

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 520 N. NORTHWEST HIGHWAY  
 Check if different than previously reported. (ACC)  
PARK RIDGE IL 60068

2. **FEC IDENTIFICATION NUMBER** C00255752  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 01 2007 through 11 30 2007

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 RICHARD BARWACZ

Signature of Treasurer Electronically Filed by RICHARD BARWACZ Date 12 18 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		631987.13
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	1109990.31									
(c) Total Receipts (from Line 19) .....	131538.98	1843200.99								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1241529.29	2475188.12								
7. Total Disbursements (from Line 31) .....	86074.98	1319733.81								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1155454.31	1155454.31								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	19050.00	819626.00
(i) Itemized (use Schedule A) .....	6119.00	178730.00
(ii) Unitemized .....	25169.00	998356.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	25169.00	998356.00
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) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	106369.98	844844.99
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)) .....	131538.98	1843200.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	131538.98	1843200.99

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	9000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	9000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	78500.00	668500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	7574.98	642233.81
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))..	86074.98	1319733.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	86074.98	1319733.81

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	25169.00	998356.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25169.00	998356.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	9000.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	9000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 36
	<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)  
**JOE ANDERSON**

Mailing Address **120 NW 14TH AVE #300**

City **PORTLAND** State **OR** Zip Code **97209**

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

Name of Employer **OREGON ANESTH** 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  
**11 / 30 / 2007**

**Transaction ID: SA11A1.57371**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **42 SUGARBUSH TRAIL**

City **SAUNDERSTOWN** State **RI** Zip Code **02874**

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

Name of Employer **ANES ASSOC KENT COUNTY** 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  
**11 / 15 / 2007**

**Transaction ID: SA11A1.57165**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **820 PRUDENTIAL DR #606**

City **JACKSONVILLE** State **FL** Zip Code **32207**

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

Name of Employer **FLORIDA ANES ASSOC** 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  
**11 / 30 / 2007**

**Transaction ID: SA11A1.57366**

Amount of Each Receipt this Period  
**500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 36
	<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

Full Name (Last, First, Middle Initial) <b>A. MARK BRADY</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 9403 W 146TH PLACE		<b>Transaction ID: SA11A1.57193</b>	
City State Zip Code OVERLAND PARK KS 66221		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MIDWEST ANESTHESIA ASSOCIATES, P.A. ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. ANDREW BREWER</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 11626 N. 76TH WAY		<b>Transaction ID: SA11A1.57004</b>	
City State Zip Code SCOTTSDALE AZ 85260		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation VALLEY ANESTHESIOLOGY PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. ALRICK BROOKS</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 137 ASHFORD PK		<b>Transaction ID: SA11A1.57322</b>	
City State Zip Code MACON GA 31210		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation NEXUS MED GRP ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 36
	<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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Full Name (Last, First, Middle Initial) <b>A. ANJUM BUX</b>		Date of Receipt
Mailing Address 359D S 4TH ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City	State	Zip Code
DANVILLE	KY	40423
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11A1.57319</b>
Name of Employer SELF-EMPLOYED		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		<input type="text"/> 500.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. STEPHEN CAMPBELL</b>		Date of Receipt
Mailing Address 545 BEVERLY DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City	State	Zip Code
SUMMERVILLE	SC	29485
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11A1.57249</b>
Name of Employer ANES ASSOC CHARLESTON		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		<input type="text"/> 100.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 700.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CURTIS CARL</b>		Date of Receipt
Mailing Address 916 WILDWOOD DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City	State	Zip Code
E LANSING	MI	48823
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11A1.57364</b>
Name of Employer PHYS ANESTH SERV		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		<input type="text"/> 250.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 850.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 36
	<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

Full Name (Last, First, Middle Initial) <b>A. GERALD CHERAYIL</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7	
Mailing Address 27514 PADDOCK TRAIL PL		<b>Transaction ID: SA11A1.57110</b>	
City State Zip Code CHANTILLY VA 20152	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer FAA	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. PATRICIA DAILEY</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 15 CREEKWOOD WAY		<b>Transaction ID: SA11A1.57279</b>	
City State Zip Code HILLSBOROUGH CA 94010	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ANESTHESIA CARE ASSOCIATES	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. DEANNA DORSEY</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 5400 N SUNCREST DR#B3		<b>Transaction ID: SA11A1.57376</b>	
City State Zip Code EL PASO TX 79912	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ANES CONSULT ASSOC	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 36
	<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

