer TEJAS ANESTHESIA Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) PHILLIP MOSCA	Date of Receipt MM / DD / YYYY 05 / 11 / 2011
	Mailing Address 135 SHEFFIELD DR	Transaction ID: SA11AI.100557
	City State Zip Code FREEHOLD NJ 07728	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PHILLIP J. MOSCA, M.D., LLC 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)	875.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 124
	<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) JOEL MUMFORD	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 221 ELM HILL RD.	Transaction ID: SA11AI.100253
	City State Zip Code SPRINGFIELD VT 05156	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation V A MEDICAL CENTER ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	

B.	Full Name (Last, First, Middle Initial) MEGHAN MURPHY	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 17065 S 71 HIGHWAY	Transaction ID: SA11AI.100744
	City State Zip Code BELTON MO 64012	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation RESEARCH BELTON HOSPITAL ANESTHESIA PHYSICIAN	
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) ROSS MUSUMECI	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 9 LINCOLN ST.	Transaction ID: SA11AI.100254
	City State Zip Code WESTON MA 02493	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANES. ASSOC. OF MASSACHUSETTS ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

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 71 / 124
(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)
NORAH NAUGHTON
Mailing Address 4270 PLYMOUTH RD
City ANN ARBOR State MI Zip Code 48109
FEC ID number of contributing federal political committee. **C**
Name of Employer UNIV OF MICHIGAN- EAST ANN ARBOR SURG Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00
Date of Receipt 05 / 01 / 2011
Transaction ID: SA11AI.100315
Amount of Each Receipt this Period 125.00

B. Full Name (Last, First, Middle Initial)
STEVEN NEELEY
Mailing Address 113 WOODLAWN DR
City BEAVER State PA Zip Code 15009
FEC ID number of contributing federal political committee. **C**
Name of Employer WEST PENN ANESTHESIA Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 13 / 2011
Transaction ID: SA11AI.100611
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
KEVIN NEFF
Mailing Address 4612 CHELSEA LN
City BLOOMFIELD HILLS State MI Zip Code 48301
FEC ID number of contributing federal political committee. **C**
Name of Employer AAKC Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 13 / 2011
Transaction ID: SA11AI.100689
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 625.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) RICHARD NELSON	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 9233 WARD PKY., #230	Transaction ID: SA11AI.100732
	City State Zip Code KANSAS CITY MO 64114	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WESTPORT MANAGEMENT ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) STEPHEN NEMETH	Date of Receipt MM / DD / YYYY 05 / 23 / 2011
	Mailing Address 20017 GYPSY LN	Transaction ID: SA11AI.101019
	City State Zip Code WOODLAND HILLS CA 91364	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation COUNTY OF LOS ANGELES 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 NICHOLS	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 1090 DEVINE CIRCLE	Transaction ID: SA11AI.100347
	City State Zip Code ATLANTA GA 30319	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PHYSICIAN SPECIALISTS IN ANESTHESIA, P ANESTHESIOLOGIST ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	

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 73 / 124
(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)
EDWARD NORMAN

Mailing Address 1040 SKYE LANE

City State Zip Code
PALM HARBOR FL 34683

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

Name of Employer Occupation
NORTH PINELLAS ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2011

Transaction ID: SA11AI.100578

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BLESSING NWOSU

Mailing Address 188 SANTURE ST.

City State Zip Code
MONROE MI 48162

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

Name of Employer Occupation
MERCY MEMORIAL HOSPITAL ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011

Transaction ID: SA11AI.100661

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
OLUWATOSIN OLADIPUPO

Mailing Address 1836 S SHORES DR

City State Zip Code
DECATUR IL 62521

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

Name of Employer Occupation
ASSOCIATED ANES. OF DECATUR ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100302

Amount of Each Receipt this Period
83.00

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

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

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

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

FOR LINE NUMBER: PAGE 74 / 124
(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) C. MICHEL OLIVA		Date of Receipt MM / DD / YYYY 05 / 27 / 2011		
	Mailing Address 3802 85TH ST.		Transaction ID: SA11AI.101103		
	City LUBBOCK	State TX	Zip Code 79423	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Name of Employer SELF EMPLOYED		
Occupation ANESTHESIOLOGIST		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 250.00					

B.	Full Name (Last, First, Middle Initial) PETER OLSON		Date of Receipt MM / DD / YYYY 05 / 13 / 2011		
	Mailing Address 10301 HICKMAN MILLS DR. SUITE 100		Transaction ID: SA11AI.100734		
	City KANSAS CITY	State MO	Zip Code 64137	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Name of Employer AAKC		
Occupation ANESTHESIOLOGIST		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 1000.00					

C.	Full Name (Last, First, Middle Initial) ROBERT ORR		Date of Receipt MM / DD / YYYY 05 / 16 / 2011		
	Mailing Address 9626 N BRADFORD AVE		Transaction ID: SA11AI.100910		
	City KANSAS CITY	State MO	Zip Code 64154	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Name of Employer ADV. ANESTHESIOLOGY		
Occupation ANESTHESIOLOGIST		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 500.00					

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

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

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

FOR LINE NUMBER: PAGE 75 / 124
(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 OSWALT

Mailing Address 2500 NORTH STATE STREET

City JACKSON State MS Zip Code 39216

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

Name of Employer UNIV. ANESTHESIA SERVICES, PLLC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt 05 / 01 / 2011
Transaction ID: SA11AI.100330
 Amount of Each Receipt this Period 83.00

