

**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**

CITY

STATE

ZIP CODE

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

07

01

2007

through

07

31

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

08

09

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.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

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	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2007		631987.13
(b) Cash on Hand at Beginning of Reporting Period	409414.20	
(c) Total Receipts (from Line 19)	130489.91	841180.31
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	539904.11	1473167.44
7. Total Disbursements (from Line 31)	100587.11	1033850.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	439317.00	439317.00
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	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	20900.00	414295.00
(i) Itemized (use Schedule A)	6129.00	103290.50
(ii) Unitemized	27029.00	517585.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤		
(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) ➤	27029.00	517585.50
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.)	103460.91	323594.81
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))	130489.91	841180.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	130489.91	841180.31

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(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.....	0.00	396500.00
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.....	100587.11	628350.44
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))..	100587.11	1033850.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	100587.11	1033850.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	27029.00	517585.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27029.00	517585.50
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: PAGE 6 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) DAVID ANNAND		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 7 / 2 0 0 7
Mailing Address 5313 HICKORY HOLLOW RD		Transaction ID: SA11A1.53482
City KNOXVILLE	State TN	
Zip Code 37919		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer ANES MED ASSOC EAST TN	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) RICHARD ARMFIELD		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 7 / 2 0 0 7
Mailing Address 1329 CHEROKEE BLVD		Transaction ID: SA11A1.53521
City KNOXVILLE	State TN	
Zip Code 37919		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
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	

C. Full Name (Last, First, Middle Initial) SUBHANKAR BANDYOPADHYAY		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 9 / 2 0 0 7
Mailing Address 14464 WATERMELON ROAD		Transaction ID: SA11A1.53546
City TUSCALOOSA	State AL	
Zip Code 35406		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer APMC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL 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)

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
WILLIAM BLACKBURN

Mailing Address 190 CEDAR BEND DR

City State Zip Code
FLORENCE AL 35634

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES MEDICAL CONSULTANTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 27 2007

Transaction ID: SA11A1.53471

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
MARC BLOOMSTON

Mailing Address 3525 GRAND ROCK CR.

City State Zip Code
BIRMINGHAM AL 35223

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA GROUP EAST, P.-
C.

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 23 2007

Transaction ID: SA11A1.53393

Amount of Each Receipt this Period

500.00

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

Mailing Address 17210 MEADOW TREE CIR.

City State Zip Code
DALLAS TX 75248

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE ANESTHESIA

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
07 13 2007

Transaction ID: SA11A1.53334

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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) DUNCAN BROWNE Mailing Address 300 S. ARLINGTON AVE. City RENO State NV Zip Code 89501 FEC ID number of contributing federal political committee. C Name of Employer AAR Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.53378 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	0	/	2	0	0	7	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	7	/	2	0	/	2	0	0	7																							
250.00																																
B. Full Name (Last, First, Middle Initial) STEPHEN CAMPBELL Mailing Address 545 BEVERLY DR City SUMMERVILLE State SC Zip Code 29485 FEC ID number of contributing federal political committee. C Name of Employer ANES ASSOC CHARLESTON Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.53398 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	4	/	2	0	0	7	100.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	7	/	2	4	/	2	0	0	7																							
100.00																																
C. Full Name (Last, First, Middle Initial) CURTIS CARL Mailing Address 916 WILDWOOD DR City E LANSING State MI Zip Code 48823 FEC ID number of contributing federal political committee. C Name of Employer PHYSICIAN ANES SERV Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.53446 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	7	/	2	0	0	7	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	7	/	2	7	/	2	0	0	7																							
250.00																																

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL 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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) CHRIS CUCITI			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 7 / 2 0 0 7	
Mailing Address 7631 SAN MATEO LN			Transaction ID: SA11A1.53465	
City State Zip Code LINCOLN NE 68516		Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C				
Name of Employer ASSOC 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. Full Name (Last, First, Middle Initial) JAMES DANIELL			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 7 / 2 0 0 7	
Mailing Address 1 MOBILE INFIRMARY CIR 2ND			Transaction ID: SA11A1.53450	
City State Zip Code MOBILE AL 36607		Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C				
Name of Employer ANESTHESIA SERVICES		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) PAUL DEL GIUDICE			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 4 / 2 0 0 7	
Mailing Address 22 MEADOW RD			Transaction ID: SA11A1.53402	
City State Zip Code BEDFORD NH 03110		Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C				
Name of Employer ANESTH CARE GRP		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

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

DAVID DELZELL

Mailing Address 1120 W BENNETT CT

City State Zip Code
 DUNLAP IL 61525

FEC ID number of contributing federal political committee.