Full Name (Last, First, Middle Initial) <b>A. PAUL FINER</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 955 LANCASTER DR		<b>Transaction ID: SA11A1.57269</b>	
City ORLANDO	State FL	Zip Code 32806	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer WOLVERINE ANES CONSUL	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. LEE FLEISHER</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address POB 197		<b>Transaction ID: SA11A1.57030</b>	
City GWYNEDD VALLEY	State PA	Zip Code 19437	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer UNIVERSITY OF PENNSYLVANIA	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. JOSEPHINE GAMBARDELLAS</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 1014 PRIORY PL		<b>Transaction ID: SA11A1.57258</b>	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer FAIRFAX ANES ASSOC	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 36
	<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

Full Name (Last, First, Middle Initial) <b>A. WILLIAM GENTRY</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address 3 RIVERS EDGE		<b>Transaction ID: SA11A1.57121</b>
City LITTLE ROCK	State AR	Zip Code 72227
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM HAWK</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 7417 AURELIA RD		<b>Transaction ID: SA11A1.57345</b>
City OKLAHOMA CITY	State OK	Zip Code 73121
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer AFFIL ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. THOMAS HERFURTH</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 7
Mailing Address 3826 8TH ST PL NW		<b>Transaction ID: SA11A1.57273</b>
City HICKORY	State NC	Zip Code 20861
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 36
	(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

Full Name (Last, First, Middle Initial) <b>A. STEPHEN HUTCHINS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 501 20TH ST #606		<b>Transaction ID: SA11A1.57335</b>
City State Zip Code KNOXVILLE TN 37916	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer AMAET	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. JEFFREY JAGMIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 1 BRIDLEWOOD TRL		<b>Transaction ID: SA11A1.57373</b>
City State Zip Code S BARRINGTON IL 60010	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer MEDICAL CTR ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. AHMED KHALIL</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 6367 FOUNTAINS BLVD		<b>Transaction ID: SA11A1.57065</b>
City State Zip Code WEST CHESTER OH 45069	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer UNIVERSITY OF CINCINNATI	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) CYNTHIA LIEN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address 333 WEST END AVE APT 10B		<b>Transaction ID:</b> SA11A1.57028
City State Zip Code NEW YORK NY 10023	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer WEILL CORNELL MEDICAL COLLEGE, DEPARTM	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) KIRK LINDVIG		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7
Mailing Address 330 BOOT RD		<b>Transaction ID:</b> SA11A1.57256
City State Zip Code MALVERN PA 19355	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer UNITED ANES SERV	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) GREGG LOBEL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7
Mailing Address 22 DONNYBROOK DRIVE		<b>Transaction ID:</b> SA11A1.57039
City State Zip Code DEMAREST NJ 07627	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NORTHERN VALLEY ANESTHESIOLOGY	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 36
	<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

Full Name (Last, First, Middle Initial) <b>A. MARK LOVICH</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 2 / 2 0 0 7	
Mailing Address 30 GRIGGS ROAD		<b>Transaction ID: SA11A1.57119</b>	
City State Zip Code BROOKLINE MA 02446		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation CAP ANESTHESIA ANESTHESIOLOGISTS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. THOMAS MARTIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 13 GREAT OAK LN		<b>Transaction ID: SA11A1.57352</b>	
City State Zip Code UNIONVILLE CT 06085		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation HARTFORD ANES ASSOC ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. MOHAMMED MINHAJ</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7	
Mailing Address 920 W MADISON STREET UNIT 1002		<b>Transaction ID: SA11A1.56994</b>	
City State Zip Code CHICAGO IL 60607		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation UNIVERSITY OF CHICAGO PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) PAUL MONGAN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 7	
Mailing Address 10017 SORREL AVE		<b>Transaction ID:</b> SA11A1.57014	
City State Zip Code POTOMAC MD 20854		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation US ARMY PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) ERVIN MOSS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 11 ROBERT CT		<b>Transaction ID:</b> SA11A1.57374	
City State Zip Code VERONA NJ 07044		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation SELF-EMPLOYED ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) CATHLEEN MUCENSKI		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 7870 DENNLER LN		<b>Transaction ID:</b> SA11A1.57343	
City State Zip Code CINCINNATI OH 45247		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation FT HAMILTON HOSP PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 36
	<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)  
BARBARA PAGE