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

Mailing Address 294 BARDEN RD

City BLOOMFIELD HILLS State MI Zip Code 48304

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

Name of Employer WILLIAM BEAUMONT HOSPITAL TROY Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt 05 / 01 / 2011
Transaction ID: SA11AI.100343
 Amount of Each Receipt this Period 83.00

C. Full Name (Last, First, Middle Initial)
STEPHEN PARKER

Mailing Address 306 WENDOVER RD

City BALTIMORE State MD Zip Code 21218

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

Name of Employer WASHINGTON HOSPITAL CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 16 / 2011
Transaction ID: SA11AI.100868
 Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional) ► 916.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) HARRY PARR		Date of Receipt
	Mailing Address 4725 TULLY RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 1 / 2 0 1 1
	City	State	Zip Code
	BLOOMFIELD HILLS	MI	48302
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.100263
		Amount of Each Receipt this Period	
		<input type="text"/> 83.00	
Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 415.00	

B.	Full Name (Last, First, Middle Initial) THALES PAVLATOS		Date of Receipt
	Mailing Address 2790 KILKENNY DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 6 / 2 0 1 1
	City	State	Zip Code
	SPRINGFIELD	OH	45503
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.100460
		Amount of Each Receipt this Period	
		<input type="text"/> 250.00	
Name of Employer SELF EMPLOYED		Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) MATTHEW PEECHER		Date of Receipt
	Mailing Address 518 CHATSWORTH CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 7 / 2 0 1 1
	City	State	Zip Code
	SPRINGFIELD	IL	62711
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.100941
		Amount of Each Receipt this Period	
		<input type="text"/> 500.00	
Name of Employer ASSOCIATED ANESTHESIOLOGISTS OF SPRINF		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 / 124
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) WILLIAM PEKARSKE		Date of Receipt
	Mailing Address 1281 E. CALLE DE LA CABRA		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 01 / 2011
	City	State	Zip Code
	TUCSON	AZ	85718
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100360
Name of Employer SOUTHERN ARIZONA ANESTHESIA SERVICES		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00	<input type="text"/> 83.00

B.	Full Name (Last, First, Middle Initial) JOSEPH PEROSI		Date of Receipt
	Mailing Address 16 NAVESINK AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 18 / 2011
	City	State	Zip Code
	RUMSON	NJ	07760
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100944
Name of Employer ANESTHESIA CONSULTANTS OF NJ, LLC.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) SAMUEL PEROV		Date of Receipt
	Mailing Address 5027 W. BLOOMFIELD LAKE RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 13 / 2011
	City	State	Zip Code
	WEST BLOOMFIELD	MI	48323
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100696
Name of Employer DETROIT RECEIVING HOSPITAL		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 124
	<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) KATHY PERRYMAN		Date of Receipt
	Mailing Address 11412 CANTERBURY 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 05 / 13 / 2011
	City	State	Zip Code
	SHAWNEE MISSION	KS	66211
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100740
Name of Employer ANESTHESIA ASSOCIATION OF KC		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.	Full Name (Last, First, Middle Initial) EDGAR PIERRE		Date of Receipt
	Mailing Address 1800 NW 10TH AVE # T244		<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 05 / 01 / 2011
	City	State	Zip Code
	MIAMI	FL	33136
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100391
Name of Employer RYDER TRAUMA CENTER		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

C.	Full Name (Last, First, Middle Initial) BENJAMIN PIETERS		Date of Receipt
	Mailing Address 10301 HICKMAN MILLS DR., #100		<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 05 / 16 / 2011
	City	State	Zip Code
	KANSAS CITY	MO	64137
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100793
Name of Employer ANES. ASSOC. OF KC, 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 ▼	<input type="text"/> 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 124
(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 PIONTEK

Mailing Address 1495 HEMLOCK CT

City State Zip Code
LIBERTY MO 64068

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

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2011

Transaction ID: SA11AI.100908

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
MARGARET PITTS

Mailing Address 25 BIRCHDALE RD

City State Zip Code
BOW NH 03304

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

Name of Employer Occupation
ANESTHESIA ASSOCIATES PA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100382

Amount of Each Receipt this Period
83.00

C.

Full Name (Last, First, Middle Initial)
DEAN POLCE

Mailing Address 2259 ARAGON CANYON ST

City State Zip Code
LAS VEGAS NV 89135

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

Name of Employer Occupation
ANESTHESIOLOGY CONSULTANT-S, INC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100375

Amount of Each Receipt this Period
83.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 124
(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)
ROMA POLCE

Mailing Address 2259 ARAGON CANYON ST

City State Zip Code
LAS VEGAS NV 89135

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

Name of Employer Occupation
VAMC SOUTHERN NEVADA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100344

Amount of Each Receipt this Period
83.00

B.

Full Name (Last, First, Middle Initial)
LINDA POLLEY

Mailing Address 12 RIDGEWAY ST

City State Zip Code
ANN ARBOR MI 48104

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

Name of Employer Occupation
UNIVERSITY OF MICHIGAN HEALTH SYSTEM ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2011

Transaction ID: SA11AI.100957

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
JULIA POLLOCK

Mailing Address PO BOX 900

City State Zip Code
SEATTLE WA 98111

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

Name of Employer Occupation
VIRGINIA-MASON MEDICAL CENTER ANESTHESIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2011

Transaction ID: SA11AI.100507

Amount of Each Receipt this Period
750.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 124
	(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) MATTHEW PRICE		Date of Receipt
	Mailing Address 50791 CHESAPEAKE DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 01 / 2011
	City	State	Zip Code
	NOVI	MI	48374
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.100372
Name of Employer SOAA		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 ▼ 205.00	<input type="text"/> 41.00

