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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE 520 N. NORTHWEST HIGHWAY ADDRESS (number and street) Check if different than previously PARK RIDGE IL 60068 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00255752 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 06 0 1 2007 06 30 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. RICHARD BARWACZ Type or Print Name of Treasurer Electronically Filed by RICHARD BARWACZ 07 18 2007 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003) Only

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 [®] D " D 0.6 0 1 2007 0.6 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2007 631987.13 January 1 (b) Cash on Hand at 509591.68 Begining of Reporting Period 42068.12 710690.40 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 551659.80 1342677.53 6(a) and 6(c) for Column B) 142245.60 933263.33 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 409414.20 409414.20 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

0 1 м ₀ м ₆м 2007 3 0 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 34385.00 393395.00 (i) Itemized (use Schedule A) 5330.00 97161.50 (ii) Unitemized (iii) TOTAL (add 39715.00 490556.50 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 39715.00 490556.50 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 2353.12 220133.90 (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), 42068.12 710690.40 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 42068.12 710690.40 (subtract Line 18(c) from Line 19)

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
1.	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	0.00	9000.00
	Expenditures(c) Total Operating Expenditures	0.00	300.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	900.00
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	141500.00	396500.00
١.	Independent Expenditure	0.00	0.00
j.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
		0.00	0.00
3.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
8.	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	0.00	0.00
	(such as PACs) (d) Total Contribution Refunds	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	745.60	527763.33
).	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	2.22	2.22
	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
١.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	142245.60	933263.33
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)		
		142245.60	933263.33

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)	39715.00	490556.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39715.00	490556.50
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)			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 6 / 57 (check only one)
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIO	LOGISTS	S POLITICAL ACTION COM	MITTEE
۹.	Full Name (Last, First, Middle Initial) SETH AKST			Date of Receipt
	Mailing Address 4609 NORWOOD DR			06 29 7 2007
	CHEVY CHASE	State	Zip Code	Transaction ID: SA11A1.53126
	CHEVY CHASE	MD	20815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MEDICAL FACULTY ASSOC	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 3.	Full Name (Last, First, Middle Initial) CHARLES ANDERSON			Date of Receipt
	Mailing Address 60975 BILLADEAU RD			0 6 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.52893
	BEND	OR	97702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer BEND ANESTH GRP	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
).	Full Name (Last, First, Middle Initial) MARK ARNALL			Date of Receipt
	Mailing Address 2000 PEPPERELL PKW	Y		06 29 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.53066
	OPELIKA	AL	36801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANES ASSOC OF EAST AL	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
T	OTAL This Period (last page this line number onl	y)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/57	7
ITEMIZED RECEIPTS			or each category of the	(check only one)	
•			Detailed Summary Page	X 11a 11b 11c 12	☐ 17
An	by information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso		
or		me and add	dress of any political committee to	solicit contributions from such committee.	
/	NAME OF COMMITTEE (In Full)				
/	AMERICAN SOCIETY OF ANESTHESIC	LOGISTS	S POLITICAL ACTION COM	MIIIEE	
	Full Name (Last, First, Middle Initial)				
۹.	CHRISTOPHER ARNDT			Date of Receipt	
	Mailing Address 12300 CAMINO ARBUST	OS NE		06 15 200	
	City	State	Zip Code	Transaction ID: SA11A1.52979	
	ALBUQUERQUE	NM	87111	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		250.0	00
	federal political committee.				
	Name of Employer UNIV OF NEW MEXICO HOSP	Occupation		7	
			ESIOLOGIST	-	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		250.00		
	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
3.	Full Name (Last, First, Middle Initial) BRUCE BALDECCHI			Date of Receipt	
٥.	Mailing Address 313 W ANN ST			M M / D D / Y Y Y	Υ
				06 29 200	
	City	State	Zip Code	Transaction ID: SA11A1.53069	
	CARSON CITY	NV	89703	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.0	00
				_	
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	1 ESIOLOGIST		
	Receipt For:		Year-to-Date V	+	
	Primary General	29 - 9-110			
	Other (specify) ▼		500.00		
	Full Name (Last, First, Middle Initial)				
Э.	MICHAEL BARLOW			Date of Receipt	
	Mailing Address 2151 OLD ROCKY RIDG	E #106		M M / D D / Y Y Y	
	City	State	Zip Code	06 29 200 Turner ID SA11A1 52091	1
	BIRMINGHAM	AL	35216	Transaction ID: SA11A1.53081 Amount of Each Receipt this Period	
	FEC ID number of contributing		33210		-
	federal political committee.	C		500.0	טע
	Name of Employer	Occupation	1	-	
	Name of Employer ANES SERV OF BIRMINGHAM		ESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	, , , , , , , , , , , , , , , , , , ,	500.00		
	Otilei (specify) \				
s	UBTOTAL of Receipts This Page (optional)			1250.0)0
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T	OTAL This Period (last page this line number onl	y)	>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 57
ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED REGEII 13		Detailed Summary Page	X 11a 11b 11c 12
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or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	lress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHESI	IMITTEE		
A.	Full Name (Last, First, Middle Initial) SUZANNE BLAYLOCK			Date of Receipt
	Mailing Address 155 WILSON COURT			06 13 2007
	City		Zip Code	Transaction ID: SA11A1.52938
	MUSCLE SHOALS	AL	35661	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer ANESTHESIA MEDICAL CONSUL- TANTS	Occupation ANESTH	n ESIOLOGIST	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) LEE BOOKER			Date of Receipt
	Mailing Address 2151 OLD ROCKY RIDG	06 29 Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11A1.53083
	BIRMINGHAM	AL	35216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANES SERV OF BIRMINGHAM	Occupation ANESTH	n ESIOLOGIST	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) FRANCES BOYETTE-KOURI			Date of Receipt
	Mailing Address 8225 MARSH POINTE [OR		0 6 0 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.52866
	MONTGOMERY	AL	36117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MONTGOMERY ANES ASSOC	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional))	1500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 57 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC	DLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) KEVIN BUCOL Mailing Address 12615 TOWN AND COUNTRY E City State		NTRY ES	TATES Zip Code	Date of Receipt M M M
	ST. LOUIS	MO	63141	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer WCCA Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate		
Full Name (Last, First, Middle Initial) JOHN BULLINGTON Mailing Address 2151 OLD ROCKY RIDGE #106				Date of Receipt
	City	State	Zip Code	0 6 2 9 2 0 0 7 Transaction ID: SA11A1.53085
	BIRMINGHAM	AL	35216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANES SERV OF BIRMINGHAM	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
 C.	Full Name (Last, First, Middle Initial) WILLIAM BUNDSCHUH			Date of Receipt
	Mailing Address 1305 LITCHFIELD CT			06 15 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.52950
	VIRGINIA BEACH	VA	23452	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ATLANTIC ANESTH		ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
T	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10/57		
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••	LIMIZED RECEIL 10		Detailed Summary Page	X 11a 11b	11c 12 15 16 17
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or	y information copied from such Reports and States for commercial purposes, other than using the i	name and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	AMERICAN SOCIETY OF ANESTHES	MITTEE			
_	Full Name (Lost First Middle Initial)			1	
A.	Full Name (Last, First, Middle Initial) TIMOTHY BURKE			Date of Receipt	
	Mailing Address 3655 BORDER CREEK	CT		M M / D D	
	City	State	Zip Code	06 26	
	DENVER	NC	28037	Transaction ID: S Amount of Each R	
			20007	Amount of Each N	· · · · · · ·
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer SOUTHEAST ANESTHESIOLOGY CONSULTANTS	Occupation PHYSICI.			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	1 1	250.00		
	Other (specify)	0 0	250.00		
	Full Name (Last, First, Middle Initial) LEE CARTER			Data of Danaire	
Ь.	Mailing Address 2151 OLD ROCKY RID	Date of Receipt	/ Y Y Y Y		
	ZIGI OLD HOOKI HID		06 29		
	City	Zip Code	Transaction ID: SA11A1.53087		
	BIRMINGHAM	AL	35216	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer ANES SERV OF BIRMINGHAM	Occupation	า	1	
	ANES SERV OF BIRMINGHAM	ANESTH	ESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)	0 0	0 0 0 0 0 0 0		
C.	Full Name (Last, First, Middle Initial) JAMES CHANEY			Date of Receipt	
	Mailing Address 800 MONTCLAIR RD			06 29	
	City	State	Zip Code	Transaction ID: S	
	BIRMINGHAM	AL	35213	Amount of Each R	
	FEC ID number of contributing				· · · · · · · · · · · · · · · · · · ·
	federal political committee.	C			500.00
	Name of Employer ANESTH ASSOC	Occupation		1	
			ESIOLOGIST		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify)		500.00		
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	-				4050.00
s	UBTOTAL of Receipts This Page (optional)		······		1250.00
T	OTAL This Period (last page this line number of	nly)			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