Mailing Address P.O. BOX 365

City RICHLAND State MI Zip Code 49083

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

Name of Employer KALAMAZOO ANESTH 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  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.57367

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
LEILA MEI PANG

Mailing Address 10 CARLOTTA WAY

City DEMAREST State NJ Zip Code 07627

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

Name of Employer COLUMBIA UNIVERSITY IN THE CITY OF NEW 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  
1 1 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.57010

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
SETH PERELMAN

Mailing Address 157 ALPINE DRIVE

City CLOSTER State NJ Zip Code 07624

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

Name of Employer NVA Occupation MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.56996

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 36
	<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

Full Name (Last, First, Middle Initial) <b>A. JAMES PHILIP</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 70 SHAW RD		<b>Transaction ID: SA11A1.57368</b>
City <b>CHESTNUT HILL</b>	State <b>MA</b>	Zip Code <b>02467</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>200.00</b>	
Name of Employer <b>BRIGHAM &amp; WOMENS</b>	Occupation <b>ANESTHESIOLOGIST</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>400.00</b>	

Full Name (Last, First, Middle Initial) <b>B. JULIA POLLOCK</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 24233 SE 106TH PL		<b>Transaction ID: SA11A1.57078</b>
City <b>ISSAQUAH</b>	State <b>WA</b>	Zip Code <b>98027</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>1000.00</b>	
Name of Employer <b>VIRGINIA-MASON MEDICAL CE- NTER</b>	Occupation <b>MD</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. RICHARD PRIELIPP</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 11197 14TH ST N		<b>Transaction ID: SA11A1.57357</b>
City <b>LAKE ELMO</b>	State <b>MN</b>	Zip Code <b>55042</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>250.00</b>	
Name of Employer <b>UNIV OF MINNESOTA</b>	Occupation <b>ANESTHESIOLOGIST</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) LAWRENCE RASTRELLI		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 13807 CROWN BLUFF		<b>Transaction ID:</b> SA11A1.57277	
City State Zip Code SAN ANTONIO TX 78216		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation TEJAS ANESTH ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MARILYN RESURRECCION		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 162 BEACH 132ND ST		<b>Transaction ID:</b> SA11A1.57250	
City State Zip Code BELLE HARBOR NY 11694		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation SUNY PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) RICHARD RICHTER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 1621 HUNTMOOR DR		<b>Transaction ID:</b> SA11A1.57262	
City State Zip Code ROCK HILL SC 29732		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation ANES ASSOC ROCK HILL ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
JEFFREY SCHEIDLINGER

Mailing Address 8400 WOODBRANCH CT

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation  
FAA ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 30 / 2007

Transaction ID: SA11A1.57323

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3721B W END AVE

City State Zip Code  
NASHVILLE TN 37205

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

Name of Employer Occupation  
ANESTH MED GRP ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 30 / 2007

Transaction ID: SA11A1.57327

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
BRENCE SELL

Mailing Address 4770 BUCKHEAD COURT

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 13 / 2007

Transaction ID: SA11A1.57131

Amount of Each Receipt this Period  
1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 36
	<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

Full Name (Last, First, Middle Initial) <b>A. AMIT SHARMA</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 6400 BRADLEY PARK DRIVE BLDG A STE A		<b>Transaction ID: SA11A1.57247</b>	
City State Zip Code COLUMBUS GA 31904		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer NEXUS MEDICAL HOLDINGS, LLC		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. JAMES SINGER</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7	
Mailing Address 17 CAPTAINS POINT		<b>Transaction ID: SA11A1.57038</b>	
City State Zip Code GREENSBORO NC 27455		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GAP		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. DEAN SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 7827 N 3RD WAY		<b>Transaction ID: SA11A1.57355</b>	
City State Zip Code PHOENIX AZ 85020		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer VALLEY ANESTH		Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 36
	<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