B.	Full Name (Last, First, Middle Initial) JEFFORY PRYLINSKI		Date of Receipt
	Mailing Address 5610 TARLETON DR SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 01 / 2011
	City	State	Zip Code
	HUNTSVILLE	AL	35802
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.100272
Name of Employer CAS, 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 ▼ 415.00	<input type="text"/> 83.00

C.	Full Name (Last, First, Middle Initial) DEMETRIOS PSIMOULIS		Date of Receipt
	Mailing Address 18306 CLAIRMONT CIRCLE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 13 / 2011
	City	State	Zip Code
	NORTHVILLE	MI	48168
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.100708
Name of Employer AAKC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 124
	<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) MUHAMMAD RAFIQUE	Date of Receipt
	Mailing Address UTHSC-MEDICAL SCHOOL- HOUSTON 6431 FANNIN ST., # 5.020	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 01 / 2011
	City HOUSTON State TX Zip Code 77030	Transaction ID: SA11AI.100373
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.00
	Name of Employer DEPARTMENT OF ANESTHESIOLOGY Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00	

B.	Full Name (Last, First, Middle Initial) ATTIQUE RAHMAN	Date of Receipt
	Mailing Address 90 MEADOW LARK LN	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 13 / 2011
	City BELLE MEAD State NJ Zip Code 08502	Transaction ID: SA11AI.100616
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
	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	

C.	Full Name (Last, First, Middle Initial) MICHAEL RAMSAY	Date of Receipt
	Mailing Address 7135 ELMRIDGE DR	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 25 / 2011
	City DALLAS State TX Zip Code 75240	Transaction ID: SA11AI.101039
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
	Name of Employer BAYLOR UNIVERSITY 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	

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 83 / 124

(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) SRIPAD RAO		Date of Receipt
	Mailing Address 1504 BAY RD APT 3307		<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 05 / 01 / 2011
	City	State	Zip Code
	MIAMI BEACH	FL	33139
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100388
Name of Employer RYDER TRAUMA CENTER ANESTHESIOLOGY		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00	<input type="text"/> 83.00

B.	Full Name (Last, First, Middle Initial) BLAKE REUTER		Date of Receipt
	Mailing Address 15200 BURNING SPRING 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 05 / 09 / 2011
	City	State	Zip Code
	EDMOND	OK	73013
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100509
Name of Employer F. BLAKE REUTER, M.D. PLLC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) MIKHAIL REZNIKOV		Date of Receipt
	Mailing Address 6899 REED CT.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 13 / 2011
	City	State	Zip Code
	WEST BLOOMFIELD	MI	48322
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100726
Name of Employer AAKC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional) ▶

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 84 / 124

(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) GARY RICHMAN		Date of Receipt MM / DD / YYYY 05 / 19 / 2011		
	Mailing Address 19109 STREAMSIDE CT.		Transaction ID: SA11AI.100970		
	City BOCA RATON	State FL	Zip Code 33498	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF EMPLOYED	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) JOSEPH RIFICI		Date of Receipt MM / DD / YYYY 05 / 01 / 2011		
	Mailing Address LAKESIDE ANES 2532 LKS5007 11100 EUCLID AVE.		Transaction ID: SA11AI.100367		
	City CLEVELAND	State OH	Zip Code 44106	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIV HOSP OF CLEVELAND CA- SE MED CTR	Occupation ANESTHESIOLOGIST ASSISTANT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00			

C.	Full Name (Last, First, Middle Initial) ERIC ROBB		Date of Receipt MM / DD / YYYY 05 / 13 / 2011		
	Mailing Address 5530 LAKE SHORE RD.		Transaction ID: SA11AI.100712		
	City LAKEPORT	State MI	Zip Code 48059	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AAKC	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) ▶

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 85 / 124
(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)
HOWARD ROBINSON

Mailing Address 2810 MANOR BRIDGE DR.

City State Zip Code
ALPHARETTA GA 30004

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

Name of Employer NORTHSIDE ANESTHESIOLOGY CONSULTANT 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 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.100604

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BABAK ROBOUBI

Mailing Address 7305 HELMSDALE RD.

City State Zip Code
BETHESDA MD 20817

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

Name of Employer WHC 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 5 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.100883

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JOSEPH RODRIGUES

Mailing Address 1524 LEXINGTON DR

City State Zip Code
DRESHER PA 19025

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

Name of Employer ALBERT EINSTEIN MEDICAL CENTER Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.100962

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) 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 05 / 01 / 2011
	City	State	Zip Code
	AVENTURA	FL	33180
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100349
Name of Employer SHERIDAN HEALTHCARE INC.		Occupation ANESTHESIOLOGIST MEDICAL DIRECTOR	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 ▼ 415.00	83.00

B.	Full Name (Last, First, Middle Initial) SCOTT ROETHLE		Date of Receipt
	Mailing Address 5005 W 131ST TER		<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 05 / 13 / 2011
	City	State	Zip Code
	LEAWOOD	KS	66209
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100754
Name of Employer AAKC		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

C.	Full Name (Last, First, Middle Initial) MELISSA ROSE		Date of Receipt
	Mailing Address 109 MASTERS WAY		<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 05 / 13 / 2011
	City	State	Zip Code
	HENDERSONVILLE	TN	37075
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100606
Name of Employer ANESTHESIA SERVICES ASSOCIATION		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

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

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

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

FOR LINE NUMBER: PAGE 87 / 124
(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)
ADAM RUBINSTEIN

Mailing Address 110 IRVING ST NW

City State Zip Code
WASHINGTON DC 20010

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

Name of Employer Occupation
WASHINGTON HOSPITAL CENTER ANESTHESIOLOGIST
DEPARTMENT

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.101166

Amount of Each Receipt this Period
250.00

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

Mailing Address 60 TWIN OAKS RD.

