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| FEC FORM 3X | AN | ND DISE | OF REC BURSEM | ENTS | ee | | Office Use Only | |
|---|--|-----------------------------|----------------------|---------------------------------|-----------|----------|---------------------------|---------------|
| 1. NAME OF COMMITTEE (in fi | | FEC MAILING | | ample:If typing er the lines | , type | | | |
| | | | | | | | |] |
| ADDRESS (number and | street) | 20 N. NORTHV | VEST HIGHWAY | | | | | |
| Check if differ than previousl reported. (AC | У гр | ARK RIDGE | | | · · · · · | | 60068 | - |
| 2. FEC IDENTIFICAT | ION NUMBER | ¥ | CITY 🛋 | | 5 | STATE | ZIPCO | DE 萬 |
| C00255752 | | | 3. IS THIS REPORT | | NEW OR | AI (A | MENDED | |
| July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Onl | orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) Mid-Year on-election | (d) 30-Day Post - | Election |) | 12C) | Sep | 12G) in the State c | Special (30S) |
| 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. Note the penalties of 2 U.S.C 437g. | | | | | | | | |
| Office Use Only | | | | | | | FEC FOR (Rev. 02/20 | |

SUMMARY PAGE Image# 27991031156 OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE DD ММ D D Y W м м 01 2007 1.1 30 2007 11 Report Covering the Period: From: To: **COLUMN A** COLUMN B **This Period** Calendar Year-to-Date (a) Cash on Hand 6. 2007 631987.13 January 1 (b) Cash on Hand at 1109990.31 Begining of Reporting Period 131538.98 1843200.99 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1241529.29 2475188.12 6(a) and 6(c) for Column B) 86074.98 1319733.81 7. Total Disbursements (from Line 31) Cash on Hand at Close of 8. **Reporting Period** 1155454.31 1155454.31 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed то the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed BY the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X 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

Image# 27991031157

DETAILED SUMMARY PAGE

OF RECEIPTS FEC Form 3X (Rev. 02/2003) Page 3 Write or Type Committee Name AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE 0^D1 3^D0 ^M 1 1 м м 1 1 Μ D D 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** 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 (iii) TOTAL (add 25169.00 998356.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees (c) 0.00 0.00 (such as PACs) Total Contributions (add Lines (d) 11(a)(iii),(b) and (c)) (Carry 25169.00 998356.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 106369.98 844844.99 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 131538.98 1843200.99 12, 13, 14, 15, 16, 17, and 18(c))

131538.98

20. Total Federal Receipts (subtract Line 18(c) from Line 19)

1843200.99

Image# 27991031158

DETAILED SUMMARY PAGE

| | | COLUMN A | COLUMN B |
|------|---|-------------------|-----------------------|
| | II. DISBURSEMENTS | Total This Period | Calendar Year-to-Date |
| . (| 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 | 0.00 | 9000.00 |
| | (c) Total Operating Expenditures | 0.00 | 9000.00 |
| | (add 21(a)(i), (a)(ii) and (b)) > | 0.00 | 9000.00 |
| (| Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| | Contributions to Federal Candidates/Committees and Other Political Committees | 78500.00 | 668500.00 |
| 1. | Independent Expenditure | 0.00 | 0.00 |
| 5. (| (use Schedule E) Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) | | |
| | (use Schedule F) | 0.00 | 0.00 |
| 6. I | Loan Repayments Made | 0.00 | 0.00 |
| | Loans Made | 0.00 | 0.00 |
| | 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 |
| 9. (| Other Disbursements | 7574.98 | 642233.81 |
| 0. | 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 |
| | Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 86074.98 | 1319733.81 |
| | | | |
| 2. | Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) | | |
| | from Line 31) | 86074.98 | 1319733.8 |

Image# 27991031159

DETAILED SUMMARY PAGE

| 0 | FEC Form 3X (Rev. 02/2003) | of Disbursements | Page 5 |
|-----|---|-------------------------------|-----------------------------------|
| | 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 |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 6 / 36 (check only one) | | | |
|--------------|--|----------------------------|---|---|--|--|--|
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a 11b 11c 12 | | | |
| <u> </u> | | | , , | 13 14 15 16 17 | | | |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | |
| \mathbb{Z} | AMERICAN SOCIETY OF ANESTHESIC | DLOGISTS | S POLITICAL ACTION COM | MITTEE | | | |
| Α. | Full Name (Last, First, Middle Initial) JOE ANDERSON | | | Date of Receipt | | | |
| | Mailing Address 120 NW 14TH AVE #300 | 0 | | 1 1 / 3 0 / Y Y Y Y | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57371 | | | |
| | PORTLAND | OR | 97209 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 500.00 | | | |
| | Name of Employer OREGON ANESTH | Occupation ANESTH | n ESIOLOGIST | | | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | _ | | | |
| | Other (specify) ▼ | 0 0 | 500.00 |] | | | |
| в. | Full Name (Last, First, Middle Initial) JARED BARLOW | | | Date of Receipt | | | |
| | Mailing Address 42 SUGARBUSH TRAIL | | | M M / D D / Y Y Y Y 111 15 2007 | | | |
| | City State | | Zip Code | Transaction ID: SA11A1.57165 | | | |
| | SAUNDERSTOWN | RI | 02874 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | |
| | Name of Employer ANES ASSOC KENT COUNTY | Occupation ANESTH | n ESIOLOGIST | | | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | _ | | | |
| | Other (specify) ▼ | 0 0 | 250.00 |] | | | |
| с. | Full Name (Last, First, Middle Initial) WILLIAM BARTON | | | Date of Receipt | | | |
| | Mailing Address 820 PRUDENTIAL DR # | 606 | | M M / D D / Y Y Y Y 1 1 30 2007 | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57366 | | | |
| | JACKSONVILLE | FL | 32207 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. C Name of Employer FLORIDA ANES ASSOC Occupati ANEST | | | 500.00 | | | |
| | | | ESIOLOGIST | | | | |
| | Receipt For: Primary General Other (specify) ♥ | Aggregate | e Year-to-Date ▼ 500.00 |] | | | |
| s | UBTOTAL of Receipts This Page (optional) | | ••••• | 1250.00 | | | |
| Т | OTAL This Period (last page this line number or | ıly) | | | | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | D RECEIPTS or each category of the | | FOR LINE NUMBER: PAGE 7/36 (check only one) | | |
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| •• | | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the n | on for the purpose of soliciting contributions solicit contributions from such committee. | | | | |
| \sum | NAME OF COMMITTEE (In Full) | | | | | |
| \mathbb{Z} | AMERICAN SOCIETY OF ANESTHESI | OLOGISTS | 5 POLITICAL ACTION COM | MITTEE | | |
| Α. | Full Name (Last, First, Middle Initial) MARK BRADY | | | Date of Receipt | | |
| | Mailing Address 9403 W 146TH PLACE | | | 1 1 2 0 Y Y Y Y 1 1 1 2 0 2 0 0 7 | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57193 | | |
| | OVERLAND PARK | KS | 66221 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | С | | 1000.00 | | |
| | Name of Employer MIDWEST ANESTHESIA ASSOCI- ATES, P.A. | Occupation ANESTH | n ESIOLOGIST | | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | | | |
| | Primary General Other (specify) ▼ | 0 0 | 1000.00 |] | | |
| в. | Full Name (Last, First, Middle Initial) ANDREW BREWER | | | Date of Receipt | | |
| | Mailing Address 11626 N. 76TH WAY | | | M M / D D / Y Y Y Y 111 02 2007 | | |
| | City Sta SCOTTSDALE AZ | | Zip Code | Transaction ID: SA11A1.57004 | | |
| | | | 85260 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 500.00 | | |
| | Name of Employer VALLEY ANESTHESIOLOGY | Occupation PHYSICI | | | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | | | |
| | Primary General Other (specify) ▼ | | 500.00 |] | | |
| <u></u> | Full Name (Last, First, Middle Initial) ALRICK BROOKS | | | Date of Receipt | | |
| | Mailing Address 137 ASHFORD PK | | | M M / D D / Y Y Y Y 1 1 30 2007 | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57322 | | |
| | MACON | GA | 31210 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. Octage Name of Employer NEXUS MED GRP Octage | | | 500.00 | | |
| | | | n ESIOLOGIST | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 |] | | |
| s | UBTOTAL of Receipts This Page (optional) | | •••••• | 2000.00 | | |
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| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) or each category of the | FOR LINE NUMBER: PAGE 8 / 36 (check only one) |
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| 11 | EMIZED RECEIPTS | | Detailed Summary Page | $\begin{array}{c c c c c c c c c c c c c c c c c c c $ |
| An | y information copied from such Reports and Stai for commercial purposes, other than using the na | tements may | r not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) | | | |
| \geq | AMERICAN SOCIETY OF ANESTHESIC | DLOGISTS | S POLITICAL ACTION COM | MITTEE |
| Α. | Full Name (Last, First, Middle Initial) ANJUM BUX | | | Date of Receipt |
| | Mailing Address 359D S 4TH ST | | | 1 1 / 3 0 / Y Y Y Y 1 1 1 / 3 0 / 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: SA11A1.57319 |
| | DANVILLE | KY | 40423 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer SELF-EMPLOYED | Occupation ANESTH | ESIOLOGIST | |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 0 0 | 500.00 |] |
| в. | Full Name (Last, First, Middle Initial) STEPHEN CAMPBELL | | | Date of Receipt |
| | Mailing Address 545 BEVERLY DR | | | M M / D D / Y Y Y Y 11 27 2007 |
| | City | State | Zip Code | Transaction ID: SA11A1.57249 |
| | SUMMERVILLE | SC | 29485 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer ANES ASSOC CHARLESTON | Occupation ANESTH | 1 ESIOLOGIST | |
| | Receipt For: | Aggregate | Year-to-Date V | |
| | Other (specify) ▼ | 0 0 | 700.00 | |
| <u>с.</u> | Full Name (Last, First, Middle Initial) CURTIS CARL | | | Date of Receipt |
| | Mailing Address 916 WILDWOOD DR | | | M M / D D / Y Y Y Y 111 30 2007 |
| | City E LANSING | State MI | Zip Code 48823 | Transaction ID: SA11A1.57364 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Occup PHYS ANESTH SERV ANES | | ESIOLOGIST | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 |] |
| s | JBTOTAL of Receipts This Page (optional) | | ••••• | 850.00 |
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| \sum | NAME OF COMMITTEE (In Full) | | | |
| | AMERICAN SOCIETY OF ANESTHES | OLOGISTS | S POLITICAL ACTION COM | |
| Α. | Full Name (Last, First, Middle Initial) GERALD CHERAYIL | | | Date of Receipt |
| | Mailing Address 27514 PADDOCK TRAI | L PL | | M M / D D / Y Y Y Y 11 1 12 2007 |
| | City | State | Zip Code | Transaction ID: SA11A1.57110 |
| | CHANTILLY | VA | 20152 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer FAA | Occupation PHYSICI | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 |] |
| В. | Full Name (Last, First, Middle Initial) PATRICIA DAILEY | | | Date of Receipt |
| | Mailing Address 15 CREEKWOOD WAY | M M / D D / Y Y Y Y 1 1 27 2007 | | |
| | City HILLSBOROUGH | State CA | Zip Code | Transaction ID: SA11A1.57279 |
| | FEC ID number of contributing | | 94010 | Amount of Each Receipt this Period |
| | federal political committee. | С | | |
| | Name of Employer ANESTHESIA CARE ASSOCIATES | Occupation PHYSICI | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | ~ |
| | Other (specify) | 0 0 | 250.00 | |
| | Full Name (Last, First, Middle Initial) DEANNA DORSEY | | | Date of Receipt |
| | Mailing Address 5400 N SUNCREST DR | #B3 | | M M / D D / Y Y Y Y 111 30 2007 |
| | City | State | Zip Code | Transaction ID: SA11A1.57376 |
| | EL PASO FEC ID number of contributing federal political committee. | TX C | 79912 | Amount of Each Receipt this Period |
| | • | | | |
| | Name of Employer ANES CONSULT ASSOC | Occupation ANESTH | n ESIOLOGIST | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | - |
| | Primary General Other (specify) ▼ | 0 0 | 500.00 | |
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| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 10/36 |
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| | EMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 |
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| \sum | NAME OF COMMITTEE (In Full) | | | |
| \backslash | AMERICAN SOCIETY OF ANESTHESI | OLOGISTS | S POLITICAL ACTION COM | MITTEE |
| Α. | Full Name (Last, First, Middle Initial) PAUL FINER | | | Date of Receipt |
| | Mailing Address 955 LANCASTER DR | | | M M / D D / Y Y Y Y 11 27 2007 |
| | City | State | Zip Code | Transaction ID: SA11A1.57269 |
| | ORLANDO | FL | 32806 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer WOLVERINE ANES CONSUL | Occupation ANESTH | n ESIOLOGIST | |
| | Receipt For: | | e Year-to-Date 🔻 | |
| | Other (specify) | | 250.00 | 1 |
| | | 0 0 | 0 0 0 0 0 0 0 | |
| в. | Full Name (Last, First, Middle Initial) LEE FLEISHER | | | Date of Receipt |
| | Mailing Address POB 197 | | | M M / D D / Y Y Y Y 1 1 05 2007 |
| | City | State | Zip Code | Transaction ID: SA11A1.57030 |
| | GWYNEDD VALLEY | PA | 19437 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer UNIVERSITY OF PENNSYLVANIA | Occupation ANESTH | n ESIOLOGIST | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Other (specify) ▼ | | 250.00 |] |
| | Full Name (Last, First, Middle Initial) JOSEPHINE GAMBARDELLAS | | | Date of Receipt |
| Э. | Mailing Address 1014 PRIORY PL | | | 1 1 2 7 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: SA11A1.57258 |
| | MCLEAN | VA | 22101 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer FAIRFAX ANES ASSOC | Occupation ANESTH | n ESIOLOGIST | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | 7 |
| | Primary General Other (specify) ▼ | 0 0 | 250.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | ····· | 750.00 |
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TOTAL This Period (last page this line number only)