Full Name (Last, First, Middle Initial) <b>A. ERIK STENE</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 15331 BOULDER POINTE		<b>Transaction ID: SA11A1.57332</b>	
City State Zip Code EDEN PRAIRIE MN 55347	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PEDIATRIC ANESTH	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. RAJESHWARY SWAMIDURAI</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 1541 N BELMONT PL		<b>Transaction ID: SA11A1.57359</b>	
City State Zip Code PORTERVILLE CA 93257	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. KYLE WOJCIECHOWSKI</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 747 N. WABASH AVE. APT 2204		<b>Transaction ID: SA11A1.57340</b>	
City State Zip Code CHICAGO IL 60611	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NORTHWESTERN UNIVERSITY	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 36
	(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)  
THEODORE WYNNYCHENKO

Mailing Address 1409 BURR OAK DR

City State Zip Code  
GLENVIEW IL 60025

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

Name of Employer Occupation  
EVANSTON NW HEALTH 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  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.57360

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
ZAC ZANOWIAK

Mailing Address 725 TABER LN

City State Zip Code  
EDMOND OK 73003

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

Name of Employer Occupation  
NORTHWEST ANESTH 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  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.57325

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	19050.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 36
	<input 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 checked="" type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
 NORTHERN TRUST CO

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 ▼  
 742299.24

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 7

Transaction ID: SA17.57470

Amount of Each Receipt this Period  
 3824.23

INTEREST INCOME

**B.** 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 ▼  
 844844.99

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 7

Transaction ID: SA17.57474

Amount of Each Receipt this Period  
 102545.75

CD MATURED

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	106369.98
<b>TOTAL</b> This Period (last page this line number only) .....	▶	106369.98

**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 24 / 36

<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

Full Name (Last, First, Middle Initial) <b>A. AKIN FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.57429
Mailing Address P.O. BOX 31222		Date of Disbursement MM / DD / YYYY 11 / 12 / 2007
City ST LOUIS	State MO	Zip Code 63131
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District: 2	

Full Name (Last, First, Middle Initial) <b>B. BAIRD FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.57416
Mailing Address 236 MASSACHUSETTS AVE NE		Date of Disbursement MM / DD / YYYY 11 / 05 / 2007
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District: 3	

Full Name (Last, First, Middle Initial) <b>C. BERKLEY FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.57421
Mailing Address P.O. BOX 636		Date of Disbursement MM / DD / YYYY 11 / 05 / 2007
City ANNANDALE	State VA	Zip Code 22003
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District: 1	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 36

<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

Full Name (Last, First, Middle Initial) <b>A. BILIRAKIS FOR CONGRESS</b>		<b>Transaction ID: SB23.57456</b>	
Mailing Address 610 S BOULEVARD		Date of Disbursement 11 / 19 / 2007	
City TAMPA	State FL	Zip Code 33606	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL	District: 9		

Full Name (Last, First, Middle Initial) <b>B. CHRIS MURPHY FOR CONGRESS</b>		<b>Transaction ID: SB23.57448</b>	
Mailing Address P.O. BOX 127		Date of Disbursement 11 / 15 / 2007	
City CHESHIRE	State CT	Zip Code 06410	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT	District: 5		

Full Name (Last, First, Middle Initial) <b>C. CHRIS MURPHY FOR CONGRESS</b>		<b>Transaction ID: SB23.57450</b>	
Mailing Address P.O. BOX 127		Date of Disbursement 11 / 15 / 2007	
City CHESHIRE	State CT	Zip Code 06410	Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT	District: 5		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 36

<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

Full Name (Last, First, Middle Initial) <b>A. CULBERSON FOR CONGRESS</b>		<b>Transaction ID: SB23.57462</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address P.O. BOX 41964		Amount of Each Disbursement this Period 1500.00
City HOUSTON State TX Zip Code 77241		
Purpose of Disbursement Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. DAVID SCOTT FOR CONGRESS</b>		<b>Transaction ID: SB23.57418</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address 499 S CAPITOL ST SW #404		Amount of Each Disbursement this Period 2500.00
City WASHINGTON State DC Zip Code 20003		
Purpose of Disbursement Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FREEDOM &amp; DEMOCRACY FUND</b>		<b>Transaction ID: SB23.57399</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address 610 S BOULEVARD		Amount of Each Disbursement this Period 5000.00
City TAMPA State FL Zip Code 33606		
Purpose of Disbursement 2007 CONTRIBUTION Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. FREEDOM FUND</b>		Transaction ID: SB23.57435 Date of Disbursement
Mailing Address 1155 21ST ST NW #300		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement 2007 CONTRIBUTION	<input type="text" value="1500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF DAVE REICHERT</b>		Transaction ID: SB23.57408 Date of Disbursement
Mailing Address P.O. BOX 53322		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City BELLEVUE	State WA	Zip Code 98015
Purpose of Disbursement	<input type="text" value="1500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 8		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF DAVE REICHERT</b>		Transaction ID: SB23.57437 Date of Disbursement
Mailing Address P.O. BOX 53322		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City BELLEVUE	State WA	Zip Code 98015
Purpose of Disbursement	<input type="text" value="2000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 8		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. HELLER FOR CONGRESS</b>		Transaction ID: SB23.57423 Date of Disbursement																					
Mailing Address 7840 RED LEAF 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>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	2		2	0	0	7														
City LAS VEGAS	State NV	Zip Code 89131	Amount of Each Disbursement this Period																				
Purpose of Disbursement		1500.00																					
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NV District: 1																							