City State Zip Code
BRIDGEWATER NJ 08807

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

Name of Employer Occupation
ANESTHESIA CONSULTANTS OF ANESTHESIOLOGIST
NJ, L.L.C.

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	1	1

Transaction ID: SA11AI.100778

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
KONSTANTIN RUSIN

Mailing Address 1732 FOXDALE LANE

City State Zip Code
ANN ARBOR MI 48108

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

Name of Employer Occupation
AAKC ANESTHESIOLOGIST

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11AI.100667

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) RICHARD RUSSELL	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address P.O. BOX 2760	Transaction ID: SA11AI.100400
	City State Zip Code RAPID CITY SD 57709	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WEST RIVER ANESTH. CONSULTANTS, PC PHYSICIAN 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.	Full Name (Last, First, Middle Initial) HAROLD RUST	Date of Receipt MM / DD / YYYY 05 / 03 / 2011
	Mailing Address 1136 HEATHER CIR	Transaction ID: SA11AI.100430
	City State Zip Code FARMINGTON UT 84025	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MOUNTAIN WEST ANESTHESIOLOGY PHYSICIAN, 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	

C.	Full Name (Last, First, Middle Initial) MANDY SANDER-PRATHER	Date of Receipt MM / DD / YYYY 05 / 16 / 2011
	Mailing Address 10301 HICKMAN MILLS DR STE 100	Transaction ID: SA11AI.100799
	City State Zip Code KANSAS CITY MO 64137	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA ASSOC. OF KC PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 124

(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) GURUDATT SETTY		Date of Receipt																					
	Mailing Address 5233 BRENLYNN DR		<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>5</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	8	/	2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5	/	1	8	/	2	0	1	1														
City	State	Zip Code	Transaction ID: SA11AI.100948																					
SUWANEE	GA	30024	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	250.00																					
Name of Employer GWINNETT ANESTHESIA SERVICES		Occupation ANESTHESIOLOGIST																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	250.00																					

B.	Full Name (Last, First, Middle Initial) FRED SHAPIRO		Date of Receipt																					
	Mailing Address 330 BROOKLINE AVE # F-407 DEPARTMENT OF ANESTHESIOLOGY		<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>5</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	0	1	/	2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5	/	0	1	/	2	0	1	1														
City	State	Zip Code	Transaction ID: SA11AI.100282																					
BOSTON	MA	02215	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	83.00																					
Name of Employer HARVARD MEDICAL SCHOOL		Occupation ANESTHESIOLOGIST																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	336.00																					

C.	Full Name (Last, First, Middle Initial) KENNETH SHERBAN		Date of Receipt																					
	Mailing Address 104 OAKMONT CT.		<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>5</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	0	5	/	2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5	/	0	5	/	2	0	1	1														
City	State	Zip Code	Transaction ID: SA11AI.100450																					
LYNCHBURG	VA	24503	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	250.00																					
Name of Employer LYNCHBURG ANESTHESIA ASSOCIATES, INC.		Occupation PHYSICIAN ANESTHESIOLOGIST																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	250.00																					

SUBTOTAL of Receipts This Page (optional) ▶

583.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 124
(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)
RICHARD SHIN

Mailing Address 4123 STONELEIGH

City State Zip Code
BLOOMFIELD HILLS MI 48302

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

Name of Employer Occupation
AAKC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011

Transaction ID: SA11AI.100683

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ROLAND SHORT

Mailing Address 619 S 19TH ST

City State Zip Code
BIRMINGHAM AL 35249

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

Name of Employer Occupation
UNIV OF AL HLTH SYSTEM AN-ES DEPT ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100376

Amount of Each Receipt this Period
83.00

C. Full Name (Last, First, Middle Initial)
LESLIE SHREM

Mailing Address 197 RIDGEDALE AVE

City State Zip Code
CEDAR KNOLLS NJ 07927

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

Name of Employer Occupation
NORTHERN ANESTHESIA SURGI-CAL CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2011

Transaction ID: SA11AI.101025

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 91 / 124
(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) HARPREET SINGH		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 4930 CHARING CROSS ROAD		Transaction ID: SA11AI.100720
	City BLOOMFIELD HILLS	State MI	Zip Code 48304
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer AAKC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) JONATHAN SLONIN		Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 8832 BALLY BUNION ROAD		Transaction ID: SA11AI.100363
	City PORT SAINT LUCIE	State FL	Zip Code 34986
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
	Name of Employer SHERIDAN HEALTHCARE	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00	

C.	Full Name (Last, First, Middle Initial) ALEXEY SLUCKY		Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 333 W. HAMPDEN AVE., SUITE 600		Transaction ID: SA11AI.100353
	City ENGLEWOOD	State CO	Zip Code 80110
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
	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 ▼ 415.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ROBERT SMALL		Date of Receipt
	Mailing Address 4259 LYON 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 05 / 01 / 2011
	City	State	Zip Code
	COLUMBUS	OH	43220
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100340
Name of Employer THE OHIO STATE UNIVERSITY		Occupation ASSOCIATE PROFESSOR OF CLINICAL ANESTH	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 ▼ 415.00	<input type="text"/> 83.00