FEC Schedule A (Form 3X) Rev. 02/2003

| S | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 11/36 |
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| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
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| or | for commercial purposes, other than using the na | ame and add | Iress of any political committee to | solicit contributions from such committee. |
| \sum | NAME OF COMMITTEE (In Full) | | | |
| | AMERICAN SOCIETY OF ANESTHESIC | MITTEE | | |
| Α. | Full Name (Last, First, Middle Initial) WILLIAM GENTRY | | | Date of Receipt |
| | Mailing Address 3 RIVERS EDGE | | | M M / D D / Y |
| | City | State | Zip Code | Transaction ID: SA11A1.57121 |
| | LITTLE ROCK | AR | 72227 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI | Occupation ANESTH | ESIOLOGIST | |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | |
| | Primary General | | 250.00 | 1 |
| | Other (specify) | 0 0 | | |
| В. | Full Name (Last, First, Middle Initial) WILLIAM HAWK | | | Date of Receipt |
| | Mailing Address 7417 AURELIA RD | | | M M / D D / Y Y Y Y 11 30 2007 |
| | City | State | Zip Code | Transaction ID: SA11A1.57345 |
| | OKLAHOMA CITY | OK | 73121 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer AFFIL ANESTH | Occupatior ANESTH | | _ |
| | Receipt For: | Aggregate | Year-to-Date V | |
| | Primary General Other (specify) ▼ | 0 0 | 250.00 |] |
| | Full Name (Last, First, Middle Initial) THOMAS HERFURTH | | | Date of Receipt |
| э. | Mailing Address 3826 8TH ST PL NW | | | M M / D D / Y Y Y Y 1 1 27 2007 |
| | City | State | Zip Code | Transaction ID: SA11A1.57273 |
| | HICKORY | NC | 20861 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Receipt For: Primary General | | ESIOLOGIST | 1 |
| | | | Year-to-Date V | |
| | | | | 1 |
| | Other (specify) | | 250.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | ••••• | 750.00 |
| т | OTAL This Period (last page this line number or | וy) | | |