TOTAL This Period (last page this line number only)

PAGE 11/57 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 **1** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) JOHN CHATELAIN Date of Receipt Mailing Address 1319 S 9TH ST 06 05 2007 City State Zip Code Transaction ID: SA11A1.52883 **FARGO** ND 58103 Amount of Each Receipt this Period FEC ID number of contributing 85.00 C federal political committee. Name of Employer MERIT CARE MED GRP Occupation **ANESTHESIOLOGIST** Aggregate Year-to-Date ▼ Receipt For: Primary General 255.00 Other (specify) Full Name (Last, First, Middle Initial) B. RKIM CONNER Date of Receipt Mailing Address 2151 OLD ROCKY RIDGE #106 0 6 29 2007 City State Zip Code Transaction ID: SA11A1.53089 **BIRMINGHAM** ΑL 35216 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer ANES SERV OF BIRMINGHAM Occupation **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. ANTHONY COOK Date of Receipt Mailing Address 2151 OLD ROCKY RIDGE #106 06 29 2007 Citv State Zip Code Transaction ID: SA11A1.53091 **BIRMINGHAM** 35216 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer ANES SERV OF BIRMINGHAM Occupation ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1085.00 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

TOTAL This Period (last page this line number only)

PAGE 12/57 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 l 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) STEVEN CROY Date of Receipt Mailing Address 20 ENDICOTT LN 06 15 2007 City State Zip Code Transaction ID: SA11A1.52945 **HIGHWOOD** IL 60040 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer ANESTH CONSULTANTS Occupation **ANESTHESIOLOGIST** Aggregate Year-to-Date ▼ Receipt For: Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** MARIE CSETE Date of Receipt Mailing Address 1892 MASON MILL RD 0 6 10 2007 City State Zip Code Transaction ID: SA11A1.52899 **DECATUR** GA 30033 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer EMORY UNIVERSITY SCHOOL OF MEDICINE Occupation PHYSICIAN-SCIENTIST Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. AMRITLAL DALSANIA Date of Receipt Mailing Address 30 OXFORD CT 06 15 2007 Citv State Zip Code Transaction ID: SA11A1.52992 **CHESHIRE** CT 06410 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer MWAG Occupation ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)

PAGE 13 / 57 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Date of Receipt DANIEL DEMEYTS Mailing Address 1820 GREENWOOD RD 06 15 2007 City State Zip Code Transaction ID: SA11A1.52948 **ROANOKE** VA 24015 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer ACV Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. MARK DESTACHE Date of Receipt Mailing Address 633 FAIRMOUNT AVE 0 6 28 2007 City Zip Code State Transaction ID: SA11A1.53024 ST PAUL MN 55105 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer AAPA Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. VIJAYA DUGGIRALA Date of Receipt Mailing Address 2250 DOGWOOD MEADOWS 06 15 2007 Citv State Zip Code Transaction ID: SA11A1.52990 **GERMANTOWN** TN 38139 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer METROPOLITAN ANES ALLIAN Occupation ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)

PAGE 14/57 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) GEORGE DUMAS Date of Receipt Mailing Address 2151 OLD ROCKY RIDGE #106 06 29 2007 City State Zip Code Transaction ID: SA11A1.53093 **BIRMINGHAM** 35216 Αl Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer ANES SERV OF BIRMINGHAM Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. IAN EHRLICH Date of Receipt Mailing Address 4412 SW COUNCIL CREST 0 6 28 2007 City Zip Code State Transaction ID: SA11A1.53022 **PORTLAND** OR 97239 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer OAG Occupation ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date V Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. PAUL ELLIOTT Date of Receipt Mailing Address 2151 OLD ROCKY RIDGE #106 06 29 2007 Citv State Zip Code Transaction ID: SA11A1.53095 **BIRMINGHAM** 35216 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer ANES SERV OF BIRMINGHAM Occupation ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)

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\setminus	NAME OF COMMITTEE (In Full)				
\rangle	AMERICAN SOCIETY OF ANESTHESI	OLOGISTS	S POLITICAL ACTION COM	IMITTEE	
Α.	Full Name (Last, First, Middle Initial) CARLOS ESTRADA			Date of Receipt	
	Mailing Address 300 AVE LA SIERRA APT 110			06 13 7 2007	
	City	State	Zip Code	Transaction ID: SA11A1.52941	
	SAN JUAN	PR	00926	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer HIMA SAN PABLO GROUP	Occupation ANESTH	n ESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00	11	
	Other (specify)		1 1 1 1 1 1 1	1	
В.	Full Name (Last, First, Middle Initial) MICHAEL FARLEY			Date of Receipt	
	Mailing Address 6355 WRENHAVEN RD)		M M / D D / Y Y Y Y	
				06 15 2007	
	City	State	Zip Code	Transaction ID: SA11A1.52953	
	SALT LAKE CITY	UT	84121	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer MTN WEST ANESTH	Occupation ANESTH	n ESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00	7	
	Other (specify) ▼		250.00]	
C.	Full Name (Last, First, Middle Initial) WILLIAM FITZPATRICK			Date of Receipt	
	Mailing Address 2151 OLD ROCKY RIDO	GE #106		06 29 2007	
	City	State	Zip Code	Transaction ID: SA11A1.53097	
	BIRMINGHAM	AL	35216	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer ANES SERV OF BIRMINGHAM	Occupation ANESTH	n ESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	1	500.00	7	
	Other (specify)		300.00	1	
				1250.00	
Ls	UBTOTAL of Receipts This Page (optional)			120.00	
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	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLO	OGISTS	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) DONALD GANIM			Date of Receipt
	Mailing Address 155 WOODLAND NEAD			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	•	State MA	Zip Code 01982	Transaction ID: SA11A1.52994
	EEC ID number of contribution	C	01302	Amount of Each Receipt this Period 500.00
	REVERIVA'NESTHASSOC	ccupation	ESIOLOGIST	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	ggregate	Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) GLENN GOLLOBIN Mailing Address 3514 BAYARD DRIVE			Date of Receipt
		06 19 2007		
	•	State OH	Zip Code	Transaction ID: SA11A1.53006
	FEC ID assert of contribution	C	45208	Amount of Each Receipt this Period 500.00
	ANES ASSOCIATES OF CINCIN- NATI		ESIOLOGY	
	Receipt For: Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 500.00	
C.	Full Name (Last, First, Middle Initial) CHARLES GRAHAM			Date of Receipt
	Mailing Address 800 MONTCLAIR RD			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	•	State AL	Zip Code 35213	Transaction ID: SA11A1.53060 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	ANICCTUACCOC	ccupatior NESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 500.00	
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PAGE 17 / 57 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) JAMES HALE Date of Receipt Mailing Address 2151 OLD ROCKY RIDGE #106 06 29 2007 City State Zip Code Transaction ID: SA11A1.53099 **BIRMINGHAM** 35216 Αl Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer ANES SERV OF BIRMINGHAM Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. NANCY HARING Date of Receipt Mailing Address P.O. BOX 235019 0 6 05 2007 City State Zip Code Transaction ID: SA11A1.52864 **MONTGOMERY** ΑL 36123 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer MONTGOMERY ANES ASSOC Occupation ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. SCOTT HARPER Date of Receipt Mailing Address 1065 LAKE COLONY LANE 06 13 2007 Citv State Zip Code Transaction ID: SA11A1.52939 VESTAVIA HILLS 35242 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer A.R.M. Occupation ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)