B.	Full Name (Last, First, Middle Initial) BLAIR SMITH		Date of Receipt
	Mailing Address 1046 LAKE COLONY LN.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 01 / 2011
	City	State	Zip Code
	BIRMINGHAM	AL	35242
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100378
Name of Employer UAB		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 ▼ 415.00	<input type="text"/> 83.00

C.	Full Name (Last, First, Middle Initial) RYAN SMITH		Date of Receipt
	Mailing Address 98 HOLLY LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 01 / 2011
	City	State	Zip Code
	MYRTLE BEACH	SC	29572
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100362
Name of Employer CAMG, LLC		Occupation RESIDENT	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 ▼ 205.00	<input type="text"/> 41.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 207.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 124
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) STEPHEN SMITH		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 1158 DUTCH HOLLOW DRIVE		Transaction ID: SA11AI.100600
City CHESTERFIELD	State MO	Zip Code 63017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer WESTERN ANESTHESIOLOGY ASSOCIATES, INC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) DON SOKOLIK		Date of Receipt MM / DD / YYYY 05 / 23 / 2011
Mailing Address 2757 KINSINGTON CIRCLE		Transaction ID: SA11AI.101022
City WESTON	State FL	Zip Code 33332
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SHERIDAN HEALTHCARE INC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) MITCHELL SOLOMON		Date of Receipt MM / DD / YYYY 05 / 31 / 2011
Mailing Address 7351 SARAZEN DR.		Transaction ID: SA11AI.101149
City MOORPARK	State CA	Zip Code 93021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 124
(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)
KORTNEE SORBIN

Mailing Address 10718 W 163RD TER

City OVERLAND PARK State KS Zip Code 66062

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

Name of Employer AAKC-MENORAH MEDICAL CENTER Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 13 / 2011
Transaction ID: SA11AI.100752
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
VITALY SOSKIN

Mailing Address 3990 JOHN R ST, BOX 162

City DETROIT State MI Zip Code 48201

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

Name of Employer WAYNE STATE UNIVERSITY SCHOOL OF MEDIC Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 13 / 2011
Transaction ID: SA11AI.100722
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER SOUTHWICK

Mailing Address 10028 PERRY DR

City OVERLAND PARK State KS Zip Code 66212

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

Name of Employer SOUTHWICK LLC Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 16 / 2011
Transaction ID: SA11AI.100886
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 95 / 124
(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)
NANCY STAATS

Mailing Address 47 ORCHARD LANE

City State Zip Code
COLTS NECK NJ 07722

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 05 / 2011

Transaction ID: SA11AI.100442

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
THOMAS STAMOS

Mailing Address 1441 SCHOETTLER RD.

City State Zip Code
CHESTERFIELD MO 63017

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

Name of Employer Occupation
WAAI ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 12 / 2011

Transaction ID: SA11AI.100577

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ERICA STEIN

Mailing Address N411 DOAN HALL
410 W. 10TH AVE

City State Zip Code
COLUMBUS OH 43210

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

Name of Employer Occupation
OHIO STATE UNIV DEPT OF ANESTHESIOLOGY RESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 01 / 2011

Transaction ID: SA11AI.100355

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 96 / 124
(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 STEPHENSON		Date of Receipt MM / DD / YYYY 05 / 01 / 2011
Mailing Address 926 E ROCK SPRINGS RD NE SUITE 530		Transaction ID: SA11AI.100290
City ATLANTA	State GA	Zip Code 30306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
Name of Employer PHYSICIAN SPECIALISTS IN ANES., P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.00	

B.

Full Name (Last, First, Middle Initial) MICHELLA STILES		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 11114 ALHAMBRA ST		Transaction ID: SA11AI.100750
City LEAWOOD	State KS	Zip Code 66211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AAKC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) ADAM STRIKER		Date of Receipt MM / DD / YYYY 05 / 16 / 2011
Mailing Address 10301 HICKMAN MILLS DR., #100		Transaction ID: SA11AI.100829
City KANSAS CITY	State MO	Zip Code 64137
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer ANESTHESIA ASSOC., OF KC	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)	▶	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 97 / 124
	<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) WYNDAM STRODTBECK		Date of Receipt
	Mailing Address 5692 179TH AVE SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 13 / 2011
	City	State	Zip Code
	BELLEVUE	WA	98006
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100731
Name of Employer VIRGINIA MASON MEDICAL CENTER		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) R. LAWRENCE SULLIVAN		Date of Receipt
	Mailing Address 1345 WEBSTER		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 13 / 2011
	City	State	Zip Code
	PALO ALTO	CA	94301
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100736
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) SCOTT SWITZER		Date of Receipt
	Mailing Address 26 FARM HILL RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 01 / 2011
	City	State	Zip Code
	WEST HARTFORD	CT	06107
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100358
Name of Employer MILFORD ANESTHESIA, 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 ▼ 830.00	<input type="text"/> 166.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1166.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 124
(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)
JOSEPH TALARICO

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
200 LOTHROP ST # 463

City State Zip Code
PITTSBURGH PA 15213

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

Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CENTE
Occupation ASSISTANT PROFESSOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.100334

Amount of Each Receipt this Period
41.00

B. Full Name (Last, First, Middle Initial)
SANJIWAN TARABADKAR

Mailing Address 148 HOWARD OAKS DR

City State Zip Code
MACON GA 31210

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

Name of Employer NEXUS MEDICAL GROUP
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.101147

Amount of Each Receipt this Period
500.00

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

Mailing Address 17001 JEANETTE

City State Zip Code
SOUTHFIELD MI 48075

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

Name of Employer AAKC
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.100714

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 99 / 124
(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)
CHRISTOPHER TEGGATZ