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| An or | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | r not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\mathbb{N}}$ | NAME OF COMMITTEE (In Full) | | | |
| \mathbb{Z} | AMERICAN SOCIETY OF ANESTHESI | OLOGISTS | S POLITICAL ACTION COM | MITTEE |
| Α. | Full Name (Last, First, Middle Initial) STEPHEN HUTCHINS | | | Date of Receipt |
| | Mailing Address 501 20TH ST #606 | | | M M / D D / Y Y Y Y Y 1 1 30 2007 |
| | City | State | Zip Code | Transaction ID: SA11A1.57335 |
| | KNOXVILLE | TN | 37916 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer AMAET | Occupation ANESTH | 1 ESIOLOGIST | - |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | - |
| | Primary General | | 250.00 | 1 |
| | Other (specify) | 1 1 | | |
| В. | Full Name (Last, First, Middle Initial) JEFFREY JAGMIN | | | Date of Receipt |
| | Mailing Address 1 BRIDLEWOOD TRL | | | M M / D D / Y Y Y Y 11 1 30 2007 |
| | City | State | Zip Code | Transaction ID: SA11A1.57373 |
| | <u>S BARRINGTON</u> | IL | 60010 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer MEDICAL CTR ANESTH | Occupation ANESTH | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 500.00 | 1 |
| | Other (specify) | 0 0 | 300.00 | 1 |
| с. | Full Name (Last, First, Middle Initial) AHMED KHALIL | | | Date of Receipt |
| | Mailing Address 6367 FOUNTAINS BLV | D | | M M / D D / Y Y Y Y 1 1 07 2007 |
| | City | State | Zip Code | Transaction ID: SA11A1.57065 |
| | WEST CHESTER | OH | 45069 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer UNIVERSITY OF CINCINNATI | Occupation ANESTH | n ESIOLOGIST | |
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| Z | AMERICAN SOCIETY OF ANESTHESI | OLOGISTS | | MITTEE | | | |
| Α. | Full Name (Last, First, Middle Initial) CYNTHIA LIEN | | | Date of Receipt | | | |
| | Mailing Address 333 WEST END AVE APT 10B | | | M M / D D / Y Y Y Y 111 05 2007 | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57028 | | | |
| | NEW YORK | NY | 10023 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 500.00 | | | |
| | Name of Employer WEILL CORNELL MEDICAL COL- LEGE, DEPARTM | Occupation ANESTH | n ESIOLOGIST | | | | |
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| | Primary General Other (specify) ▼ | 0 0 | 500.00 |] | | | |
| в. | Full Name (Last, First, Middle Initial) KIRK LINDVIG | | | Date of Receipt | | | |
| | Mailing Address 330 BOOT RD | | | M M / D D / Y Y Y Y 11 27 2007 | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57256 Amount of Each Receipt this Period | | | |
| | MALVERN | PA | 19355 | | | | |
| | FEC ID number of contributing federal political committee. | C | | 500.00 | | | |
| | Name of Employer UNITED ANES SERV | Occupation ANESTH | າ ESIOLOGIST | | | | |
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| | Primary General Other (specify) ▼ | | 500.00 | | | | |
| <u></u> | Full Name (Last, First, Middle Initial) GREGG LOBEL | | | Date of Receipt | | | |
| | Mailing Address 22 DONNYBROOK DRI | IVE | | M M / D D / Y Y Y Y 1 1 06 2007 | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57039 | | | |
| | DEMAREST | NJ | 07627 | Amount of Each Receipt this Period | | | |
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| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESI | OLOGISTS | S POLITICAL ACTION COM | MITTEE |
| <u>/</u> А. | | | | Date of Receipt |
| | Mailing Address 30 GRIGGS ROAD | | | M M / D D / Y Y Y Y 11 1 12 2007 |
| | City BROOKLINE | State MA | Zip Code | Transaction ID: SA11A1.57119 |
| | FEC ID number of contributing federal political committee. | C | 02446 | Amount of Each Receipt this Period |
| | Name of Employer CAP ANESTHESIA | Occupation ANESTH | n ESIOLOGISTS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 |] |
| в. | Full Name (Last, First, Middle Initial) THOMAS MARTIN | | | Date of Receipt |
| | Mailing Address 13 GREAT OAK LN | | | M M / D D / Y Y Y Y 11 1 30 2007 |
| | City | State | Zip Code | Transaction ID: SA11A1.57352 |
| | UNIONVILLE | СТ | 06085 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer HARTFORD ANES ASSOC | Occupation ANESTH | n ESIOLOGIST | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 |] |
| <u></u> | Full Name (Last, First, Middle Initial) MOHAMMED MINHAJ | | | Date of Receipt |
| | Mailing Address 920 W MADISON STRE UNIT 1002 | ET | | M M / D D / Y Y Y Y 111 01 2007 |
| | City CHICAGO | State IL | Zip Code 60607 | Transaction ID: SA11A1.56994 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer UNIVERSITY OF CHICAGO | Occupation PHYSICI | | |
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| \backslash | AMERICAN SOCIETY OF ANESTHESI | OLOGISTS | S POLITICAL ACTION COM | 1MIT | ΓEE | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) | | | | Date of | Rec | eipt | | | | | |
| | Mailing Address 10017 SORREL AVE | | | | м м 11 | / | | D / | Y | Y Y 200 | | |
| | City | State | Zip Code | | Transa | ctior | ו ID: | SA1 | 1A1.5 | | | |
| | POTOMAC | MD | 20854 | _ | Amoun | t of E | Each | Rece | eipt this | Perio | b | |
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| | Name of Employer US ARMY | Occupation PHYSICI | | | | | | | | | | |
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| | Primary General Other (specify) v | | 250.00 | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) ERVIN MOSS | | | | Date of | Bec | eint | | | | | _ |
| υ. | Mailing Address 11 ROBERT CT | | | | MM | _ | D | D / | Y | Y Y | | |
| | City | State | Zip Code | _ | 11 Transa | ction | | 0 SA1 | 1A1.5 | 2 0 0 7374 | _ | |
| | VERONA | NJ | 07044 | | Amoun | | | | | | | |
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| | Name of Employer SELF-EMPLOYED | Occupation | | | | | | | | | | |
| | Receipt For: | | Year-to-Date V | | | | | | | | | |
| | Other (specify) | 0 0 | 500.00 | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) CATHLEEN MUCENSKI | | | | Date of | Rec | eint | | | | | — |
| • | Mailing Address 7870 DENNLER LN | | | | M M M | _ | D | D / | Y | Y Y 200 | | |
| | City | State | Zip Code | | Transa | ctior | _ | | 1A1.5 | | | |
| | CINCINNATI | OH | 45247 | _ | Amoun | t of E | Each | Rece | eipt this | Perio | d | |
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| | Name of Employer FT HAMILTON HOSP | Occupation PHYSICI | | | | | | | | | | |
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| \sum | NAME OF COMMITTEE (In Full) | | | | | | | | |
| \mathbb{Z} | AMERICAN SOCIETY OF ANESTHESI | OLOGISTS | S POLITICAL ACTION COM | MITTEE | | | | | |
| Α. | Full Name (Last, First, Middle Initial) BARBARA PAGE | | | Date of Receipt | | | | | |
| | Mailing Address P.O. BOX 365 | | | M M / D D / Y Y Y Y 1 1 30 2007 | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57367 | | | | | |
| | RICHLAND | MI | 49083 | Amount of Each Receipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | | | |
| | Name of Employer KALAMAZOO ANESTH | Occupation ANESTH | n ESIOLOGIST | _ | | | | | |
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| | Other (specify) | 1 I 1 1 | 250.00 |] | | | | | |
| В. | Full Name (Last, First, Middle Initial) LEILA MEI PANG | | | Date of Receipt | | | | | |
| | Mailing Address 10 CARLOTTA WAY | | | M M / D D / Y Y Y Y 11 03 2007 | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57010 | | | | | |
| | DEMAREST | NJ | 07627 | Amount of Each Receipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 250.00 | | | | | |
| | Name of Employer COLUMBIA UNIVERSITY IN THE CITY OF NEW | Occupation ANESTH | n ESIOLOGIST | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | |
| | Primary General Other (specify) ▼ | 0 0 | 250.00 |] | | | | | |
| <u></u> | Full Name (Last, First, Middle Initial) SETH PERELMAN | | | Date of Receipt | | | | | |
| | Mailing Address 157 ALPINE DRIVE | | | M M / D D / Y Y Y Y 1 1 01 2007 | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.56996 | | | | | |
| | CLOSTER | NJ | 07624 | Amount of Each Receipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 250.00 | | | | | |
| | Name of Employer NVA | Occupation MD | n | | | | | | |
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| or | for commercial purposes, other than using the n | name and add | lress of any political committee to | solicit contributions from such committee. | | | | |
| \sum | NAME OF COMMITTEE (In Full) | | | | | | | |
| \langle | AMERICAN SOCIETY OF ANESTHESI | OLOGISTS | S POLITICAL ACTION COM | MITTEE | | | | |
| <u>А.</u> | Full Name (Last, First, Middle Initial) JAMES PHILIP | | | Date of Receipt | | | | |
| | Mailing Address 70 SHAW RD | | | M M / D D / Y | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57368 | | | | |
| | CHESTNUT HILL | MA | 02467 | Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | C | | 200.00 | | | | |
| | Name of Employer BRIGHAM & WOMENS | Occupation ANESTH | ESIOLOGIST | - | | | | |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | | | | | |
| | Primary General | | 400.00 | | | | | |
| | Other (specify) | 0 0 | | | | | | |
| В. | Full Name (Last, First, Middle Initial) JULIA POLLOCK | | | Date of Receipt | | | | |
| | Mailing Address 24233 SE 106TH PL | | | M M / D D Y | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57078 | | | | |
| | ISSAQUAH | WA | 98027 | Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | С | | 1000.00 | | | | |
| | Name of Employer VIRGINIA-MASON MEDICAL CE- NTER | Occupation MD | 1 | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | _ | | | | |
| | Primary General | | 1000.00 | | | | | |
| | Other (specify) | 0 0 | | 1 | | | | |
| С. | Full Name (Last, First, Middle Initial) RICHARD PRIELIPP | | | Date of Receipt | | | | |
| | Mailing Address 11197 14TH ST N | | | M M / D D / Y Y Y Y 111 30 2007 | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57357 | | | | |
| | LAKE ELMO | MN | 55042 | Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | | |
| | Name of Employer UNIV OF MINNESOTA | Occupation ANESTH | ESIOLOGIST | | | | | |
| | Receipt For: | | Year-to-Date V | 1 | | | | |
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| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 18/36 | | | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | |
| \geq | AMERICAN SOCIETY OF ANESTHESIC | DLOGISTS | S POLITICAL ACTION COM | MITTEE | | | | |
| A. | Full Name (Last, First, Middle Initial) LAWRENCE RASTRELLI | | | Date of Receipt | | | | |
| | Mailing Address 13807 CROWN BLUFF | | | 1 1 / 2 7 / Y Y Y Y 1 1 1 / 2 7 / 2 0 0 7 | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57277 | | | | |
| | SAN ANTONIO | TX | 78216 | Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | | |
| | Name of Employer TEJAS ANESTH | Occupation ANESTH | n ESIOLOGIST | | | | | |
| | Receipt For: | | e Year-to-Date ▼ | | | | | |
| | Primary General | | 250.00 | 1 | | | | |
| | Other (specify) | 0 0 | | | | | | |
| в. | Full Name (Last, First, Middle Initial) MARILYN RESURRECCION | | | Date of Receipt | | | | |
| | Mailing Address 162 BEACH 132ND ST | | | M M / D D / Y Y Y Y 11 27 2007 | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57250 | | | | |
| | BELLE HARBOR | NY | 11694 | Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | | |
| | Name of Employer SUNY | Occupation PHYSICI | | | | | | |
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| | Other (specify) | | 250.00 | 1 | | | | |
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| C. | Full Name (Last, First, Middle Initial) RICHARD RICHTER | | | Date of Receipt | | | | |
| | Mailing Address 1621 HUNTMOOR DR | | | M M / D D / Y Y Y Y 11 27 2007 | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57262 | | | | |
| | ROCK HILL | SC | 29732 | Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | C | | 500.00 | | | | |
| | Name of Employer ANES ASSOC ROCK HILL | | 1 ESIOLOGIST | | | | | |
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| 5 | CHEDULE A (FEC Form 3X) | | | F | OR LINE | E NUM | IBEF | R: | PAC | E 1 | 9/3 | 6 | |
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| \mathbb{N} | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| \mathbb{Z} | AMERICAN SOCIETY OF ANESTHESI | OLOGISTS | S POLITICAL ACTION COM | MIT | TEE | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) JEFFREY SCHEIDLINGER | | | | Date of | f Rece | eipt | | | | | | |
| | Mailing Address 8400 WOODBRANCH C | т | | | м м 11 | / | ^р | | Y | | 0 [°] 0 | | |
| | City | State | Zip Code | | Transa | ction | ID: | SA1 | 1A1 | .573 | 323 | | |
| | MCLEAN | VA | 22102 | _ | Amour | nt of E | ach I | Rece | eipt th | is Pe | eriod | | |
| | FEC ID number of contributing federal political committee. | C | | | | | | | | 2 | 50.0 | 0 | |
| | Name of Employer FAA | Occupation ANESTH | | | | | | | | | | | |
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| | Primary General | | 050.00 | 11. | | | | | | | | | |
| | Other (specify) | 0 0 | 250.00 | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) KENNETH SEARS | | | | Date o | f Rece | eipt | | | | | | |
| | Mailing Address 3721B W END AVE | | | м м 11 | 1 | ^р 3 | | Y | | 0 [°] 0 | | | |
| | City | Zip Code | | Transaction ID: SA11A1.57327 | | | | | | | | | |
| | NASHVILLE | TN | 37205 | | Amour | nt of E | ach I | Rece | eipt th | is Pe | eriod | | |
| | FEC ID number of contributing federal political committee. | C | | | | | | | | 5 | 00.0 | 0 | |
| | Name of Employer ANESTH MED GRP | Occupation ANESTH | n ESIOLOGIST | | | | | | | | | | |
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| | Primary General Other (specify) v | | 500.00 | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | + | | | | | | | | | |
| C. | BRENCE SELL | | | | Date o | _ | | | | | | | |
| | Mailing Address 4770 BUCKHEAD COUR | RT | | | м м 11 | / | D 1 | ^D 3 | Y | | 0 [°] 0 | | |
| | City | State | Zip Code | | Transa | | | | | | | | |
| | TALLAHASSEE | <u> </u> | 32309 | _ | Amour | nt of E | ach I | Rece | eipt th | is Pe | eriod | | |
| | FEC ID number of contributing federal political committee. | C | | | | | | | | 10 | 00.0 | 0 | |
| | Name of Employer ANESTHESIOLOGY ASSOCIATES OF TALLAHASS | Occupation PHYSICI | | | | | | | | | | | |
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FEC Schedule A (Form 3X) Rev. 02/2003