C

Name of Employer
ASSOC ANESTHOccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.53299

Amount of Each Receipt this Period

500.00

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

LEISA DEVENNY

Mailing Address 3090 YORKTOWN DR

City State Zip Code
 TUSCALOOSA AL 35406

FEC ID number of contributing federal political committee.

C

Name of Employer
APMCOccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.53554

Amount of Each Receipt this Period

500.00

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

JAMES DUCKETT

Mailing Address 227 HARVEST LANE

City State Zip Code
 BROOMALL PA 19008

FEC ID number of contributing federal political committee.

C

Name of Employer
UNITED ANESTH SERVOccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.53295

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 25

(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MICHAEL ELLIOTT

Mailing Address 10120 GRANDE SHORES WAY

City State Zip Code
KNOXVILLE TN 37922

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMAET

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 27 / 2007

Transaction ID: SA11A1.53484

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. WILLIAM FRAME

Mailing Address 959 MALINDA CT.

City State Zip Code
FORSYTH IL 62535

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOC ANESTH OF DECATUR

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 26 / 2007

Transaction ID: SA11A1.53432

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. JOSEPH GALASSI

Mailing Address 193 LILAC DRIVE

City State Zip Code
ALLENTOWN PA 18104

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLENTOWN ANESTH ASSOC

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 04 / 2007

Transaction ID: SA11A1.53306

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25

(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) RICHARD GILLERMAN Mailing Address 6 LORIMAR LN. City REHOBOTH State MA Zip Code 02769 FEC ID number of contributing federal political committee. C Name of Employer PROVIDENCE ANESTH. Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 07 / 16 / 2007 Transaction ID: SA11A1.53348 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) DANIEL GOSDIN Mailing Address 561 LAKE COLONY DR City BIRMINGHAM State AL Zip Code 35242 FEC ID number of contributing federal political committee. C Name of Employer ANESTH ASSOC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 07 / 27 / 2007 Transaction ID: SA11A1.53487 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) JUANF. GUTIERREZ-MAZORRA Mailing Address 3508 BIRCHWOOD LANE VESTAVIA HILLS City BIRMINGHAM State AL Zip Code 35243 FEC ID number of contributing federal political committee. C Name of Employer PEDIATRIC ANESTHESIA ASSOC Occupation PEDIATRIC ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 07 / 27 / 2007 Transaction ID: SA11A1.53442 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JERRY HYNES

Mailing Address 5801 FRONTIER RD

City

LINCOLN

State

NE

Zip Code

68516

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOC 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
0 7 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.53553

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JOEL JOHNSON

Mailing Address 6911 VAN DORN, SUITE 2

City

LINCOLN

State

NE

Zip Code

68506

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATED 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
0 7 / 2 4 / 2 0 0 7

Transaction ID: SA11A1.53397

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. KEITH JONES

Mailing Address 1771 INDIAN CREEK RD

City

BIRMINGHAM

State

AL

Zip Code

35243

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF AL BIRMINGHAM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: SA11A1.53418

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) BHANU KANAKAMEDALA Mailing Address 8886 CLASSIC DR City State Zip Code MEMPHIS TN 38125 FEC ID number of contributing federal political committee. C Name of Employer METROPOLITAN ANES ALLIANCE Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 9 / 2 0 0 7 Transaction ID: SA11A1.53316 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) CARTER KEITH Mailing Address 14651 RUDOLPH DADEY DR City State Zip Code CHARLOTTE NC 28277 FEC ID number of contributing federal political committee. C Name of Employer SOUTHEAST ANESTHESIOLOGY CONSULTANTS, Occupation ATTENDING ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 0 / 2 0 0 7 Transaction ID: SA11A1.53560 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) DAVID KINSMAN Mailing Address 3419 EURO LN. City State Zip Code DE PERE WI 54115 FEC ID number of contributing federal political committee. C Name of Employer BAYCARE CLINIC, LLP Occupation PHYSICIAN ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 7 Transaction ID: SA11A1.53368 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 25