Mailing Address 2905 OLD ORCHARD ROAD NE

City State Zip Code
CEDAR RAPIDS IA 52402

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

Name of Employer LINN COUNTY ANESTHESIOLOGISTS Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
05 / 19 / 2011

Transaction ID: SA11AI.100983

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
GREGORY TERAikian

Mailing Address 4258 QUAKER HILL DR

City State Zip Code
FORT GRATIOT MI 48059

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

Name of Employer AAKC Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
05 / 13 / 2011

Transaction ID: SA11AI.100716

Amount of Each Receipt this Period: 250.00

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

Mailing Address 1403 N MADISON ST

City State Zip Code
RAYMORE MO 64083

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

Name of Employer ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
05 / 13 / 2011

Transaction ID: SA11AI.100735

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 100 / 124
(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)
LESLIE THOMAS

Mailing Address 2405 CHESTER ST

City State Zip Code
METAIRIE LA 70001

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

Name of Employer Occupation
OCHSNER HOSPITAL ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2011

Transaction ID: SA11AI.101051

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MACK THOMAS

Mailing Address 244 BEVERLY DR.

City State Zip Code
METAIRIE LA 70001

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

Name of Employer Occupation
OCHSNER HEALTH SYSTEMS PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: SA11AI.101139

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
KYLE THOMPSON

Mailing Address 12814 W HARVARD AVE

City State Zip Code
LAKEWOOD CO 80228

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

Name of Employer Occupation
SOUTH DENVER ANESTHESIOLOGY, P.C. ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100278

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 101 / 124
(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)
TIMOTHY TOM

Mailing Address 13622 MOUNTAIN TRL

City State Zip Code
CORPUS CHRISTI TX 78410

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

Name of Employer Occupation
TIMOTHY TOM MD PA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.101033

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PIKUL TONTAPANISH

Mailing Address HARPOR HOSP. DIV., DEPT. OF ANES.

City State Zip Code
JACKSON MI 49204

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

Name of Employer Occupation
AAKC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.100645

Amount of Each Receipt this Period
250.00

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

Mailing Address 1255 FOGG DR

City State Zip Code
LANCASTER OH 43130

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

Name of Employer Occupation
FAIRFIELD ANESTHESIA ASSO- ANESTHESIOLOGIST
CIATES ANESTH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.101138

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 124
	<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) CHRISTOPHER TROIANOS		Date of Receipt
	Mailing Address 427 HEIGHTS DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 01 / 2011
	City	State	Zip Code
	GIBSONIA	PA	15044
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100325
Name of Employer WESTERN PENNSYLVANIA HOSPITAL		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00	<input type="text"/> 83.00

B.	Full Name (Last, First, Middle Initial) JERROLD VEST		Date of Receipt
	Mailing Address 1975 CORBETT HIGHLAND PL.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 09 / 2011
	City	State	Zip Code
	ARROYO GRANDE	CA	93420
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100510
Name of Employer SELF		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) SANDHYA VINTA		Date of Receipt
	Mailing Address 1551 MONCREY AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 01 / 2011
	City	State	Zip Code
	LEAGUE CITY	TX	77573
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.100284
Name of Employer UTMB ANESTHESIOLOGY		Occupation FACULTY 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 ▼ 336.00	<input type="text"/> 83.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 416.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 124		
	<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) J. MICHAEL VOLLERS		Date of Receipt	
	Mailing Address 1 CHILDRENS WAY SLOT 203, S-319		M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.100332
	LITTLE ROCK	AR	72202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.00	
Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI		Occupation PROFESSOR OF ANESTHESIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00		

B.	Full Name (Last, First, Middle Initial) MARSHA WAKEFIELD		Date of Receipt	
	Mailing Address 619 19TH ST S		M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.100423
	BIRMINGHAM	AL	35249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer UNIVERSITY OF ALABAMA IN BIRMINGHAM		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) HONG WANG		Date of Receipt	
	Mailing Address 3990 JOHN R		M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.100657
	DETROIT	MI	48201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer DETROIT MEDICAL CENTER DEPARTMENT OF A		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 124
(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)
ERIKKA WASHINGTON

Mailing Address 118 SPRING LAKES HAVEN

City State Zip Code
SPRING TX 77373

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

Name of Employer Occupation
UTHSC-HOUSTON DEPT OF ANESTHESIOLOGY ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 205.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100374

Amount of Each Receipt this Period
41.00

B.

Full Name (Last, First, Middle Initial)
ALAN WEISS

Mailing Address 960 ROYAL ARMS DR.

City State Zip Code
GIRARD OH 44420

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

Name of Employer Occupation
BEL-PARK ANES. ASSOC. INC. ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 415.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100335

Amount of Each Receipt this Period
83.00

C.

Full Name (Last, First, Middle Initial)
SUSAN WHITNEY

Mailing Address 2402 W 69TH TER

City State Zip Code
MISSION HILLS KS 66208

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

Name of Employer Occupation
AAKC ANESTHESIOLOGIST

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

Date of Receipt
MM / DD / YYYY
05 / 16 / 2011

Transaction ID: SA11AI.100913

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 105 / 124
(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 WIENER

Mailing Address 6471 ALDEN DR.

City WEST BLOOMFIELD State MI Zip Code 48324

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

Name of Employer AAKC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.100730

Amount of Each Receipt this Period
 250.00

B.

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

Mailing Address 303 3RD ST APT 409

City CAMBRIDGE State MA Zip Code 02142

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

Name of Employer PARTNERS HEALTHCARE 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 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.101111

Amount of Each Receipt this Period
 250.00

C.