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 20 / 36 (check only one) | | | | | |
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| \angle | AMERICAN SOCIETY OF ANESTHESIC | JLOGISTS | 5 POLITICAL ACTION COM | MITTEE | | | | |
| Α. | Full Name (Last, First, Middle Initial) AMIT SHARMA | | | Date of Receipt | | | | |
| | Mailing Address 6400 BRADLEY PARK E | DRIVE | | M M / D D / Y Y Y Y 1 1 27 2007 | | | | |
| | BLDG A STE A | State | Zip Code | Transaction ID: SA11A1.57247 | | | | |
| | COLUMBUS | GA | 31904 | Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | C | | 500.00 | | | | |
| | Name of Employer NEXUS MEDICAL HOLDINGS, | Occupation PHYSICI | | | | | | |
| | LLC Receipt For: | | Year-to-Date V | _ | | | | |
| | Primary General Other (specify) ▼ | 0 0 | 500.00 |] | | | | |
| в. | Full Name (Last, First, Middle Initial) JAMES SINGER | | | Date of Receipt | | | | |
| | Mailing Address 17 CAPTAINS POINT | | | M M / D D / Y Y Y Y 11 1 06 2007 | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57038 | | | | |
| | GREENSBORO | NC | 27455 | Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | C | | 500.00 | | | | |
| | Name of Employer GAP | Occupation PHYSICI | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | | | | | |
| | Primary General Other (specify) ▼ | 0 0 | 1000.00 |] | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) DEAN SMITH | | | Date of Receipt | | | | |
| | Mailing Address 7827 N 3RD WAY | | | M M / D D / Y Y Y Y 111 30 2007 | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57355 | | | | |
| | PHOENIX | AZ | 85020 | Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | | |
| | Name of Employer VALLEY ANESTH | | ESIOLOGIST | | | | | |
| | Receipt For: Primary General Other (specify) ♥ | Aggregate | Year-to-Date ▼ 250.00 |] | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | • | 1250.00 | | | | |
| т | OTAL This Period (last page this line number or | ıly) | | | | | | |

| 9 | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 21/36 | | | | | | |
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| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) | | | | | | |
| | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 | | | | | | |
| A | winformation against from such Departs and Stat | amonto moi | , not be cold or used by only perce | 13 14 15 16 17 | | | | | | |
| Ar | y information copied from such Reports and Stat for commercial purposes, other than using the na | ame and add | lress of any political committee to | solicit contributions from such committee. | | | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| | AMERICAN SOCIETY OF ANESTHESIC | DLOGISTS | S POLITICAL ACTION COM | MITTEE | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) ERIK STENE | | | Date of Receipt | | | | | | |
| | Mailing Address 15331 BOULDER POINT | ΓE | | M M / D D / Y Y Y Y 1 1 3 0 2 0 0 7 | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57332 | | | | | | |
| | EDEN PRAIRIE | MN | 55347 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | | | | |
| | Name of Employer PEDIATRIC ANESTH | Occupation ANESTH | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | - | | | | | | |
| | Primary General | | 250.00 | 1 | | | | | | |
| | Other (specify) | 0 0 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) RAJESHWARY SWAMIDURAI | | | Date of Receipt | | | | | | |
| | Mailing Address 1541 N BELMONT PL | | | M M / D D / Y Y Y Y 1 1 30 2007 | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57359 | | | | | | |
| | PORTERVILLE | CA | 93257 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | | | | |
| | Name of Employer | Occupation | | | | | | | | |
| | | - | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | 1 | | | | | | |
| | Other (specify) ▼ | 0 0 | 250.00 | | | | | | | |
| <u></u> | Full Name (Last, First, Middle Initial) KYLE WOJCIECHOWSKI | | | Date of Receipt | | | | | | |
| | Mailing Address 747 N. WABASH AVE. A | PT 2204 | | M M / D D / Y Y Y Y 1 1 30 2007 | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.57340 | | | | | | |
| | CHICAGO | IL | 60611 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | | | | |
| | Name of Employer NORTHWESTERN UNIVERSITY | Occupation ANESTH | ESIOLOGIST | 1 | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | 1 | | | | | | |
| | Other (specify) ▼ | 0 0 | 250.00 | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | ······ | 750.00 | | | | | | |
| \vdash | OTAL This Period (last page this line number on | | | | | | | | | |

| IT Ar | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS by information copied from such Reports and Sta for commercial purposes, other than using the in NAME OF COMMITTEE (In Full) | name and add | dress of any political committee to | solicit contributions from such committee. |
|----------|--|------------------|---|--|
| <u> </u> | AMERICAN SOCIETY OF ANESTHES Full Name (Last, First, Middle Initial) THEODORE WYNNYCHENKO Mailing Address 1409 BURR OAK DR | | 5 POLITICAL ACTION COM | Date of Receipt |
| | City GLENVIEW FEC ID number of contributing federal political committee. | State IL C | Zip Code 60025 | Transaction ID: SA11A1.57360 Amount of Each Receipt this Period 500.00 |
| | Name of Employer EVANSTON NW HEALTH Receipt For: Primary General Other (specify) v | | n ESIOLOGIST 9 Year-to-Date ▼ 500.00 | |
| В. | Full Name (Last, First, Middle Initial) ZAC ZANOWIAK Mailing Address 725 TABER LN City EDMOND | State OK | Zip Code 73003 | Date of Receipt |
| | FEC ID number of contributing federal political committee. | | n ESIOLOGIST 9 Year-to-Date V 500.00 | 500.00 |