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PAGE 18/57 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 **1** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) JOSEPH HOUSER Date of Receipt Mailing Address 800 MONTCLAIR RD 06 29 2007 City State Zip Code Transaction ID: SA11A1.53064 **BIRMINGHAM** 35213 Αl Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer ANESTH ASSOC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. DANIEL JANIK Date of Receipt Mailing Address 15605 E PRENTICE DR 0 6 15 2007 City State Zip Code Transaction ID: SA11A1.52996 **CENTENNIAL** CO 80015 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer UNIV OF COLORADO Occupation ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. WILLIAM JORDAN Date of Receipt Mailing Address 1859 RIDGE AVE 06 05 2007 Citv State Zip Code Transaction ID: SA11A1.52868 **MONTGOMERY** ΑL 36106 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer MONTGOMERY ANES ASSOC Occupation ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)

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	NAME OF COMMITTEE (In Full)				
\rangle	AMERICAN SOCIETY OF ANESTHESI	OLOGISTS	S POLITICAL ACTION COM	MITTEE	
Α.	Full Name (Last, First, Middle Initial) EDWIN KEZAR			Date of Receipt	
	Mailing Address 2151 OLD ROCKY RID	GE #106		06 29 7 2007	
	City	State	Zip Code	Transaction ID: SA11A1.53101	
	BIRMINGHAM	AL	35216	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer ANES SERV OF BIRMINGHAM	Occupation ANESTH	n ESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify)		500.00		
— В	Full Name (Last, First, Middle Initial) KEVIN KNOP			Date of Receipt	
٠.	Mailing Address 2525 GLENN HENDRE	N DR		M M / D D / Y Y Y Y	
				06 15 2007	
	City	State	Zip Code	Transaction ID: SA11A1.52987	
	LIBERTY	MO	64068	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer PAC	Occupation PHYSICI		7	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼	0 0	250.00		
	Full Name (Last, First, Middle Initial)				
C.	SUSAN KREHER			Date of Receipt	
	Mailing Address 7719 WYNLAKES BLVI	D		06 05 2007	
	City	State	Zip Code	Transaction ID: SA11A1.52867	
	MONTGOMERY	AL	36117	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer MONTGOMERY ANES ASSOC	Occupation ANESTH	n ESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		500.00		
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\setminus	NAME OF COMMITTEE (In Full)						
	AMERICAN SOCIETY OF ANESTHESIC	DLOGISTS	S POLITICAL ACTION COM	MITTEE			
Α.	Full Name (Last, First, Middle Initial) ABRAHAM LAYON			Date of Receipt			
	Mailing Address 1600 SW ARCHER RD			06 29 2007			
	City	State	Zip Code	Transaction ID: SA11A1.53134			
	GAINESVILLE	FL	32610	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer UNIV OF FLORIDA	Occupation PHYSICI.					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		250.00				
— В.	Full Name (Last, First, Middle Initial) NATHAN LEWIS			Date of Receipt			
	Mailing Address 2151 OLD ROCKY RIDG	GE #106		06 29 7 2007			
	City	State	Zip Code	Transaction ID: SA11A1.53105			
	BIRMINGHAM	AL	35216	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		500.00			
	Name of Employer ANES SERV OF BIRMINGHAM	Occupation ANESTH	n ESIOLOGIST				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		500.00				
<u> </u>	Full Name (Last, First, Middle Initial) WAYNE LEWIS			Date of Receipt			
	Mailing Address 2151 OLD ROCKY RIDG	GE #106		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City BIRMINGHAM	State AL	Zip Code 35216	Transaction ID: SA11A1.53103 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer ANES SERV OF BIRMINGHAM	Occupation ANESTH	n ESIOLOGIST				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
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\setminus	NAME OF COMMITTEE (In Full)			
\rangle	AMERICAN SOCIETY OF ANESTHESI	OLOGISTS	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) RENE LLERA			Date of Receipt
	Mailing Address 810 DURDEN RD			06 05 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.52869
	PRATTVILLE	AL	36067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MONTGOMERY ANES ASSOC	Occupation ANESTH	n ESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) LAJUANA LOGAN	Date of Receipt		
	Mailing Address 2151 OLD ROCKY RIDG	GE #106		06 29 2007
	City	State	Zip Code	Transaction ID: SA11A1.53107
	BIRMINGHAM	AL	35216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANES SERV OF BIRMINGHAM	Occupation	n ESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) NEIL MACDONALD			Date of Receipt
	Mailing Address 3246 LINKS MANOR DI	R		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.52946
	SALEM	VA	24153	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTH CONSULT OF VA	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
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SCHEDULE A (FEC	Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 57 (check only one)
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NAME OF COMMITTEE (In			
AMERICAN SOCIETY O	IMITTEE		
Full Name (Last, First, Middle A. TIBOR MOHACSI	e Initial)		Date of Receipt
Mailing Address 11008 W	125 STREET		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11A1.53121
OVERLAND PARK	KS	66213	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		300.00
Name of Employer ANESTH, CHARTERED	Occupation ANESTH	n ESIOLOGIST	
Receipt For:		e Year-to-Date ▼	
Primary Gene Other (specify)	eral	300.00	
Cure (opeany) V	0 0		-
Full Name (Last, First, Middle B. THOMAS MOORE	e Initial)		Date of Receipt
Mailing Address 1748 VE	STWOOD HILLS DR	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: SA11A1.52856
VESTAVIA HILLS	AL	35216	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		750.00
Name of Employer UNIV OF ALABAMA	Occupation PHYSICI		
Receipt For:		Year-to-Date ▼	
Primary Gene	eral	750.00	1
Other (specify)	0 0	730.00	1
Full Name (Last, First, Middle	e Initial)		
C. LAWRENCE MORGESE Mailing Address 2730 SH.	ANIANDOALLOTIM		Date of Receipt
Ivialility Address 2/30 SH	ANANDOAH CT W		06 29 2007
City	State	Zip Code	Transaction ID: SA11A1.53073
MOBILE	AL	36695	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANESTH SERVICES	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	00 0	e Year-to-Date ▼	
Primary Gene	eral	250.00	1
Other (specify) ▼		200.00	1
SUBTOTAL of Receipts This P	Page (optional)		1300.00

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PAGE 23 / 57 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 **1** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) A. DENNIS MORRIS Date of Receipt Mailing Address 6330 E 116 06 15 2007 Zip Code City State Transaction ID: SA11A1.52988 **TULSA** OK 74137 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer ASSOC ANESTH Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. PAUL NAGRODZKI Date of Receipt Mailing Address 2151 OLD ROCKY RIDGE #106 06 29 2007 City State Zip Code Transaction ID: SA11A1.53109 **BIRMINGHAM** ΑL 35216 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer ANES SERV OF BIRMINGHAM Occupation **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. BLAKE NEAL Date of Receipt Mailing Address P.O. BOX 1025 06 05 2007 Zip Code City State Transaction ID: SA11A1.52857 **FAIRHOPE** ΑL 36533 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer EASTERN SHORE ANESTH Occupation ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

TOTAL This Period (last page this line number only)