Full Name (Last, First, Middle Initial)
CYNTHIA WONG

Mailing Address 2440 N LAKEVIEW AVE APT 16A

City CHICAGO State IL Zip Code 60614

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

Name of Employer NORTHWESTERN UNIVERSITY 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 5 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.100952

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 106 / 124
(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)
BYRON WORK

Mailing Address 3749 LYNNFIELD DR

City State Zip Code
VIRGINIA BEACH VA 23452

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

Name of Employer ATLANTIC ANESTHESIA Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 415.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.100257

Amount of Each Receipt this Period
83.00

B. Full Name (Last, First, Middle Initial)
JASON WORKMAN

Mailing Address 7575 W WASHINGTON AVE STE 127-374

City State Zip Code
LAS VEGAS NV 89128

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

Name of Employer ANESTHESIOLOGY CONSULTANT-S, INC. Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 415.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.100346

Amount of Each Receipt this Period
83.00

C. Full Name (Last, First, Middle Initial)
W. BRADLEY WORTHINGTON

Mailing Address 202 DEER PARK DRIVE

City State Zip Code
NASHVILLE TN 37205

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

Name of Employer CENTER FOR SPINAL SURGERY Occupation ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 415.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.100331

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ► **249.00**

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

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

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

FOR LINE NUMBER: PAGE 107 / 124
(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)
ASSUMPTA YAU
Mailing Address P.O. BOX 1514
City HIGHLAND PARK State NJ Zip Code 08904
FEC ID number of contributing federal political committee. **C**
Name of Employer ST. PETERS UNIVERSITY HOSPITAL Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00
Date of Receipt 05 / 20 / 2011
Transaction ID: SA11AI.101004
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
CHANG YOON
Mailing Address 3450 N. ROCK RD., SUITE #208
City WICHITA State KS Zip Code 67226
FEC ID number of contributing federal political committee. **C**
Name of Employer MID-CONTINENT ANESTHESIOLOGY Occupation PHYSICIAN
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00
Date of Receipt 05 / 06 / 2011
Transaction ID: SA11AI.100485
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
JILL YOUNG
Mailing Address 20 E 9TH ST APT 14K
City NEW YORK State NY Zip Code 10003
FEC ID number of contributing federal political committee. **C**
Name of Employer MORRIS ANESTHESIA GROUP Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00
Date of Receipt 05 / 09 / 2011
Transaction ID: SA11AI.100505
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 108 / 124
(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)
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 ANESTH ASSOC Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2011

Transaction ID: SA11AI.100466

Amount of Each Receipt this Period
125.00

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

Mailing Address 67 MARYWOOD TRAIL

City State Zip Code
WHEATON IL 60187

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

Name of Employer ELMHURST ANESTHESIOLOGISTS Occupation PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2011

Transaction ID: SA11AI.100533

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JONATHAN ZUCKER

Mailing Address 1612 SAINT GREGORY DRIVE

City State Zip Code
LAS VEGAS NV 89117

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2011

Transaction ID: SA11AI.100369

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ► 458.00

TOTAL This Period (last page this line number only) ► 81431.00

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

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

FOR LINE NUMBER: PAGE 109 / 124
(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)
THE PUBLIC RESPONSE GROUP INC

Mailing Address 12400 S HARLEM AVE 2ND FL NW

City State Zip Code
PALOS HEIGHTS IL 60463

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
799.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	1

Transaction ID: SA15.101174

Amount of Each Receipt this Period
799.00

PARTIAL REFUND FOR RADIO
BUY DATE 10/22/2010

SUBTOTAL of Receipts This Page (optional)	▶	799.00
TOTAL This Period (last page this line number only)	▶	799.00

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

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

FOR LINE NUMBER: PAGE 110 / 124
(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)
NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City State Zip Code
CHICAGO IL 60675

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
67.06

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 1 1

Transaction ID: SA17.101260

Amount of Each Receipt this Period
7.83

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)	▶	7.83
TOTAL This Period (last page this line number only)	▶	7.83

**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 111 / 124

<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)

J P MORGAN CHASE BANK

Mailing Address 10 S DEARBORN, FL 36

City
CHICAGO

State
IL

Zip Code
60603

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB21B.101261

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

2094.36

SUBTOTAL of Disbursements This Page (optional)

2094.36

TOTAL This Period (last page this line number only)

2094.36

**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 112 / 124

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

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

A.	Full Name (Last, First, Middle Initial) ADVANCE ARKANSAS PAC Mailing Address PO BOX 344 City PRESCOTT State AZ Zip Code 71857 Purpose of Disbursement 2011 CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.101243 Date of Disbursement 05 / 26 / 2011 Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS Mailing Address 555 CAPITOL MALL, STE 1425 City SACRAMENTO State CA Zip Code 95814 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.101232 Date of Disbursement 05 / 26 / 2011 Amount of Each Disbursement this Period 1500.00
C.	Full Name (Last, First, Middle Initial) BASS VICTORY FUND Mailing Address PO BOX 3451 City CONCORD State NH Zip Code 03302 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.101212 Date of Disbursement 05 / 19 / 2011 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 115 / 124