| SUBTOTAL of Receipts This Page (optional) | ► | 1000.00 |
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| TOTAL This Period (last page this line number only) | ► | 19050.00 |

| IT | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 23 / 36 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17 |
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| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the r | n for the purpose of soliciting contributions solicit contributions from such committee. | | |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES | OLOGISTS | S POLITICAL ACTION COM | MITTEE |
| Α. | Full Name (Last, First, Middle Initial) NORTHERN TRUST CO | | | Date of Receipt |
| | Mailing Address 50 S LASALLE | | | M M / D D / Y |
| | City | State | Zip Code | Transaction ID: SA17.57470 |
| | CHICAGO | IL | 60675 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 3824.23 |
| | Name of Employer | Occupatior | 1 | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 742299.24 | |
| в. | Full Name (Last, First, Middle Initial) NORTHERN TRUST CO | | | Date of Receipt |
| | Mailing Address 50 S LASALLE | | | M M / D D / Y |
| | City | State | Zip Code | Transaction ID: SA17.57474 |
| | CHICAGO | | 60675 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | C | | 102545.75 |
| | Name of Employer | Occupatior | 1 | - CD MATURED |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 844844.99 | |

| SUBTOTAL of Receipts This Page (optional) | ► | 106369.98 |
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| TOTAL This Period (last page this line number only) | ► | 106369.98 |

| SC | CHEDULE B (FEC Form 3X) | Use seperate schedule(s) | | | FOR LINE NUMBER: PAGE 24/36 | | | ; | | | | |
|-----|--|--|---|-----------------------|-----------------------------|----------------------------|---------|---------|-----------|----------------|-------------------------------------|-----------|
| ITI | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | (check o 21b 27 | | ne) 22 28a | X 2 | 3 8b | 24 28c | | 25 29 | 26 30b |
| | r Information copied from such Reports and Stateme or commercial purposes, other than using the name | | | | | | | | | | | |
| L | NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL(| | | | | | | | | | | |
| Α. | , | State Zip Code MO 63131 | | | | Date o 1 ^M 1 | of Dist | Dursei | | Ž 0 ment ti | ý 7 [°] his Pe 00.00 | |
| | Candidate Name Office Sought: X House Disburser Senate President State: MO District: 2 | ment For: 2008 Primary X General Other (specify) ▼ | | ategory/ Type | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) BAIRD FOR CONGRESS Mailing Address 236 MASSACHUSETTS A | AVE NE | | | | Date o | | | | | 0 7 V | ſ |
| | , | State Zip Code DC 20002 | | ategory/ | | Amou | nt of E | Each (| Disburse | | his Pe 00.00 | _ |
| | Office Sought: X House Disburser Senate X President State: WA District: 3 | ment For: 2008 Primary General Other (specify) ▼ | | Туре | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS Mailing Address P.O. BOX 636 | | | | _ | Date o | | | | | ò 7 ` | |
| | City S | State Zip Code VA 22003 | _ | | | L | nt of E | | Disburse | ment ti | 0 | eriod |
| | Candidate Name | | | ategory/ Type | | | | | | | | |
| | Office Sought: X House Disburser Senate President X State: NV District: 1 | ment For: 2008 Primary General Other (specify) ▼ | | | | | | | | | | |
| | JBTOTAL of Disbursements This Page (optional) | | | | - | | • | • • | | 600 | 00.00 |) |