PAGE 24/57 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) BABATUNJI OMOTOSO Date of Receipt Mailing Address 25 DYNE RD 06 15 2007 City State Zip Code Transaction ID: SA11A1.52961 **OCEAN TOWNSHIP** NJ 07712 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer MANMOUTH ANES ASSOC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. KEVIN PACE Date of Receipt Mailing Address 231 CHARLESTON CT S 06 05 2007 City State Zip Code Transaction ID: SA11A1.52870 **MONTGOMERY** ΑL 36117 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer MONTGOMERY ANES ASSOC Occupation **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. JEREMIE PERRY Date of Receipt Mailing Address 517 FAIRFIELD CT 06 28 2007 Zip Code Citv State Transaction ID: SA11A1.53026 **TEMPLE** TX 76502 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer CENTRAL TX VETERENS HLTH Occupation ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25/57			
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Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{}$	NAME OF COMMITTEE (In Full)						
\rangle	AMERICAN SOCIETY OF ANESTHESIO	LOGISTS	S POLITICAL ACTION COM	MITTEE			
۹.	Full Name (Last, First, Middle Initial) RICK RAMSEY			Date of Receipt			
	Mailing Address 13774 HENRY POND CT	•		06 28 7 2007			
	City	State	Zip Code	Transaction ID: SA11A1.53020			
	CHANTILLY	VA	20151	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer FAIR OAKS ANESTH ASSOC	Occupation ANESTH	n ESIOLOGIST				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		250.00				
3.	Full Name (Last, First, Middle Initial) PULI REDDY			Date of Receipt			
	Mailing Address #1 FOXCHASE DR			06 15 7 2007			
	City	State	Zip Code	Transaction ID: SA11A1.52959			
	DOTHAN	AL	36305	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer ACMG	Occupation ANESTH	n ESIOLOGIST				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General	· · ·	1000.00				
	Other (specify) ▼	0 0					
Э.	Full Name (Last, First, Middle Initial) BABAK ROBOUBI			Date of Receipt			
	Mailing Address 4515 WILLARD AVE #22	04		0 6 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: SA11A1.52977			
	CHEVY CHASE	MD	20815	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer UHC	Occupation ANESTH	1 ESIOLOGIST				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	500.00				
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abla	NAME OF COMMITTEE (In Full)									
\rangle	AMERICAN SOCIETY OF ANESTHESIC	OLOGISTS	S POLITICAL ACTION COM	MITTEE						
Α.	Full Name (Last, First, Middle Initial) FRED ROCK			Date of Receipt						
	Mailing Address 2151 OLD ROCKY RIDG	GE #106		06 29 2007						
	City	State	Zip Code	Transaction ID: SA11A1.53111						
	BIRMINGHAM	AL	35216	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer ANES SERV OF BIRMINGHAM	Occupation ANESTH	n ESIOLOGIST							
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General	1 1		1						
	Other (specify) ▼	1	500.00							
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В.	Full Name (Last, First, Middle Initial) MICHAEL ROUTMAN			Date of Receipt						
	Mailing Address 2151 OLD ROCKY RIDGE #106			M M / D D / Y Y Y Y						
				06 29 2007						
	City	State	Zip Code	Transaction ID: SA11A1.53113						
	BIRMINGHAM	AL	35216	Amount of Each Receipt this Period						
	FEC ID number of contributing			500.00						
	federal political committee.	C		500.00						
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	Name of Employer ANES SERV OF BIRMINGHAM	Occupation								
			ESIOLOGIST	_						
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General		500.00							
	Other (specify) ▼			J.						
	Full Name (Last, First, Middle Initial)									
C.	JAMES RUDULPH			Date of Receipt						
	Mailing Address 2151 OLD ROCKY RIDG	GE #106		M M / D D / Y Y Y Y						
				06 29 2007						
	City	State	Zip Code	Transaction ID: SA11A1.53115						
	BIRMINGHAM	AL	35216	Amount of Each Receipt this Period						
	FEC ID number of contributing			500.00						
	federal political committee.	C		300.00						
	Name of Employer	Ossunatia		\dashv						
Name of Employer ANES SERV OF BIRMINGHAM		Occupation	n ESIOLOGIST							
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	Primary General	Aggregate	e Year-to-Date ▼							
	_ , _	' '	500.00							
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PAGE 27 / 57 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) JAMES SCHLIMMER Date of Receipt Mailing Address 15321 TIMBER RIDGE DR 06 29 2007 City Zip Code State Transaction ID: SA11A1.53079 BURNSVILLE MN 55306 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer HENNEPIN FACULTY ASSOC Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. ABRAHAM SCHUSTER Date of Receipt Mailing Address 2151 OLD ROCKY RIDGE #106 06 29 2007 City State Zip Code Transaction ID: SA11A1.53117 **BIRMINGHAM** ΑL 35216 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer ANES SERV OF BIRMINGHAM Occupation ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. STEVEN SCHWALBE Date of Receipt Mailing Address 79-01 BROADWAY E2-69 06 20 2007 Citv State Zip Code Transaction ID: SA11A1.53008 **ELMHURST** NY Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer MOUNT SINAI MEDICAL SERVI-Occupation ANESTHESIOLOGIST CES Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)

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$ \rangle$	AMERICAN SOCIETY OF ANESTHESIC	DLOGISTS	POLITICAL ACTION COM	MITTEE						
\angle										
Δ.	Full Name (Last, First, Middle Initial) LARRY SEGERS			Date of Receipt						
	Mailing Address 215 ASPHODEL DR			M M / D D / Y Y Y Y						
				06 15 2007						
	City	State	Zip Code	Transaction ID: SA11A1.52955						
	DOTHAN	AL	36303	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		500.00						
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	Name of Employer DAA	Occupation PHYSICI								
	Receipt For:		Year-to-Date ▼	\dashv						
	Primary General	39 - 3		1						
	Other (specify) ▼		500.00							
В.	Full Name (Last, First, Middle Initial) JAMES SHANKS			Date of Receipt						
	Mailing Address 620 GLEN WILLOW DR			M M / D D / Y Y Y Y						
	City	Ctata	7in Code	06 15 2007						
	City FARRAGUT	State TN	Zip Code 37922	Transaction ID: SA11A1.52981						
		IIV	31922	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer	Ossunstian								
	Name of Employer MUC ANESTH	Occupation ANFSTH	ESIOLOGIST							
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C.	SANDRA SIPE			Date of Receipt						
	Mailing Address 2151 OLD ROCKY RIDG	GE #106		06 29 2007						
	City	State	Zip Code	Transaction ID: SA11A1.53119						
	BIRMINGHAM	AL	35216	Amount of Each Receipt this Period						
	FEC ID number of contributing			500.00						
	federal political committee.	C		300.00						
	Name of Employer ANES SERV OF BIRMINGHAM	Occupation	ESIOLOGIST	7						
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	Receipt For: Primary General									
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/	NAME OF COMMITTEE (In Full)		DOLUTION ACTION SECTION	AUTTEE	
/	AMERICAN SOCIETY OF ANESTHESIC	DLOGISTS	S POLITICAL ACTION COM	WIIIEE	
	Full Name (Last, First, Middle Initial)				
۹.	SCOTT SPRINGMAN			Date of Receipt	
	Mailing Address 5721 SUMMERHILL CT			06 14 2007	
	City	State	Zip Code	Transaction ID: SA11A1.52944	
	FITCHBURG	WI	53711	Amount of Each Receipt this Period	_
	FEC ID number of contributing	С		500.00	7
	federal political committee.				_
	Name of Employer UW MEDICAL FOUNDATION	Occupation		7	
			ESIOLOGIST	4	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		500.00		
3.	Full Name (Last, First, Middle Initial) JOSEPH STOECKL			Date of Receipt	
٠.	Mailing Address 19845 FOXKIRK CT			M M / D D / Y Y Y Y	
				06 15 2007	
	City	State	Zip Code	Transaction ID: SA11A1.52970	
	BROOKFIELD	WI	53045	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		250.00	
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	Name of Employer BROOKFIELD ANESTH	Occupation ANESTH	n ESIOLOGIST		
	Receipt For:		Year-to-Date V	-	
	Primary General	33 -3-4			
	Other (specify)		250.00		
	Full Name (Last, First, Middle Initial)				
Э.	TREVOR SUTTON			Date of Receipt	
	Mailing Address 24 W CUSHING ST			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	0 6 1 5 2 0 0 7 Transaction ID: SA11A1.52965	
	PROVIDENCE	RI	02906	Amount of Each Receipt this Period	
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	federal political committee.	C		250.00	
	Name of Employer PROVIDENCE ANESTH	Occupation	1	1	
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PAGE 30 / 57 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 **1** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) PAUL THOMPSON Date of Receipt Mailing Address 4056 HAMPSHIRE LN 06 15 2007 City State Zip Code Transaction ID: SA11A1.52957 **EUGENE** OR 97404 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer SACRED HEART MED CTR Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** JOAN THORNTON Date of Receipt Mailing Address 4034 E LANGERWOOD LN 0 6 29 2007 City State Zip Code Transaction ID: SA11A1.53124 **SYRACUSE** NY 13215 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer ANESTH GRP ONONDAGA Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. MICHAEL TIELBORG Date of Receipt Mailing Address 790 DONNER HILL CIRCLE 06 2 1 2007 Citv State Zip Code Transaction ID: SA11A1.53012 SALT LAKE CITY UT 84108 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer UNIVERSITY OF UTAH Occupation ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)