Full Name (Last, First, Middle Initial) <b>B. JEB BRADLEY FOR CONGRESS</b>		Transaction ID: SB23.57388 Date of Disbursement																					
Mailing Address 645 S MAIN 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>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	5		2	0	0	7														
City WOLFEBORO	State NH	Zip Code 03894	Amount of Each Disbursement this Period																				
Purpose of Disbursement		2000.00																					
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NH District: 1																							

Full Name (Last, First, Middle Initial) <b>C. JOAN FITZ-GERALD FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.57379 Date of Disbursement																					
Mailing Address BOX 401 9975 WADSWORTH PKWY#K2		<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>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	5		2	0	0	7														
City WESTMINSTER	State CO	Zip Code 80021	Amount of Each Disbursement this Period																				
Purpose of Disbursement		3500.00																					
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CO District: 2																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. JORDAN FOR CONGRESS</b>		Transaction ID: SB23.57414 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address P.O. BOX 16021		Amount of Each Disbursement this Period 1500.00
City ALEXANDRIA State VA Zip Code 22302		
Purpose of Disbursement Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. KAY FOR CONGRESS</b>		Transaction ID: SB23.57427 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address P.O. BOX 14194		Amount of Each Disbursement this Period 2500.00
City PARKVILLE State MO Zip Code 64152		
Purpose of Disbursement Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. KIRK FOR CONGRESS</b>		Transaction ID: SB23.57412 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address 1707 PRINCE ST #5		Amount of Each Disbursement this Period 2000.00
City ALEXANDRIA State VA Zip Code 22314		
Purpose of Disbursement Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. LOBIONDO FOR CONGRESS</b>		Transaction ID: SB23.57403 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address 1707 PRINCE ST #5		Amount of Each Disbursement this Period 1500.00
City ALEXANDRIA State VA Zip Code 22314		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

Full Name (Last, First, Middle Initial) <b>B. LUCAS FOR CONGRESS</b>		Transaction ID: SB23.57385 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address P.O. BOX 1726		Amount of Each Disbursement this Period 2000.00
City OKLAHOMA CITY State OK Zip Code 73101		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

Full Name (Last, First, Middle Initial) <b>C. MCCAUL FOR CONGRESS INC</b>		Transaction ID: SB23.57431 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address 815 A BRAZOS ST PMB 230		Amount of Each Disbursement this Period 1500.00
City AUSTIN State TX Zip Code 78701		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MCCAUL FOR CONGRESS INC</b>		<b>Transaction ID: SB23.57433</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address 815 A BRAZOS ST PMB 230		Amount of Each Disbursement this Period 1000.00
City AUSTIN State TX Zip Code 78701		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

Full Name (Last, First, Middle Initial) <b>B. MCGOFF FOR CONGRESS</b>		<b>Transaction ID: SB23.57464</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address P.O. BOX 44003		Amount of Each Disbursement this Period 5000.00
City INDIANAPOLIS State IN Zip Code 46244		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

Full Name (Last, First, Middle Initial) <b>C. PALLONE FOR CONGRESS</b>		<b>Transaction ID: SB23.57454</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address P.O. BOX 3176		Amount of Each Disbursement this Period 1500.00
City LONG BRANCH State NJ Zip Code 07740		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. POE FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.57466
Mailing Address P.O. BOX 14222		Date of Disbursement MM / DD / YYYY 11 / 26 / 2007
City HUMBLE	State TX	Zip Code 77347
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 2	