| S | CHEDULE B (FEC Form 3X) | Use seperate schedule(s) | (s) FOR LINE NUMBER: PAGE 25/36 | | | 36 | | |
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| IT | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | , | (check only 21b 27 | one) 22 X 23 28a 28b | 24 28c | 25 29 | 26 30b |
| | y Information copied from such Reports and Statem or commercial purposes, other than using the name | | | any person fo | r the purpose of | solicating c | ontribution | |
| $ \land$ | NAME OF COMMITTEE (In Full) | | | | | | | |
| $\langle \rangle$ | AMERICAN SOCIETY OF ANESTHESIOL | OGISTS POLITICAL AC | CTIC | N COMMIT | TEE | | | |
| Α. | Full Name (Last, First, Middle Initial) BILIRAKIS FOR CONGRESS | | | | Transaction I Date of Disbu | rsement | | _ |
| | Mailing Address 610 S BOULEVARD | | | | 1 1 ¹ | 19 | 2 0 0 7 | , ^Y |
| | , | State Zip Code FL 33606 | • | | Amount of Ead | ch Disburse | | |
| | Purpose of Disbursement | | | | | | 2000.0 | 00 |
| | Candidate Name | ment For: 2008 | | ategory/ Type | | | | |
| | Senate X President | ment For: 2008 Primary General Other (specify) ▼ | | | | | | |
| | State: FL District: 9 Full Name (Last, First, Middle Initial) | | | | | | | |
| В. | CHRIS MURPHY FOR CONGRESS | | | | Transaction I Date of Disbu | rsement | - | Y |
| | Mailing Address P.O. BOX 127 | | | | 11 | 15 | 2007 | |
| | | StateZip CodeCT06410 | | | Amount of Ead | ch Disburse | | |
| | Purpose of Disbursement | | | | | <u> </u> | 1000.0 | 00 |
| | Candidate Name | | | ategory/ Type | | | | |
| | 5 <u>X</u> | ment For: 2008 Primary General Other (specify) ▼ | | | | | | |
| | State: CT District: 5 | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) CHRIS MURPHY FOR CONGRESS | | | | Transaction I Date of Disbu | rsement | | |
| | Mailing Address P.O. BOX 127 | | | | 1 1 ¹ | 15 | 2007 | , ^Y |
| | | State Zip Code CT 06410 | | | Amount of Ead | ch Disburse | | |
| | Purpose of Disbursement | | | | | <u> </u> | 1500.0 | 00 |
| | Candidate Name | | | ategory/ Type | | | | |
| | Senate President | ment For: 2008 Primary X General Other (specify) ▼ | | | | | | |
| _ | State: CT District: 5 | | | | | | | |
| s | UBTOTAL of Disbursements This Page (optional) | | | 🕨 | | | 4500.0 | 00 |
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| S | CHEDULE B (FEC Form 3X) | Use seperate schedule(s) | | FOR LINE NUMBER: PAGE 26 / 36 | | | 36 | | |
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| IT | EMIZED DISBURSEMENTS | for each category of the | | (check o 21b | nly one) | 23 24 | | 25 | 26 |
| | | Detailed Summary Page | | 27 | 28a | 28b 28 | | 29 | 30b |
| | y Information copied from such Reports and Statem | | | | | | | | S |
| or | for commercial purposes, other than using the name | and address of any political | com | mittee to s | solicit contribut | ions from suc | h comr | nittee | |
| \mathbb{N} | | | | | | | | | |
| V | AMERICAN SOCIETY OF ANESTHESIOLO | JGISTS POLITICAL AC | - TIO | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) | | | | Transacti | on ID: SB23 | .5746 | 2 | |
| Α. | CULBERSON FOR CONGRESS | | | | | isbursement | | | |
| | Mailing Address P.O. BOX 41964 | | | | 1 ^M ^M | ^D 1 9 | °2 | 0 ð 7 | Y |
| | | State Zip Code | | | Amount o | f Each Disbur | semen | t this F | Period |
| | | TX 77241 | | | | | | 500.0 | 0 |
| | Purpose of Disbursement | | | | | | | 1500.0 | 0 |
| | Candidate Name | | Ca | ategory/ | | | | | |
| | | | | Туре | | | | | |
| | Office Sought: X House Disburser | | | | | | | | |
| | Senate X President | Primary General Other (specify) | | | | | | | |
| | State: TX District: 7 | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | Transacti | on ID: SB23 | .5741 | 8 | |
| В. | DAVID SCOTT FOR CONGRESS | | | | | isbursement | | | |
| | Mailing Address 499 S CAPITOL ST SW # | # 404 | | | 1 1 ^M | ^D 05 | °2 | 0 ð 7 | Y |
| | , , , , , , , , , , , , , , , , , , , | State Zip Code | | | Amount o | f Each Disbur | semen | t this F | Period |
| | | DC 20003 | | | | | 2 | 2500.0 | 0 |
| | Purpose of Disbursement | | | | | | | -000.0 | |
| | Candidate Name | | | ategory/ Type | | | | | |
| | Office Sought: X House Disburser Senate X | ment For: 2008 Primary General | | | | | | | |
| | President | Other (specify) | | | | | | | |
| | State: GA District: 13 | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) FREEDOM & DEMOCRACY FUND | | | | Date of D | on ID: SB23 | | | X |
| | Mailing Address 610 S BOULEVARD | | | | 11 | 05 | Ź | 0 ð 7 | , ^r |
| | | State Zip Code FL 33606 | | | Amount o | f Each Disbur | | | |
| | Purpose of Disbursement 2007 CONTRIBUTION | | | | | | 5 | 5000.0 | 00 |
| | Candidate Name | | C | ategory/ | | | | | |
| | | | | Туре | | | | | |
| | Office Sought: House Disburser | | | | | | | | |
| | Senate President | Primary General Other (specify) | | | | | | | |
| | State: District: | | | | | | | | |
| s | UBTOTAL of Disbursements This Page (optional) | | | 🕨 | | | 9 | 000.0 | 0 |
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| SCHEDULE B (FEC Form 3X) | | Use seperate schedule(s) | FOR LINE | | PAGE 27/36 |
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| IT | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | (check only 21b 27 | 22 X 23 28a 28b | 24 25 26 28c 29 30b |
| | y Information copied from such Reports and Statem for commercial purposes, other than using the name | | | | |
| | NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL | | | | |
| Α. | Full Name (Last, First, Middle Initial) FREEDOM FUND Mailing Address 1155 21ST ST NW #300 | | | Transaction ID: Date of Disburse | |
| | | | | | |
| | WÁSHINGTON | State Zip Code DC 20036 | | Amount of Each | Disbursement this Period |
| | Purpose of Disbursement 2007 CONTRIBUTION Condidate Name | | | | 1500.00 |
| | Candidate Name | | Category/ Type | | |
| | Office Sought: House Disburse Senate President State: District: | ment For: Primary General Other (specify) ▼ | | | |
| _ | Full Name (Last, First, Middle Initial) | | | Transaction ID: | :SB23.57408 |
| В. | FRIENDS OF DAVE REICHERT | | | Date of Disburse | D / Y Y Y Y |
| | Mailing Address P.O. BOX 53322 | | | | |
| | | State Zip Code WA 98015 | | Amount of Each | Disbursement this Period |
| | Purpose of Disbursement | | | | 1500.00 |
| | Candidate Name | | Category/ Type | | |
| | Senate X President | ment For: 2008 Primary General Other (specify) ▼ | | | |
| | State: WA District: 8 Full Name (Last, First, Middle Initial) Initial Initial Initial | | | | |
| C. | FRIENDS OF DAVE REICHERT | | | Transaction ID: Date of Disburse | ement |
| | Mailing Address P.O. BOX 53322 | | | 111 1 | b / Y Y Y Y Y Y Y Y Y Y |
| | | State Zip Code WA 98015 | | Amount of Each | Disbursement this Period |
| | Purpose of Disbursement | | | L | 2000.00 |
| | Candidate Name | | Category/ Type | | |
| | Senate X President | ment For: 2008 Primary General Other (specify) ▼ | | | |
| Г | State: WA District: 8 | | | | |
| s | UBTOTAL of Disbursements This Page (optional) | | ····· Þ | | 5000.00 |
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| S | CHEDULE B (FEC Form 3X) | Use sepe | erate schedule(s) | le(s) FOR LINE NUMBER: PAGE 28 / 36 | | | / 36 | | | |
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| IT | EMIZED DISBURSEMENTS | for each | category of the Summary Page | | (check onl | ly one) | X 23 | 24 | 25 | 26 |
| | | Delaneu | Summary Fage | | 27 | 28a | 28b | 28c | 29 | 30b |
| | y Information copied from such Reports and Stateme or commercial purposes, other than using the name | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) | | | CON | | | | | Johnniec | , |
| \rangle | AMERICAN SOCIETY OF ANESTHESIOL | DGISTS F | POLITICAL AC | TIC | N COMM | ITTEE | | | | |
| Α. | Full Name (Last, First, Middle Initial) HELLER FOR CONGRESS | | | | | Date of | f Disburse | ement | - | × V |
| | Mailing Address 7840 RED LEAF DR | | | | | 11 | 1 / D | ^D / Y | 200 | 7 |
| | , | State NV | Zip Code 89131 | | | Amour | nt of Each | Disburse | | |
| | Purpose of Disbursement | | | | | | | | 1500 | .00 |
| | Candidate Name | | | | ategory/ Type | _ | | | | |
| | President | nent For: Primary Other (spe | 2008 General ecify) ▼ | | | | | | | |
| | State: NV District: 1 | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) JEB BRADLEY FOR CONGRESS | | | | | Date of | f Disburse | ement | | × × |
| | Mailing Address 645 S MAIN ST | | | | | 11 | | 5 | ² o ò | 7 [×] |
| | , | State NH | Zip Code 03894 | | | Amour | nt of Each | Disburse | | |
| | Purpose of Disbursement | | | | | | | | 2000 | .00 |
| | Candidate Name | | | | ategory/ Type | - | | | | |
| | Office Sought: X House Disburser Senate X President | nent For: Primary Other (spe | 2008 General ecify) ▼ | | | | | | | |
| | State: NH District: 1 | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) JOAN FITZ-GERALD FOR CONGRESS CO | OMMITTE | E | | | Date of | action ID: f Disburse | ement | | |
| | Mailing Address BOX 401 9975 WADSWC | ORTH PK | WY#K2 | | | 11 | | 5 | 200 | 7 |
| | | State CO | Zip Code 80021 | | | Amour | nt of Each | Disburse | | |
| | Purpose of Disbursement | | | | | | | | 3500 | .00 |
| | Candidate Name | | | | ategory/ Type | - | | | | |
| | President | nent For: Primary Other (spe | 2008 General ecify) ▼ | | | | | | | |
| _ | State: CO District: 2 | | | | | | | | | |
| s | JBTOTAL of Disbursements This Page (optional) | | | | 🕨 | | | | 7000 | .00 |
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| S | CHEDULE B (FEC Form 3X) | Use seperate | e schedule(s) | | FOR LINE NUMBER: PAGE 29/36 | | | 6 | | | | | |
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| IT | EMIZED DISBURSEMENTS | for each cate Detailed Surr | gory of the | | (checl | ŕ | one) 22 | | 23 | 24 | | 25 | 26 |
| — | | | | | 27 | | 28a | | 28b | 28c | | 29 | 30b |
| | y Information copied from such Reports and Statem | | | | | | | | | | | | 5 |
| $ \land$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| \langle | AMERICAN SOCIETY OF ANESTHESIOL | OGISTS POL | LITICAL AC | TIO | N CO | MMI | TTEE | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) JORDAN FOR CONGRESS | | | | | | Trans Date | | | SB23.5 ment | 57414 | 1 | |
| | Mailing Address P.O. BOX 16021 | | | | | | [™] 1 | M / | ^D 0 | ^D 5 ′ ` | Ý Ž | 0 ð 7 | Y |
| | | | p Code 2302 | | | | Amou | int of I | Each | Disburse | ement | this P | eriod |
| | Purpose of Disbursement | | | Γ | | ٦ | L. | | | | 1 | 500.0 | 00 |
| | Candidate Name | | | | ategory Type | , | | | | | | | |
| | Office Sought: X House Disburse Senate X President | nent For: Primary Other (specify | 2008 General | | | | | | | | | | |
| | State: OH District: 4 | | • | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) KAY FOR CONGRESS | | | | | | Date | of Dis | burse | | | | |
| | Mailing Address P.O. BOX 14194 | | | | | | ^м 1 1 | M / | ^D 1 | 2 ′ | ž | 0 ð 7 | Y |
| | | | p Code 4152 | | | | Amou | int of I | Each | Disburse | v | | |
| | Purpose of Disbursement | | | | • • | | L. | | | | 2 | 500.0 | . 0 |
| | Candidate Name | and Fam | | | ategory Type | , | | | | | | | |
| | Office Sought: X House Disburser Senate X President | Primary | 2008 General | | | | | | | | | | |
| | State: MO District: 6 | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) KIRK FOR CONGRESS | | | | | | Date | of Dis | burse | | 57412 | 2 | |
| | Mailing Address 1707 PRINCE ST #5 | | | | | | <u>1</u> 1 | M / | ^D 0 | 5 | ž | 0 ð 7 | Y |
| | | | p Code 2314 | | | | Amou | int of I | Each | Disburse | - | | |
| | Purpose of Disbursement | | | | | | | | | | 2 | 000.0 | 0 |
| | Candidate Name | | | | ategory Type | , | | | | | | | |
| | President | nent For: Primary Other (specify | 2008 General) ▼ | | | | | | | | | | |
| | State: IL District: 10 | | | | | | | | | | | | |
| s | UBTOTAL of Disbursements This Page (optional) | | | | | • | | | | | 60 | 00.0 | 0 |
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| S | CHEDULE B (FEC Form 3X) | Use seperate schedule(s) | chedule(s) FOR LINE NUMBER: PAGE 30 / 36 | | | |
|-----------|---|--|--|---|------------------------------|--|
| IT | EMIZED DISBURSEMENTS | for each category of the | ′ (| check only | one) 22 🗙 23 | 24 25 26 |
| | | Detailed Summary Page | | 27 | 28a 28i | b 28c 29 30k |
| | y Information copied from such Reports and Statem for commercial purposes, other than using the name | | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | |
| V | AMERICAN SOCIETY OF ANESTHESIOL | OGISTS POLITICAL AC | CTION | | TTEE | |
| <u>А.</u> | Full Name (Last, First, Middle Initial) LOBIONDO FOR CONGRESS | | | | | ID: SB23.57403 |
| | | | | | | $ \begin{array}{c} $ |
| | Mailing Address 1707 PRINCE ST #5 | | | | 11 | 05 2007 |
| | | State Zip Code VA 22314 | | | Amount of Ea | ch Disbursement this Period |
| | Purpose of Disbursement | | | | | 1500.00 |
| | Candidate Name | | Cate | egory/ | | |
| | | | | ype | | |
| | - | ment For: 2008 Primary General | | | | |
| | President | Other (specify) | | | | |
| | State: NJ District: 2 Full Name (Last, First, Middle Initial) | | | | | |
| В. | LUCAS FOR CONGRESS | | | | Transaction Date of Disbu | ID: SB23.57385 irsement |
| | Mailing Address P.O. BOX 1726 | | | | 11 ¹ / | 05 [′] 2007 [°] |
| | | State Zip Code | | | Amount of Ea | ch Disbursement this Period |
| | | OK 73101 | | | | 2000.00 |
| | Purpose of Disbursement | | | | L | 2000.00 |
| | Candidate Name | | | egory/ ype | | |
| | 5 <u>X</u> | ment For: 2008 Primary General Other (specify) ▼ | · | | | |
| | State: OK District: 3 | | | | | |
| C. | Full Name (Last, First, Middle Initial) MCCAUL FOR CONGRESS INC | | | | Transaction Date of Disbu | ID: SB23.57431 Irsement |
| | Mailing Address 815 A BRAZOS ST PMB | 230 | | | M M / | |
| | | State Zip Code TX 78701 | | | Amount of Ea | ch Disbursement this Period |
| | Purpose of Disbursement | | | | L | 1500.00 |
| | Candidate Name | | | egory/ ype | | |
| | - | ment For: 2008 Primary General Other (specify) | <u> </u> | <u>, , , , , , , , , , , , , , , , , , , </u> | | |
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| FE(| C Schedule B (Form 3X) Rev. 02/2003 | | | | | |