PAGE 31/57 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) WILLIAM WARE Date of Receipt Mailing Address 2151 OLD ROCKY RIDGE #106 06 29 2007 City State Zip Code Transaction ID: SA11A1.53123 **BIRMINGHAM** 35216 Αl Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer ANES SERV OF BIRMINGHAM Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** ALBERT WATKINS Date of Receipt Mailing Address 2035 ABBEY LN 06 15 2007 City State Zip Code Transaction ID: SA11A1.52963 **IOWA CITY** IΑ 52246 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer PHYS ANES CARE IOWA CITY Occupation ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. ERVIN YEN Date of Receipt Mailing Address 1700 ELMHURST AVENUE 06 25 2007 Citv State Zip Code Transaction ID: SA11A1.53014 OKLAHOMA CITY OK 73120 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

34385.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 32/57 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 **X** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) A. NORTHERN TRUST CO Date of Receipt Mailing Address 50 S LASALLE 06 30 2007 City Zip Code State Transaction ID: SA17.53290 **CHICAGO** IL 60675 Amount of Each Receipt this Period FEC ID number of contributing C 2353.12 federal political committee. INTEREST INCOME Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 220133.90 Other (specify)

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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLO				10113	deri comi	THILLIGE .	
Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS Mailing Address 3069 CONQUISTA CT				ion ID: SB	nt	7 0 0 7	Y
	state Zip Code NV 89121		Amount o	f Each Dist	oursemen	t this Pe	eriod
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Office Sought: X House Senate President State: NY District: 1	nent For: 2008 Primary General Other (specify)	Туре					
Full Name (Last, First, Middle Initial) CAMPBELL FOR CONGRESS			Date of D	on ID: SB		3	
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AMERICAN SOCIETY OF ANESTHESIOLO	OGISTS POLITICAL ACTION	ON COMMIT	TEE				
Full Name (Last, First, Middle Initial)			Transact			163	
CANDICE MILLER FOR CONGRESS			Date of D			YY	Υ
Mailing Address P.O. BOX 182152			06	0.7		ž 0 ŏ 7	
	state Zip Code MS 48317		Amount o	f Each D	isbursen	nent this F	Period
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Candidate Name		Category/ Type					
Office Sought: X House Senate President State: MI District: 10	nent For: 2008 Primary General Other (specify)	,					
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Candidate Name		Category/ Type					
Office Sought: X House Senate President State: VA District: 7	nent For: 2008 Primary General Other (specify)						
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Mailing Address 7370 MANCHESTER RD	STE 20		0 6	2 1) / Y	ž 0 ŏ 7	
•	tate Zip Code MO 63143		Amount o	f Each D	isbursen	nent this F	Period
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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions			Use seperate schedule(s)			E NUMBE ilv one)	K:	P	AGE 35	/5/
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) CIRO D RODRIGUEZ FOR CONGRESS Mailing Address P.O. BOX 14528 City SAN ANTONIO Purpose of Disbursement Transaction ID: SB23.53196 Date of Disbursement Tother (specify) ▼ Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address 499 S CAPITOL ST SW #404 City WASHINGTON DC 20003 Purpose of Disbursement Candidate Name Office Sought: X House Senate President State: PA District: 4 Full Name (Last, First, Middle Initial) CITIZENS FOR GILLMOR Mailing Address 217 THIRD ST SE City WASHINGTON DC 20003 Purpose of Disbursement Category/ Type Office Sought: X House Senate President State: PA District: 4 Full Name (Last, First, Middle Initial) CITIZENS FOR GILLMOR Mailing Address 217 THIRD ST SE City WASHINGTON DC 20003 Purpose of Disbursement Category/ Type Office Sought: X House Senate President State: Zip Code DC 20003 Date of Disbursement Category/ Type Office Sought: X House Senate President State: Zip Code DC 20003 Amount of Each Disbursement Tips: Period Transaction ID: SB23.53268 Date of Disbursement Amount of Each Disbursement Tips: Period Amount of Each Disbursement Tips: Period Transaction ID: SB23.53268 Date of Disbursement Tips: Period Amount of Each Disbursement Tips: Period Transaction ID: SB23.53268 Date of Disbursement Tips: Period Transaction ID: SB23.53268 Date of Disbursement Transaction ID: SB2	TEMIZE	ED DISBURSEMENTS			21b	22		$\boldsymbol{\sqcup}$	\blacksquare	26 30
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SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE (check only one)				E 43/5	/
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)	and address of any political co	orininities to 30i	ion contribut	.10113 11011	1 30011 001	mintee	
AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL ACTI	ON COMMI	TTEE				
Full Name (Last, First, Middle Initial)			Transact			175	
GRASSLEY COMMITTEE INC			Date of D			Y ' Y '	Υ
Mailing Address P.O. BOX 1000			0 6	0 7		ž 0 ŏ 7	
City DES MOINES	State Zip Code IA 50304		Amount o	f Each D	isbursem	ent this P	eriod
Purpose of Disbursement		• •				5000.0	0
Candidate Name		Category/ Type					
Office Sought: House Disburse	ement For: 2010	Туре					
χ Senate X President	Primary General Other (specify) ▼						
State: IA District:	Other (specify)						
Full Name (Last, First, Middle Initial)			Transact	ion ID: S	B23.531	178	
3. HAGEL FOR SENATE			Date of D	isbursem	nent	V * V *	V
Mailing Address P.O. BOX 241497			0 6	0 7		ž 0 ŏ 7	
City OMAHA	State Zip Code NE 68124		Amount o	f Each D	isbursem	ent this P	eriod
Purpose of Disbursement		•				2500.0	0
Candidate Name		Category/ Type					
X Senate X President	ement For: 2008 Primary General Other (specify)						
State: NE District: Full Name (Last, First, Middle Initial)							
HALL FOR CONGRESS			Transact Date of D	isbursem	nent		v
Mailing Address 310 E CAPITOL ST NE	‡A		0 6	21		ž 0 ŏ 7	
City WASHINGTON	State Zip Code DC 20003		Amount o	f Each D	isbursem	ent this P	eriod
Purpose of Disbursement		•				1000.0	0
Candidate Name		Category/ Type					
· ·	ement For: 2008 Primary General Other (specify)						
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b
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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLO	· ·			ions from	30011 001111	Tillico	
Full Name (Last, First, Middle Initial) HARRIS FOR CONGRESS Mailing Address P.O. BOX 1527			Transacti Date of Di		ent	60 2 0 0 7	/
	Tin Code						
,	tate Zip Code ИD 21404		Amount o	t Each Dis	sbursemer		-
Purpose of Disbursement	I	•				500.00)
Candidate Name	(Category/ Type					
Office Sought: X House Senate President State: MD District: 1	nent For: 2008 Primary General Other (specify)						