<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) COLE FOR CONGRESS	Transaction ID: SB23.101182
	Mailing Address PO BOX 722256	Date of Disbursement 05 / 12 / 2011
	City NORMAN State OK Zip Code 73070	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ELECT BLAKE FARENTHOLD COMMITTEE	Transaction ID: SB23.101224
	Mailing Address PO BOX 3369	Date of Disbursement 05 / 25 / 2011
	City CORPUS CHRISTI State TX Zip Code 78463	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 27	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FREEDOM AND SECURITY PAC	Transaction ID: SB23.101239
	Mailing Address 228 S WASHINGTON ST, STE 115	Date of Disbursement 05 / 26 / 2011
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement 2011 CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) FRIENDS OF DENNIS ROSS <hr/> Mailing Address PO BOX 7310 <hr/> City LAKELAND State FL Zip Code 33807 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.101218 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO <hr/> Mailing Address PO BOX 52008 <hr/> City CASPER State WY Zip Code 82605 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.101206 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS <hr/> Mailing Address PO BOX U <hr/> City MARIETTA State GA Zip Code 30060 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.101230 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) GLACIER PAC</p> <p>Mailing Address 3242 CUMMINS WAY</p> <p>City MISSOULA State MT Zip Code 59802</p> <p>Purpose of Disbursement 2011 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.101245 Date of Disbursement 05 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) JACKIE SPEIER FOR CONGRESS</p> <p>Mailing Address PO BOX 112</p> <p>City BURLINGAME State CA Zip Code 94011</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: 12</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.101249 Date of Disbursement 05 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) JOHN S FUND</p> <p>Mailing Address PO BOX 853</p> <p>City EDWARDSVILLE State IL Zip Code 62025</p> <p>Purpose of Disbursement 2011 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.101256 Date of Disbursement 05 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS</p> <p>Mailing Address PO BOX 3314</p> <p>City OREGON CITY State OR Zip Code 97045</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: OR District: 05</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.101228</p> <p>Date of Disbursement 05 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) LEADERSHIP FOR TODAY & TOMORROW</p> <p>Mailing Address 625 3RD ST NE STE #2</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement 2011 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.101241</p> <p>Date of Disbursement 05 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) MARTHA ROBY FOR CONGRESS</p> <p>Mailing Address PO BOX 195</p> <p>City MONTGOMERY State AL Zip Code 36101</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: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.101216</p> <p>Date of Disbursement 05 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

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) MATHESON FOR CONGRESS	Transaction ID: SB23.101237
	Mailing Address PO BOX 521048	Date of Disbursement 05 / 26 / 2011
	City SALT LAKE CITY State UT Zip Code 84152	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MIKE ROGERS FOR CONGRESS	Transaction ID: SB23.101195
	Mailing Address 123 E 13TH ST	Date of Disbursement 05 / 19 / 2011
	City ANNISTON State AL Zip Code 36201	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PAUL GOSAR FOR CONGRESS	Transaction ID: SB23.101184
	Mailing Address 2222 E CEDAR AVE	Date of Disbursement 05 / 12 / 2011
	City FLAGSTAFF State AZ Zip Code 86004	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
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) RANDY HULTGREN FOR CONGRESS Mailing Address PO BOX 717 City ST CHARLES State IL Zip Code 60174 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.101251 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS COMMITTEE Mailing Address 76 MAGNOLIA TERR City SPRINGFIELD State MA Zip Code 01108 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.101234 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
C. Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS Mailing Address PO BOX 581 City BRIGHTON State MI Zip Code 48116 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.101193 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) SCALISE FOR CONGRESS	Transaction ID: SB23.101202
	Mailing Address PO BOX 23219	Date of Disbursement 05 / 19 / 2011
	City JEFFERSON State LA Zip Code 70183	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND	Transaction ID: SB23.101191
	Mailing Address PO BOX 32025	Date of Disbursement 05 / 19 / 2011
	City PHOENIX State AZ Zip Code 85064	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement 2011 CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TERRI SEWELL FOR CONGRESS	Transaction ID: SB23.101180
	Mailing Address PO BOX 1964	Date of Disbursement 05 / 12 / 2011
	City BIRMINGHAM State AL Zip Code 35201	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input 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)

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

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

<p>A. Full Name (Last, First, Middle Initial) THE FREEDOM PROJECT</p> <p>Mailing Address 631-B PENNSYLVANIA AVE, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement 2011 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 08</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.101214</p> <p>Date of Disbursement 05 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) THE REYES COMMITTEE, INC.</p> <p>Mailing Address 1011 MONTANA AVE</p> <p>City EL PASO State TX Zip Code 79902</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: TX District: 16</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.101258</p> <p>Date of Disbursement 05 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) THE SULLY FUND</p> <p>Mailing Address PO BOX 650552</p> <p>City POTOMAC FALLS State VA Zip Code 20165</p> <p>Purpose of Disbursement 2011 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OK District: 01</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.101209</p> <p>Date of Disbursement 05 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS	Transaction ID: SB23.101247
	Mailing Address 2931 E DUBLIN GRANVILLE RD, #190	Date of Disbursement MM / DD / YYYY 05 / 26 / 2011
	City COLUMBUS State OH Zip Code 43231	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 12	
B.	Full Name (Last, First, Middle Initial) TIM SCOTT FOR CONGRESS	Transaction ID: SB23.101177
	Mailing Address 1405 ASHLEY RIVER RD	Date of Disbursement MM / DD / YYYY 05 / 12 / 2011
	City CHARLESTON State SC Zip Code 29407	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: SC District: 01	

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

72500.00

**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)

REPUBLICAN STATE LEADERSHIP COMMITTEE

Transaction ID: SB29.101188

Date of Disbursement

Mailing Address 1800 DIAGNOLE RD, SUITE 230

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	1

City State Zip Code
ALEXANDRIA VA 22314

Amount of Each Disbursement this Period

25000.00

Purpose of Disbursement
2011 CONTRIBUTION

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

25000.00

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

25000.00