| A. MCCAUL FOR CONGRESS INC Date of Disbu Mailing Address 815 A BRAZOS ST PMB 230 111 City State Zip Code AUSTIN TX 78701 Purpose of Disbursement Category/ Type Category/ Type Office Sought: X House Disbursement For: 2008 Senate Primary X General Other (specify) Transaction | f solicating contributions from such committee |
|---|--|
| or for commercial purposes, other than using the name and address of any political committee to solicit contributions NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) A. MCCAUL FOR CONGRESS INC Mailing Address 815 A BRAZOS ST PMB 230 City AUSTIN TX 78701 Purpose of Disbursement Candidate Name Office Sought: X House President State: TX District: 10 Disbursement Full Name (Last, First, Middle Initial) Transaction Transactio | ID: SB23.57433 Irsement $D = 1 \frac{D}{2} \frac{Y}{2} \frac{Y}{2} \frac{Y}{0} \frac{Y}{0} \frac{Y}{7}$ Inch Disbursement this Period |
| NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) MCCAUL FOR CONGRESS INC Mailing Address 815 A BRAZOS ST PMB 230 City State Zip Code AUSTIN TX 78701 Purpose of Disbursement Category/ Type Amount of Ea Office Sought: X House President Disbursement For: 2008 President Other (specify) Transaction State: TX District: 10 Transaction | ID: SB23.57433 irsement $D 1 2 / 2 0 0 7^{\circ}$ inch Disbursement this Period |
| A. MCCAUL FOR CONGRESS INC Date of Disburger Mailing Address 815 A BRAZOS ST PMB 230 111 City State Zip Code AUSTIN TX 78701 Purpose of Disbursement Category/ Type Amount of Ea Office Sought: X House Disbursement For: 2008 Senate Primary X General Other (specify) Transaction State: TX District: 10 Transaction Transaction | $\begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \\ \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \end{array} \\ \begin{array}{c} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \end{array} \\ $ |
| Mailing Address 815 A BRAZOS ST PMB 230 City State Zip Code AUSTIN TX 78701 Purpose of Disbursement Category/ Candidate Name Category/ Office Sought: X Y Senate President Other (specify) State: TX District: 10 Full Name (Last, First, Middle Initial) Transaction | $\begin{bmatrix} D & D \\ 1 & 2 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$ ich Disbursement this Period |
| City State Zip Code AUSTIN TX 78701 Purpose of Disbursement Category/ Type Candidate Name Category/ Type Office Sought: X Y House Disbursement For: 2008 Senate Primary Y General Other (specify) Transaction | ch Disbursement this Period |
| AUSTIN TX 78701 Purpose of Disbursement | |
| Candidate Name Category/ Type Office Sought: X Senate Primary President Other (specify) State: TX District: 10 Full Name (Last, First, Middle Initial) Transaction | 1000.00 |
| Office Sought: X House Disbursement For: 2008 Senate Primary X General President Other (specify) ▼ | |
| Senate Primary X General President Other (specify) ▼ State: TX District: 10 Transaction | |
| Full Name (Last, First, Middle Initial) Transaction | |
| R HOADEE FOR ACHIEREN | |
| | |
| Mailing Address P.O. BOX 44003 | ^D 1 9 / Y 2 0 0 7 Y |
| CityStateZip CodeAmount of EaINDIANAPOLISIN46244 | ch Disbursement this Period |
| Purpose of Disbursement | 5000.00 |
| Candidate Name Category/ Type | |
| Office Sought: X House Disbursement For: 2008 Senate X Primary General President Other (specify) ▼ | |
| State: IN District: 5 | |
| C. PALLONE FOR CONGRESS Date of Disbu | |
| Mailing Address P.O. BOX 3176 | ^D 1 9 / Y 2 0 0 7 Y |
| City State Zip Code Amount of Ea LONG BRANCH NJ 07740 Image: Code Image: Code | ch Disbursement this Period |
| Purpose of Disbursement | 1500.00 |
| Candidate Name Category/ Type | |
| Office Sought: X House Disbursement For: 2008 Senate Primary X General Other (specify) ▼ | |
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| S | CHEDULE B (FEC Form 3X) | Use seperate sch | edule(s) | FOR LINE NUMBER: PAGE 32/36 | | | 6 | | | | | | |
|-----------|---|--------------------------------------|----------------|-----------------------------|---------------------|---------|--------------------|--------|----------------|----------------|----|----------|-----------|
| IT | EMIZED DISBURSEMENTS | for each category Detailed Summar | of the | | (check 21b 27 | <i></i> | 22 X 23 | | | 24 28c | | 25 29 | 26 30b |
| | y Information copied from such Reports and Statem for commercial purposes, other than using the name | | | | | | | | | | | | ; |
| | NAME OF COMMITTEE (In Full) | | political | COITI | | 5010 | | | | | | | |
| \rangle | AMERICAN SOCIETY OF ANESTHESIOL | OGISTS POLITIC | | TIOI | | 1MIT | TEE | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) POE FOR CONGRESS | | | | | | Date o | | burse | | | | V |
| | Mailing Address P.O. BOX 14222 | | | | | | 1 1 | | ^D 2 | 6 | 2 | 0 ð 7 | |
| | , | State Zip Co TX 7734 | | | | | Amou | nt of | Each | Disburse | | | |
| | Purpose of Disbursement | | | | | | | | | | 2 | 000.0 | 0 |
| | Candidate Name | | | | tegory/ ype | | | | | | | | |
| | Senate X President | |)08 General | | | | | | | | | | |
| | State: TX District: 2 | | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS | | | | | | Date o | | | SB23.5 ment | | | Y |
| | Mailing Address P.O. BOX 425 | | | | | | 1 1 | | 0 | 5 | 2 | 0 ð 7 | |
| | | State Zip Co GA 3007 | | | | | Amou | nt of | Each | Disburse | | | |
| | Purpose of Disbursement | | | | | | L. | | | | 3 | 000.0 | 0 |
| | Candidate Name | | | | tegory/ Type | | | | | | | | |
| | 5 <u>X</u> | |)08 General | | | | | | | | | | |
| | State: GA District: 6 | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) REYES COMMITTEE | | | | | | Date o | of Dis | burse | | | | |
| | Mailing Address 1040 N QUINCY ST #30 | | | | | | ^м 11 | M / | ^D 0 | 5 | Ź | 0 ð 7 | Y |
| | | State Zip Co VA 2220 | | | | | Amou | nt of | Each | Disburse | Ū. | | |
| | Purpose of Disbursement | | | | | | L . | | | | 10 | 000.0 | 0 |
| | Candidate Name | | | | tegory/ ype | | | | | | | | |
| | 5 X | |)08 General | | | | | | | | | | |
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| S | CHEDULE B (FEC Form 3X) | llse sene | rate schedule(s) | | FOR LINE NUMBER: PAGE 33 / 36 | | | / 36 | | |
|-----------|---|-------------------------------------|--------------------------------|-----|-------------------------------|---------------------|-------------|------------|----------|----------------|
| IT | EMIZED DISBURSEMENTS | for each c | ategory of the Summary Page | | (check only 21b 27 | / one) 22 28a | X 23 28b | 24 28c | 25 29 | 26 30b |
| | y Information copied from such Reports and Statem for commercial purposes, other than using the name | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) | | s of any political | COI | | | | | Commutee | ; |
| \rangle | AMERICAN SOCIETY OF ANESTHESIOL | DGISTS P | OLITICAL AC | TIC | N COMMI | TTEE | | | | |
| Α. | Full Name (Last, First, Middle Initial) REYNOLDS FOR CONGRESS | | | | | Date | of Disburs | | - | Y |
| | Mailing Address P.O. BOX 15388 | | | | | 11 | M / D. | 15 | 200 | 7 |
| | | State NY | Zip Code 14615 | | | Amou | int of Each | n Disburse | | |
| | Purpose of Disbursement | | | | | | | | 1500 | 0.00 |
| | Candidate Name | | | С | ategory/ Type | | | | | |
| | President | ment For: Primary Other (spec | 2008 General cify) ▼ | | | | | | | |
| | State: NY District: 26 | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) RICK LARSEN FOR CONGRESS | | | | | Date | of Disburs | | | X |
| | Mailing Address P.O. BOX 326 | | | | | [™] 11 | M / D. | 15 | źoò | 7 [×] |
| | | State WA | Zip Code 98206 | | | Amou | int of Each | ı Disburse | | |