Full Name (Last, First, Middle Initial) HARRIS FOR CONGRESS			Transacti Date of D	isburseme		2	
Mailing Address P.O. BOX 1527			06	^D 2 8	/ Y 2	0 0 7	
,	tate Zip Code MD 21404		Amount o	f Each Dis	sbursemer		-
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Candidate Name		Category/ Type					
Office Sought: X House Senate President State: MD District: 1	nent For: 2008 Primary X General Other (specify)						
Full Name (Last, First, Middle Initial) - HAYES FOR CONGRESS			Transacti Date of Di			.1	
Mailing Address P.O. BOX 2000			06	07	/ Y 2	0 0 7	
,	tate Zip Code NC 28026		Amount o	f Each Dis	sbursemer		-
Purpose of Disbursement		•				1500.00)
Candidate Name	(Category/ Type					
Office Sought: X House Disburser Senate President State: NC District: 8	nent For: 2008 Primary General Other (specify)						
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AMERICAN SOCIETY OF ANESTHESIOLO	OGISTS POLITICAL ACTION	ON COMMI	ΓΤΕΕ				
Full Name (Last, First, Middle Initial)					323.5323	35	
HAYES FOR CONGRESS				isburseme		/ ° Y ° '	Y
Mailing Address P.O. BOX 2000			0 ^M 6 ^M	[/] 2 1	2	007	
	tate Zip Code VC 28026		Amount o	f Each Dis	sbursemer	nt this Pe	eriod
Purpose of Disbursement	20020					1500.0	כ
Opensitista Nama							
Candidate Name		Category/ Type					
Office Sought: X House Disburser Senate X	nent For: 2008 Primary General						
President	Other (specify) ▼						
State: NC District: 8 Full Name (Last, First, Middle Initial)							
3. HELLER FOR CONGRESS			Transacti Date of D	i on ID: SE isburseme		8	
Mailing Address 7840 RED LEAF DR			0 6	[/] ^D 2 5	/ Y	2 0 0 7	Y
Mailing Address 7840 RED LEAF DR			0 0	20		. 0 0 7	
,	tate Zip Code VV 89131		Amount of Each [nt this Pe	eriod
Purpose of Disbursement	03131					2500.0	כ י כ
One Patrick Name							
Candidate Name		Category/ Type					
Office Sought: X House Disburser							
Senate X President	Primary General Other (specify) ▼						
State: NV District: 1							
Full Name (Last, First, Middle Initial) - HOOLEY FOR CONGRESS					323.5319	8	
<u> </u>			M M	isburseme		007	Y
Mailing Address P.O. BOX 2050			0 6	2 1			
	tate Zip Code DR 97308		Amount o	f Each Dis	sbursemer	nt this Pe	eriod
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Candidate Name		Category/ Type					
Office Sought: X House Disburser Senate X	nent For: 2008 Primary General						
President	Other (specify)						
State: OR District: 5							
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b
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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	· · · · · · · · · · · · · · · · · · ·			10113 11011	ii sucii ci	Jiiiiiiiiiiiiee	
Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS Mailing Address 7905 MALCOLM RD SUI	TE 102		Transact Date of D	-	nent	3285 Ž 0 Ŏ 7	Y
,	State Zip Code MD 20735		Amount o	of Each D	Disburser	nent this F	Period
Purpose of Disbursement		• •				5000.0	00
Candidate Name		Category/ Type					
X	ment For: 2008 Primary General Other (specify)						
Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS			Transact Date of D	isbursen	nent		
Mailing Address 7905 MALCOLM ROAD SUITE 102			0 6	2 8	B / Y	ž 0 ŏ 7	· Y
CLÍNTON	State Zip Code MD 20735		Amount o	of Each D	isburser	nent this F	-
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	ment For: 2008 Primary General Other (specify)	Туре					
Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS			Transact Date of D	isbursen	nent		
Mailing Address 7905 MALCOLM ROAD SUITE 102			0 6	2 8	B / Y	ž 0 ŏ 7	· Y
,	State Zip Code MD 20735		Amount o	of Each D	Disburser	nent this F	-
Purpose of Disbursement CK VOIDED ORIG ISSUED 4/23/07						-2500.0	00
Candidate Name		Category/ Type					
	ment For: 2008 Primary General Other (specify)						
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S	CHEDULE B (FEC Form 3X)	Use sepe	rate schedule(s)	edule(s) FOR LINE NUMBER: PAGE					47 / 5	7	
IT	EMIZED DISBURSEMENTS	for each c	eategory of the Summary Page		(check on 21b 27	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										3
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL										
۹.	Full Name (Last, First, Middle Initial) JEFF FORTENBERRY FOR UNITED STA Mailing Address 1610 N STREET	TES CONC	GRESS				saction ID of Disburs) 0 ŏ 7	Υ
	City	State	Zip Code			Amou	int of Each	n Disburse	ment	this P	eriod
	LINCOLN Purpose of Disbursement	NE	68508						2	0.000	00
	Candidate Name				ategory/ Type						
		ment For: Primary Other (spec	2008 General								
3.	Full Name (Last, First, Middle Initial) JENNY OROPEZA FOR CONGRESS						action ID of Disburs		3188	3	
	Mailing Address 1005 12TH ST, SUITE H					0 ^M 6	M / D	1 4 Y	ž	0 ŏ 7	Y
	,	State CA	Zip Code 95814			Amou	int of Each	Disburse	ment	this P	eriod
	Purpose of Disbursement						0 0		2	500.0	00
	Candidate Name				ategory/ Type						
	Senate President X	ment For: Primary Other (spec	2008 General								
Э.	Full Name (Last, First, Middle Initial) JOHN D DINGELL FOR CONGRESS COM	1M				Date	action ID of Disburs	ement	3241		
	Mailing Address 607 14TH ST NW, SUITE	E 800				0 6	M / D 2	21	ž	0 ŏ 7	Y
		State DC	Zip Code 20005			Amou	int of Each	Disburse	ment	this P	eriod
	Purpose of Disbursement					<u> </u>			2	500.0	00
	Candidate Name				ategory/ Type						
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S	CHEDULE B (FEC Form 3X)	Use senerat	e schedule(s)	e(s) FOR LINE NUMBER: PAGE 4			
IT	EMIZED DISBURSEMENTS	for each cate Detailed Sur	egory of the	(check on 21b 27	ly one) 22 X 23 28a 28k	24 25 26 28c 29 30b	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name						
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL						
۹.	Full Name (Last, First, Middle Initial) KELLER FOR CONGRESS Mailing Address P.O. BOX 1453				Date of Disbu	D: SB23.53230 rsement	
		Di-1- 7	'- O-d-				
			ip Code 32802		Amount of Ea	ch Disbursement this Period	
	Purpose of Disbursement				<u> </u>	2000.00	
	Candidate Name			Category/ Type			
	Senate X President	ment For: Primary Other (specify	2008 General				
	State: FL District: 8 Full Name (Last, First, Middle Initial)				Transaction	ID: SB23.53149	
3.	LINCOLN DIAZ-BALART FOR CONGRESS	3			Date of Disbu	rsement	
	Mailing Address P.O. BOX 1605				06	07 7 2007	
	,		ip Code 22313		Amount of Ea	ch Disbursement this Period	
	Purpose of Disbursement				<u> </u>	1000.00	
	Candidate Name			Category/ Type			
	•	ment For: Primary Other (specify	2008 General /) ▼				
Э.	Full Name (Last, First, Middle Initial) LOUISIANA REFORM PAC				Date of Disbu		
	Mailing Address P.O. BOX 1542				06 /	2007	
			ip Code '1165		Amount of Ea	ch Disbursement this Period	
	Purpose of Disbursement 2007 CONTRIBUTION					1000.00	
	Candidate Name			Category/ Type			
	Senate	ment For: Primary Other (specify	2007 General () ▼				
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T	OTAL This Period (last page this line number only)						