(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) MARK KLINE Mailing Address 345 WOODLAND DR SE City CEDAR RAPIDS State IA Zip Code 52403 FEC ID number of contributing federal political committee. C Name of Employer LINN COUNTY ANESTH Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 07 / 27 / 2007 Transaction ID: SA11A1.53466 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) HUNG-CHI KWOK Mailing Address 2732 MUIR WOODS DR SE City HAMPTON COVE State AL Zip Code 35763 FEC ID number of contributing federal political committee. C Name of Employer ALABAMA ANES HUNTSVILLE Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 07 / 11 / 2007 Transaction ID: SA11A1.53326 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) STAN LEI Mailing Address 2301 OAKHURST LN City LAKE OSWEGO State OR Zip Code 97034 FEC ID number of contributing federal political committee. C Name of Employer OAG Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 07 / 27 / 2007 Transaction ID: SA11A1.53494 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) GLORIA LEWIS		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 7 / 2 0 0 7
Mailing Address 3600 MALONEY RD		Transaction ID: SA11A1.53480
City KNOXVILLE	State TN	Zip Code 37920
FEC ID number of contributing federal political committee. C		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	

B. Full Name (Last, First, Middle Initial) ERIC LOBEL		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address 53 CLARISE CIR		Transaction ID: SA11A1.53412
City MOBILE	State AL	Zip Code 36608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ANES SERV OF MOBILE	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) JAMES LONERGAN		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 7 / 2 0 0 7
Mailing Address 4400 WORNALL RD CT ANES		Transaction ID: SA11A1.53473
City KANSAS CITY	State MO	Zip Code 64111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CAA PC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL 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 17 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TIMOTHY MELSON

Mailing Address 99 LAKESHORE COURT

City State Zip Code
 KILLEN AL 35645

FEC ID number of contributing federal political committee.

C

Name of Employer
ANESTHESIA MED CONSULTOccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.53303

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MARK NELSON

Mailing Address 5500 HEATHROW DR

City State Zip Code
 KNOXVILLE TN 37919

FEC ID number of contributing federal political committee.

C

Name of Employer
AMAETOccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 2 4 / 2 0 0 7

Transaction ID: SA11A1.53406

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DANIEL NICOLI

Mailing Address 5540 TANGLEWOOD DR.

City State Zip Code
 ANN ARBOR MI 48105

FEC ID number of contributing federal political committee.

C

Name of Employer
ANESTHESIA ASSOC ANN ARBOROccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.53380

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANDREW OSBORNE

Mailing Address 8 HAMPTON WAY

City State Zip Code
 DOTHAN AL 36305

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOTHAN ANESTH ASSOC

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 4 / 2 0 0 7

Transaction ID: SA11A1.53404

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CARMELITA PABLO

Mailing Address 4301 W MARKHAM SLOT 515

City State Zip Code
 LITTLE ROCK AR 72205

FEC ID number of contributing
federal political committee.

C

Name of Employer
U OF AR FOR MED SCIENCES

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.53453

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DAVID PERKINS

Mailing Address 1400 BUENA VISTA DR

City State Zip Code
 DOTHAN AL 36303

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTH CONSULT MED GRP

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.53491

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) EVAN PIVALIZZA		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 7 / 2 0 0 7
Mailing Address MSB 5.020 6431 FANNIN STREET		Transaction ID: SA11A1.53438
City HOUSTON	State TX	Zip Code 77030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UNIV OF TEXAS HSC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) JEFFREY ROBERTS		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 7 / 2 0 0 7
Mailing Address 1700 KENSINGTON DR		Transaction ID: SA11A1.53486
City KNOXVILLE	State TN	Zip Code 37922
FEC ID number of contributing federal political committee. C		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	

C. Full Name (Last, First, Middle Initial) HARRY SCHRIER		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 4 / 2 0 0 7
Mailing Address 7390 S.W. 153RD ST.		Transaction ID: SA11A1.53342
City MIAMI	State FL	Zip Code 33157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ANES ASSOC OF GR MIAMI	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ALAN SOMPHONE

Mailing Address 2304 LA SOLANA WAY

City State Zip Code
 LAS VEGAS NV 89102

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGY CONSULTANTS
INC.