Full Name (Last, First, Middle Initial) <b>B. PRICE FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.57381
Mailing Address P.O. BOX 425		Date of Disbursement MM / DD / YYYY 11 / 05 / 2007
City ROSWELL	State GA	Zip Code 30077
Purpose of Disbursement		Amount of Each Disbursement this Period 3000.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 6	

Full Name (Last, First, Middle Initial) <b>C. REYES COMMITTEE</b>		<b>Transaction ID:</b> SB23.57410
Mailing Address 1040 N QUINCY ST #301		Date of Disbursement MM / DD / YYYY 11 / 05 / 2007
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 16	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER:  
(check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. REYNOLDS FOR CONGRESS</b>		Transaction ID: SB23.57446 Date of Disbursement																					
Mailing Address P.O. BOX 15388		<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>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	5		2	0	0	7														
City ROCHESTER	State NY	Zip Code 14615	Amount of Each Disbursement this Period																				
Purpose of Disbursement		1500.00																					
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 26																						

Full Name (Last, First, Middle Initial) <b>B. RICK LARSEN FOR CONGRESS</b>		Transaction ID: SB23.57439 Date of Disbursement																					
Mailing Address P.O. BOX 326		<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>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	5		2	0	0	7														
City EVERETT	State WA	Zip Code 98206	Amount of Each Disbursement this Period																				
Purpose of Disbursement		2000.00																					
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WA	District: 2																						

Full Name (Last, First, Middle Initial) <b>C. ROB WITTMAN FOR CONGRESS</b>		Transaction ID: SB23.57468 Date of Disbursement																					
Mailing Address 14877 KINGS HIGHWAY		<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>1</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		2	6		2	0	0	7														
City MONTROSS	State VA	Zip Code 22520	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2008 SPECIAL ELECTION		2500.00																					
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: VA	District: 1																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ROGERS FOR CONGRESS</b>		<b>Transaction ID: SB23.57393</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address 123 E 13TH STREET		Amount of Each Disbursement this Period 2000.00
City ANNISTON State AL Zip Code 36201	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. RUSH HOLT FOR CONGRESS</b>		<b>Transaction ID: SB23.57425</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address P.O. BOX 782		Amount of Each Disbursement this Period 2000.00
City PENNINGTON State NJ Zip Code 08534	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. SCHOCK FOR CONGRESS</b>		<b>Transaction ID: SB23.57395</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address P.O. BOX 10555		Amount of Each Disbursement this Period 2500.00
City PEORIA State IL Zip Code 61612	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. SEARCHLIGHT PAC</b>		<b>Transaction ID:</b> SB23.57405 Date of Disbursement
Mailing Address 607 14TH STREET NW #800		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement 2007 CONTRIBUTION		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHORE PAC</b>		<b>Transaction ID:</b> SB23.57452 Date of Disbursement
Mailing Address P.O. BOX 3157		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
City LONG BRANCH	State NJ	Zip Code 07740
Purpose of Disbursement 2007 CONTRIBUTION		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE FREEDOM PROJECT</b>		<b>Transaction ID:</b> SB23.57397 Date of Disbursement
Mailing Address 424 C STREET NE BASEMENT UNIT		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement 2007 CONTRIBUTION		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="78500.00"/>

**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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF MCCASKILL DEBT COMMITTEE</b>		Transaction ID: SB29.57460 Date of Disbursement
Mailing Address P.O. BOX 30077		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
City ST LOUIS	State MO	Zip Code 63130
Purpose of Disbursement 2007 NON-FEDERAL CONTRIBUTION	<input type="text" value="1275.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NORTHERN TRUST CO</b>		Transaction ID: SB29.57472 Date of Disbursement
Mailing Address 50 S LASALLE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
City CHICAGO	State IL	Zip Code 60675
Purpose of Disbursement VISA BANK CHARGE	<input type="text" value="6295.48"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NORTHERN TRUST CO</b>		Transaction ID: SB29.57473 Date of Disbursement
Mailing Address 50 S LASALLE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
City CHICAGO	State IL	Zip Code 60675
Purpose of Disbursement NSF RETURN FEE	<input type="text" value="4.50"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7574.98"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="7574.98"/>