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IT	EMIZED DISBURSEMENTS	Use seperate sch for each category		١.	(check	Ė	_ ′	_	_			
		Detailed Summar	ry Page		21 27		22 28a	X 2	8b	24 28c	25 29	26 30
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	for commercial purposes, other than using the name											
\setminus	NAME OF COMMITTEE (In Full)											
V	AMERICAN SOCIETY OF ANESTHESION	OGISTS POLITION	CAL AC	TIO	N COI	MMIT	TEE					
Α.	Full Name (Last, First, Middle Initial) MADISON PAC					Transaction ID: SB23.53279 Date of Disbursement						
							М	M /	28		Y Y	_ Y
	Mailing Address P.O. BOX 15906						0 6		28		žoŏ	./
	City CHEVY CHASE	State Zip Co MD 2082					Amou	nt of E	ach D	isburse	ment this	Period
	Purpose of Disbursement					7					5000	.00
	2007 CONTRIBUTION Candidate Name			Ca	tegory/	4						
					Гуре							
		ement For:	O I									
	Senate President	Other (specify)	General ,									
	State: District:	(ep-ex)/ •										
В.	Full Name (Last, First, Middle Initial) MARIO DIAZ-BALART FOR CONGRESS								n ID: S oursem	B23.53	3151	
	Mailing Address D.O. DOV 1005						o ^M 6	M /	07	/ Y	žoŏ	7 Y
	Mailing Address P.O. BOX 1605						0 0		0 7		200	,
	City ALEXANDRIA	State Zip Co VA 2231					Amou	nt of E	Each D	isburseı	ment this	Period
	Purpose of Disbursement					7					1000	.00
	Candidate Name				itegory/	-						
	Office Sought: X House Disburs	ement For: 20	<u> </u> 008		Гуре							
			008 General									
	President	Other (specify)	•									
	State: FL District: 25											
C.	Full Name (Last, First, Middle Initial) MARTINEZ FOR SENATE								n ID: S oursem	B23.50 ent	3182	
	Mailing Address 610 S BOULEVARD						0 ^M 6	M /	0 7	/ Y	ž 0 ŏ	7 ^Y
	City	State Zip Co					Amou	nt of E	Each D	isburse	ment this	Period
	TAMPA Purpose of Disbursement	FL 3360)b			_					1000	.00
	Candidate Name				itegory/ Type							
			010 General									
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SCIEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check only					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 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				.10113 11011	i sucii coi	THITHLE C	
Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS Mailing Address P.O. BOX 636			Transact Date of D	_	ent	277 Ž 0 0 7	Y
City ANNANDALE	State Zip Code VA 22003		Amount o	of Each D	isburseme	ent this P	eriod
Purpose of Disbursement						2000.0	0
Candidate Name		Category/ Type					
X	ment For: 2008 Primary General Other (specify)						
Full Name (Last, First, Middle Initial) MCCOLLUM FOR CONGRESS			Transact Date of D	isbursem			_
Mailing Address P.O. BOX 14131			06	2 1) / Y	ž 0 ŏ 7	Y
SŤ PAUL	State Zip Code MN 55114		Amount o	of Each D	isburseme		-
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Candidate Name	C	Category/ Type					
v /	ment For: 2008 Primary General Other (specify)						
Full Name (Last, First, Middle Initial) MCHENRY FOR CONGRESS			Transact Date of D	-		270	
Mailing Address P.O. BOX 1406			06	28) / Y	ž 0 ŏ 7	Y
City HICKORY	State Zip Code NC 28603		Amount o	of Each D	isburseme		-
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Candidate Name		Category/ Type					
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SCHEDULE B (FEC Form 3X) \Box_{lises}			schedule(s)	FOR LINE		PAG	GE 51/5	57			
Τ	EMIZED DISBURSEMENTS	for each categ Detailed Sum	gory of the	(check only 21b 27	one) 22 X 23 28a 28k	24 28c	25 29	26 30b			
	y Information copied from such Reports and Statem for commercial purposes, other than using the name							3			
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL										
۹.	Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS Mailing Address 499 S CAPITOL ST SW 3	¥ 404			Transaction ID: SB23.53165 Date of Disbursement O 6 P O 7 P						
	City	State Zip	Code 0003		Amount of Each Disbursement this Period						
	Purpose of Disbursement	DO 20	1				1000.0	00			
	Candidate Name		l	Category/ Type							
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3.	Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS				Transaction I Date of Disbu	rsement					
	Mailing Address 38 IVY STREET SE				06 /	07	ž 0 ŏ 7	Y			
	,		Code 0003		Amount of Ea	ch Disburser	nent this F	Period			
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		ment For: Primary Other (specify)	2008 General								
Э.	Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS INC				Transaction I	rsement	206				
	Mailing Address P.O. BOX 640				06 /	2 1 Y	ž 0 ŏ 7	Y			
			Code 7511		Amount of Ea	ch Disburser	nent this F	Period			
	Purpose of Disbursement						3000.0	00			
	Candidate Name			Category/ Type							
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SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)		E NUMBER: PAGE 52/5/					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b	
Any Information copied from such Reports and Statemer for commercial purposes, other than using the name							5	
NAME OF COMMITTEE (In Full)	and address of any political co	minitee to	SOIICIL COITLI	ibutions no	JIII SUCII C	Ommittee		
AMERICAN SOCIETY OF ANESTHESIOLO	OGISTS POLITICAL ACTI	ON COM	MITTEE					
Full Name (Last, First, Middle Initial)				action ID:		3155		
PEOPLE FOR PATTY MURRAY				of Disburse		YY	Υ	
Mailing Address 1602 BELLE VIEW BLVD	#510		0 ^M 6		^D / Y	ž 0 ŏ 7		
	tate Zip Code /A 22307		Amou	nt of Each	Disburser	ment this P	eriod	
Purpose of Disbursement	Ir		T L.			1000.0	00	
Candidate Name		Category/ Type						
Office Sought: House Disburser	nent For: 2010	1,700						
	Primary General Other (specify) ▼							
State: WA District:	Other (specify)							
Full Name (Last, First, Middle Initial)				action ID:		3221		
PEOPLE FOR PETE DOMENICI				of Disburse	ement	Y Y Y	Υ	
Mailing Address P.O. BOX 93656			0,6		1 '	ž 0 ŏ 7		
,	tate Zip Code VM 87199		Amou	nt of Each	Disburser	ment this P	eriod	
Purpose of Disbursement						2000.0	00	
Candidate Name		Category/						
Cardidate Name	`	Type						
Office Sought: House Disburser	nent For: 2008 Primary General							
State: NM District:	Other (specify)							
Full Name (Last, First, Middle Initial)			Trans	action ID:	SB23.53	3223		
PETEPAC				of Disburse	ement	V V	V	
Mailing Address 7804 EVENING LN			0 6	2	1 1	ž 0 ŏ 7		
,	tate Zip Code /A 22306		Amou	nt of Each	Disburser	ment this P	eriod	
Purpose of Disbursement 2007 CONTRIBUTION	Г	•	T L.			5000.0	00	
Candidate Name		Category/ Type						
Office Sought: House Disburser								
	Primary General Other (specify) ▼							
State: District:								
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name										5	
<u> </u>	NAME OF COMMITTEE (In Full)											
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	Full Name (Last, First, Middle Initial)							SB23.5	321	0		
٠.	PETE SESSIONS FOR CONGRESS 2008						Disburs		v •		V	
	Mailing Address P.O. BOX 38585				06 21 2007							
	City DALLAS	State Zip Code TX 75238			A	Amount	of Each	Disburse	emen	t this F	erio	t
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	Candidate Name		Cat	egory/								
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		ment For: 2008										
	Senate X President	Primary General Other (specify)										
	State: TX District: 32											
2	Full Name (Last, First, Middle Initial)							SB23.5	318	4		