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.53566

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DOUGLAS SPURGEON

Mailing Address 6911 VAN DORN #2

City State Zip Code
 LINCOLN NE 68506

FEC ID number of contributing
federal political committee.

C

Name of Employer
AA PC

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 4 / 2 0 0 7

Transaction ID: SA11A1.53400

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ROBERT STRICKLAND

Mailing Address MEDICAL CENTER BLVD.
DEPT. OF ANES.

City State Zip Code
 WINSTON-SALEM NC 27157

FEC ID number of contributing
federal political committee.

C

Name of Employer
WAKE FOREST UNIV SCHOOL
OF MED

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 7

Transaction ID: SA11A1.53350

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 25

(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

Full Name (Last, First, Middle Initial)

A. SHERIF TEWFIK

Mailing Address 1215 PLEASANT STREET SUITE 400

City	State	Zip Code
DES MOINES	IA	50309

FEC ID number of contributing
federal political committee.**C**Name of Employer
ASSOC ANESTHESIOLOGISTSOccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	7

Transaction ID: SA11A1.53314

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. KAREN THOMSONMailing Address 111 MICHIGAN AVE NW
DEPARTMENT OF ANESTHESIA

City	State	Zip Code
WASHINGTON	DC	20010

FEC ID number of contributing
federal political committee.**C**Name of Employer
CNMCOccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	0	7

Transaction ID: SA11A1.53364

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. BENJAMIN TIBBALS

Mailing Address 2134 E HIGHLANDS ST

City	State	Zip Code
BREMERTON	WA	98310

FEC ID number of contributing
federal political committee.**C**Name of Employer
HARRISON MED CTROccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	7

Transaction ID: SA11A1.53414

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. WALTER TOWERY

Mailing Address 119 GLENCOE WAY

City State Zip Code
 DOTHAN AL 36305

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA CONSULTANTS ME-
DICAL GROUP

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.53569

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. GERALD TULL

Mailing Address BOX 867

City State Zip Code
 RANCHO MIRAGE CA 92270

FEC ID number of contributing
federal political committee.

C

Name of Employer
RANCHO MIRAGE ANESTHESIA
CONSULTANTS M

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.53436

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. STEVEN VITCOV

Mailing Address 35 PARKER AVE.

City State Zip Code
 SAN FRANCISCO CA 94118

FEC ID number of contributing
federal political committee.

C

Name of Employer
NCAP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.53497

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DONALD WENINGER

Mailing Address 3207 LAKE SHORE DRIVE

City State Zip Code
 MICHIGAN CITY IN 46360

FEC ID number of contributing
federal political committee.

C

Name of Employer
WENINGER MEDICAL CORP

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.53388

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ROBERT WHITCOMB

Mailing Address 221 CHURCH ROAD

City State Zip Code
 WINNETKA IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
ELMHURST ANESTH

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.53330

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. CHARLES WILLIAMS

Mailing Address 503 CHESHIRE DR

City State Zip Code
 KNOXVILLE TN 37919

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMAET

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.53478

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

20900.00

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

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

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

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

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City State Zip Code
 CHICAGO IL 60675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222197.96

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 7

Transaction ID: SA17.53581

Amount of Each Receipt this Period

2064.06

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 ▼

323594.81

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 7

Transaction ID: SA17.53584

Amount of Each Receipt this Period

101396.85

CD MATURED

SUBTOTAL of Receipts This Page (optional)

103460.91

TOTAL This Period (last page this line number only)

103460.91

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)

A. NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City
CHICAGO

State
IL

Zip Code
60675

Purpose of Disbursement
VISA BANK CHARGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.53582

Date of Disbursement

/ /

Amount of Each Disbursement this Period

587.11

Full Name (Last, First, Middle Initial)

B. NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City
CHICAGO

State
IL

Zip Code
60675

Purpose of Disbursement
CD PURCHASED

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.53583

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100000.00

SUBTOTAL of Disbursements This Page (optional)

100587.11

TOTAL This Period (last page this line number only)

100587.11