| | Purpose of Disbursement | | | | | L. | 0 0 | | 2000 | 0.00 |
| | Candidate Name | | | С | ategory/ Type | | | | | |
| | \$ <u>X</u> | ment For: Primary Other (spec | 2008 General cify) ▼ | | | | | | | |
| | State: WA District: 2 | | <i>,</i> | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) ROB WITTMAN FOR CONGRESS | | | | | Date | of Disburs | | 7468 | |
| | Mailing Address 14877 KINGS HIGHWAY | | | | | 1 ¹ 1 | M / D | 26 | Ź0Ŏ | 7 ^Y |
| | | State VA | Zip Code 22520 | | | Amou | int of Each | n Disburse | | |
| | Purpose of Disbursement 2008 SPECIAL ELECTION | | | | | L. | | | 2500 | 0.00 |
| | Candidate Name | | | С | ategory/ Type | | | | | |
| | Office Sought: X House Disburse Senate President | ment For: Primary Other (spec | General | | | | | | | |
| Г | State: VA District: 1 | | | | | | | | | |
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| S | CHEDULE B (FEC Form 3X) | Lise sene | erate schedule(s) | | FOR LINE NUMBER: PAGE 34 / 36 | | | 6 | | | | | |
|-----------|---|------------------------------------|---------------------------------|-----|-------------------------------|------------------------------|---------------------|----------|----------------|----------------|------|----------|-----------|
| IT | EMIZED DISBURSEMENTS | for each o | category of the Summary Page | | | ck onl <u>:</u> 21b 27 | y one) 22 28a | | 23 28b | 24 28c | | 25 29 | 26 30b |
| | y Information copied from such Reports and Statem | | | | | | | | | | | | <u>,</u> |
| or | for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) | and addres | ss of any political | con | nmitte | e to so | | ributio | ns tro | msuch | comm | littee | |
| \rangle | AMERICAN SOCIETY OF ANESTHESIOL | OGISTS F | POLITICAL AC | TIC | ON CO | DMM | ITTEE | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS | | | | | | Date | | burse | | | | Y |
| | Mailing Address 123 E 13TH STREET | | | | | | 1 1 | | ^D 0 | 5 | 2(| 0 ð 7 | |
| | , | State AL | Zip Code 36201 | | | | Amou | int of I | Each | Disburse | - | | |
| | Purpose of Disbursement | | | | | | | | | | 2(| 000.0 | 0 |
| | Candidate Name | | | С | atego Type | у/ | | | | | | | |
| | President | ment For: Primary Other (spe | 2008 General cify) ▼ | | | | | | | | | | |
| | State: AL District: 3 | | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) RUSH HOLT FOR CONGRESS | | | | | | Date | | | SB23.5 ment | | | Y |
| | Mailing Address P.O. BOX 782 | | | | | | 1 1 | | 1 | 2 | 2(| 0 ð 7 | |
| | | State NJ | Zip Code 08534 | | | | Amou | int of I | Each | Disburse | v | | |
| | Purpose of Disbursement | | | | | | L. | | | | 20 | 000.0 | 0 |
| | Candidate Name | | | С | atego Type | y/ | | | | | | | |
| | Office Sought: X House Disburser Senate X President | ment For: Primary Other (spe | 2008 General cify) ▼ | | | | | | | | | | |
| | State: NJ District: 12 | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) SCHOCK FOR CONGRESS | | | | | | Date | of Dis | burse | | | | |
| | Mailing Address P.O. BOX 10555 | | | | | | 1 1 | M / | 0 | 5 | ź. | 0 ð 7 | Y |
| | | State IL | Zip Code 61612 | | | | Amou | int of I | Each | Disburse | - | | |
| | Purpose of Disbursement | | | Г | | | L. | | | | 25 | 500.0 | 0 |
| | Candidate Name | | | С | atego Type | y/ | | | | | | | |
| | Office Sought: X House Disburser Senate X President State: IL District: 18 | ment For: Primary Other (spe | 2008 General cify) ▼ | | | | | | | | | | |
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| SCHEDULE B (FEC Form | 3X) Use se | eperate schedule(s) | | FOR LINE NUMBER: PAGE 35 / 36 | | |
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| ITEMIZED DISBURSEMEN | TS for eac | h category of the d Summary Page | (check only 21b 27 | 22 X 23 28a 28b | 24 25 26 28c 29 30k | |
| Any Information copied from such Reports or for commercial purposes, other than usi | | | | | | |
| NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANES | | | | | | |
| Full Name (Last, First, Middle Initial) A. SEARCHLIGHT PAC | | | | Date of Disbur | | |
| Mailing Address 607 14TH STR | EET NW #800 | | | | 05 2007 | |
| City WASHINGTON | State DC | Zip Code 20005 | | Amount of Eac | ch Disbursement this Period | |
| Purpose of Disbursement 2007 CONTRIBUTION Candidate Name | | | Category/ | | 5000.00 | |
| Office Sought: House | Disbursement For | : | Category/ Type | | | |
| State: District: | Primary Other (s | General pecify) ▼ | | | | |
| Full Name (Last, First, Middle Initial) B. SHORE PAC | | | | Transaction I Date of Disbur | D: SB23.57452 rsement | |
| Mailing Address P.O. BOX 315 | 7 | | | 1 1 ^M | 15 [°] ^Y ^Y ^Y ^Y ^Y ^Y ^Y ^Y | |
| City LONG BRANCH | State NJ | Zip Code 07740 | | Amount of Eac | ch Disbursement this Period | |
| Purpose of Disbursement 2007 CONTRIBUTION | | | | | 2500.00 | |
| Candidate Name | | | Category/ Type | | | |
| Office Sought: House Senate President | Disbursement For Primary X Other (s | General | | | | |
| State: District: Full Name (Last, First, Middle Initial) | | | | | | |
| C. THE FREEDOM PROJECT | | | | Transaction I | | |
| Mailing Address 424 C STREET | NE BASEMENT | UNIT | | 11 | 05 ′ [×] 2007 [×] | |
| City WASHINGTON | State DC | Zip Code 20002 | | Amount of Ead | ch Disbursement this Period | |
| Purpose of Disbursement 2007 CONTRIBUTION | | | | | 2500.00 | |
| Candidate Name | | | Category/ Type | | | |
| Office Sought: House Senate President State: District: | Disbursement For Primary Other (s | | | | | |
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| | | | | | 78500.00 | |
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| SCHEDULE B (FEC Form 3X) | Use seperate schedule(s) | FOR LINE N | |
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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | (check only 21b 27 | 22 23 24 25 26 28a 28b 28c X 29 30b |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | |
| NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL | | | |
| A. FRIENDS OF MCCASKILL DEBT COMMIT Mailing Address P.O. BOX 30077 | TEE | | Transaction ID: SB29.57460 Date of Disbursement |
| Mailing Address P.O. BOX 30077 | | | |
| ST LOUIS | State Zip Code MO 63130 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement 2007 NON-FEDERAL CONTRIBUTION Candidate Name | | Category/ | 12/3.00 |
| Office Sought: House Disburse Senate President X State: District: | ment For: 2007 Primary General Other (specify) ▼ | Туре | |
| Full Name (Last, First, Middle Initial) B. NORTHERN TRUST CO | | | Transaction ID: SB29.57472 Date of Disbursement |
| Mailing Address 50 S LASALLE | | | $\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \\ 2 \\ 0 \\ 0 \\ 7 \\ 7 \\ 7 \\ 7 \\ 7 \\ 7 \\ 7 \\ 7$ |
| CHICAGO | State Zip Code IL 60675 | | Amount of Each Disbursement this Period 6295.48 |
| Purpose of Disbursement VISA BANK CHARGE | | | 0233.40 |
| Candidate Name | | Category/ Type | |
| Office Sought: House Disburse Senate President | nent For: Primary General Other (specify) V | | |
| State: District: Full Name (Last, First, Middle Initial) | | | |
| C. NORTHERN TRUST CO | | | Transaction ID: SB29.57473 Date of Disbursement |
| Mailing Address 50 S LASALLE | | | 11 30 2007 |
| CHICAGO | State Zip Code IL 60675 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement NSF RETURN FEE | | | 4.50 |
| Candidate Name | | Category/ Type | |
| Office Sought: House Disburse Senate President State: District: | nent For: Primary General Other (specify) ▼ | | |
| SUBTOTAL of Disbursements This Page (optional) . | | ► | 7574.98 |
| TOTAL This Period (last page this line number only) | | | 7574.98 |