•	REYES COMMITTEE INC					М М	Disburs		Y Y	Y	Υ	
	Mailing Address 1011 MONTANA AVE					0 6	C	7 /	2	0 ŏ 7		
	City EL PASO	State Zip Code TX 79901			4	Amount	of Each	Disburse	emen	t this F	erio	t
	Purpose of Disbursement			-					1	1000.0	00	
	Candidate Name		Cat	egory/								
			Т	уре								
	· —	ment For: 2008 Primary General										
	President	Other (specify) ▼										
	State: TX District: 16											
).	Full Name (Last, First, Middle Initial) REYNOLDS FOR CONGRESS						ction ID: Disburs	SB23.5 ement	318	6		
	Mailing Address P.O. BOX 15388				[0 6	/ D	4 /	^Y 2	0 ŏ 7	Y	
	,	State Zip Code			P	Amount	of Each	Disburse	emen	t this F	erio	b
	ROCHESTER Purpose of Disbursement	NY 14615			- [• • •	-	1500.0	00	
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	Candidate Name			egory/ ype								
	-	ment For: 2008										
	Senate X President	Primary General Other (specify)										
	State: NY District: 26	(-p-onj) V			1							
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s	;)	FOR LINE		P/	PAGE 54/57				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	·)	(check only 21b 27	one) 22 X 23 28a 28		25				
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\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLO										
٩.	Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS				Transaction ID: SB23.53145 Date of Disbursement 0 6 0 7 7 2 0 0 7						
	Mailing Address P.O. BOX 581				0 0	07	20	0 7			
	City S BRIGHTON		Amount of Each Disbursement this Period								
	Purpose of Disbursement						100	0.00			
	Candidate Name			Category/ Type							
		ment For: 2008 Primary General Other (specify)									
	Full Name (Last, First, Middle Initial)				Transaction	In: SB23 5	32/13				
3.	ROTHMAN FOR NEW JERSEY				Date of Disbu	ırsement					
	Mailing Address 209 PENNSYLVANIA AV	E SE			06	21	žo	Ŏ 7 Y			
	,	State Zip Code DC 20003			Amount of Ea	ıch Disburse					
	Purpose of Disbursement		Г	•			150	0.00			
	Candidate Name			Category/ Type							
	Office Sought: X House Senate President State: NJ District: 9	ment For: 2008 Primary General Other (specify)									
Э.	Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS				Transaction Date of Disbu		3159				
	Mailing Address P.O. BOX 1919				06 /	07	ž0	0 7 Y			
		State Zip Code WI 53547			Amount of Ea	ıch Disburse	ment th	is Period			
	Purpose of Disbursement		Тг	•			300	0.00			
	Candidate Name			Category/ Type							
_		ment For: 2008 Primary General Other (specify)									
s	UBTOTAL of Disbursements This Page (optional) .			<u></u>			550	0.00			
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NAME OF COMMITTEE	(In Full)												_
AMERICAN SOCIET	Y OF ANESTHESIOL	OGISTS P	OLITICAL AC	TION		MITTE	ΞE						
Full Name (Last, First, M	,								SB23.5	325	4		
• TEXANS FOR HENF	RY CUELLAR CONG	CAMPAIGN					Date of	Disburse		Y Y	· · · · · ·	Y	
Mailing Address 15	9 WASHINGTON ST	2ND FL #2	200			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
City LAREDO		State TX	Zip Code 78042			Δ	mount	of Each	Disburse	men	t this P	erioc	_
Purpose of Disbursemer	ıt					T [2	2500.0	00	
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	resident	Other (spec											
	ct: 28												
Full Name (Last, First, M TODD AKIN FOR CO	•							ction ID:	SB23.5	323	3		
							M M		D /	Y Y	0 ŏ 7	Υ	
Mailing Address P.C). BOX 31222					L	0 6	2			007		
City ST LOUIS		State MO	Zip Code 63131			Α	Mount	of Each	Disburse	men	t this P	erioc	_
Purpose of Disbursemen	it					L				2	2500.0	00	_
Candidate Name				Cate	egory/								
	1 =			T	ype								
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State: MO Distri													
UDALL FOR COLOF	,							c tion ID: Disburse	SB23.5 ement	316	7		
Mailing Address 869	90 WOLFF CT #200					7 [06	[/] 0	7 7	Ź	0 ŏ 7	Υ	
City			Zip Code			A	mount	of Each	Disburse	emen	t this P	erioc	_
WESTMINSTER Purpose of Disbursemer	ıt	CO	80031			- [•		Ę	5000.0	00	٦
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9		ement For:	2008										
	enate X resident	Primary Other (spec	General ifv) ▼										
State: CO Distri		(-1	·/ •										
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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22 X 23 28a 28b	24 25 26 28c 29 30b					
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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIO									
Full Name (Last, First, Middle Initial) A. WALZ FOR CONGRESS			Transaction ID: SB23.53283 Date of Disbursement 0 6						
Mailing Address 301 4TH ST NE				2007					
City WASHINGTON	State Zip Code DC 20002		Amount of Each	Disbursement this Period					
Purpose of Disbursement				1000.00					
Candidate Name		Category/ Type							
	sement For: 2008 C Primary General Other (specify)								
Full Name (Last, First, Middle Initial) WESTMORELAND FOR CONGRESS			Transaction ID: Date of Disburse						
Mailing Address P.O. BOX 458			06 / 2	1 2007					
City SHARPSBURG	State Zip Code GA 30277		Amount of Each	Disbursement this Period					
Purpose of Disbursement		•		1000.00					
Candidate Name		Category/ Type							
, <u>, , , , , , , , , , , , , , , , , , </u>	sement For: 2008 K Primary General Other (specify)								
Full Name (Last, First, Middle Initial) WEXLER FOR CONGRESS			Transaction ID: Date of Disburse	ement					
Mailing Address 236 MASSACHUSETTS	S AVE NE #508		06 2	8 2007					
City WASHINGTON	State Zip Code DC 20002		Amount of Each	Disbursement this Period					
Purpose of Disbursement		•		2000.00					
Candidate Name		Category/ Type							
	sement For: 2008 K Primary General Other (specify)								
SUBTOTAL of Disbursements This Page (optional)	>		4000.00					
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50	CHEDULE B (FEC Form 3)	X) Use sep	erate schedule(s)		NUMBER:	PAGE 57 / 57
IT	EMIZED DISBURSEMENT	for each	category of the	(check only		🗆 🗆
			Summary Page	21b 27	22 23 28b 28b	24 25 26 28c X 29 30b
	y Information copied from such Reports a for commercial purposes, other than using					
	<u> </u>	g the name and addre	ss of arry political t	Committee to so	iicit contributions from s	Such Committee
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	HESIOLOGISTS I	POLITICAL ACT	TION COMMI	TTEE	
_	Full Name (Last, First, Middle Initial)				Transaction ID: SB	329.53291
۹.	NORTHERN TRUST CO				Date of Disburseme	nt
	Mailing Address 50 S LASALLE				06 / 30	2007
	Maining Address 50 S LASALLE					
	City	State	Zip Code		Amount of Each Dis	bursement this Period
	CHICAGO	IL	60675			005.00
	Purpose of Disbursement VISA BANK CHARGE					685.60
	Candidate Name			Category/ Type		
	Office Sought: Senate President State: District:	Disbursement For: Primary Other (spe	General ▼			
3.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO				Transaction ID: SB Date of Disburseme	nt
	Mailing Address 50 S LASALLE				06 7 30	Y ŽOÕ7
	City CHICAGO	State IL	Zip Code 60675		Amount of Each Dis	bursement this Period
	Purpose of Disbursement STOP PAYMENT CHARGES					60.00
	Candidate Name			Category/ Type		
	Office Sought: House Senate President Control Control	Disbursement For: Primary Other (spe	General ▼			
	State: District:					

SUBTOTAL of Disbursements This Page (optional)	•	745.60
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