

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 12 01 2007 through 12 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 01 28 2008

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

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		631987.13
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	1155454.31									
(c) Total Receipts (from Line 19)	73245.49	1916446.48								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1228699.80	2548433.61								
7. Total Disbursements (from Line 31)	68494.76	1388228.57								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1160205.04	1160205.04								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	55500.00	875126.00
(i) Itemized (use Schedule A)	13407.00	192137.00
(ii) Unitemized	68907.00	1067263.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	68907.00	1067263.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	4338.49	849183.48
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))	73245.49	1916446.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	73245.49	1916446.48

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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.....	68000.00	736500.00
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.....	494.76	642728.57
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))..	68494.76	1388228.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68494.76	1388228.57

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	68907.00	1067263.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	68907.00	1067263.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	9000.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	9000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 60
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
IRA ABELS

Mailing Address 309 MALLARD ROAD

City WESTON State FL Zip Code 33327

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

Name of Employer CLEVELAND CLINIC FLORIDA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.57933

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
SIRAJ ALSERI

Mailing Address 3435 RIVERBEND DR

City ANN ARBOR State MI Zip Code 48105

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

Name of Employer ANES ASSOC ANN ARBOR Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.57862

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
CARLOS ARANCIBIA

Mailing Address 5016 PARKCREST CT

City GLEN ALLEN State VA Zip Code 23059

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

Name of Employer VCU 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
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.57738

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 60
(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)
BENJAMIN ATWATER

Mailing Address 200 W ARBOR DR

City State Zip Code
SAN DIEGO CA 92103

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

Name of Employer Occupation
UNIV OF CALIFORNIA 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
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.57710

Amount of Each Receipt this Period
500.00

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

Mailing Address 13912 GREEN BRANCH DRIVE

City State Zip Code
PHOENIX MD 21131

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

Name of Employer Occupation
CARDIAC ANESTHESIA ASSOCI-
ATES, P.A. 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
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.58025

Amount of Each Receipt this Period
500.00

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

Mailing Address 6505 E CENTRAL AVE

City State Zip Code
WICHITA KS 67206

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

Name of Employer Occupation
MID-CONTINENT ANESTHESIOLOG-
OGY, CHARTERE 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
1 2 / 0 9 / 2 0 0 7

Transaction ID: SA11AI.57770

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) NATHAN BAY	Date of Receipt MM / DD / YYYY 12 / 10 / 2007
	Mailing Address 2656 GILBERT ST S	Transaction ID: SA11AI.57799
	City State Zip Code SALEM OR 97302	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OREGON ANES GRP ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) DOUGLAS BEZ	Date of Receipt MM / DD / YYYY 12 / 07 / 2007
	Mailing Address 3597 OTSEGO DR	Transaction ID: SA11AI.57627
	City State Zip Code OKEMOS MI 48864	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LANSING ANESTH 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) MICHAEL BLAKE	Date of Receipt MM / DD / YYYY 12 / 22 / 2007
	Mailing Address 5639 WARNER PARK DRIVE	Transaction ID: SA11AI.58037
	City State Zip Code WESTERVILLE OH 43081	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CAI PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) CASEY BLITT	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 7
	Mailing Address 5700 E PIMA #E	Transaction ID: SA11AI.57883
	City State Zip Code TUCSON AZ 85712	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OLD PUEBLO ANESTH ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) JUAN BOTERO	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 7 / 2 0 0 7
	Mailing Address 1268 MANOR DR S	Transaction ID: SA11AI.57938
	City State Zip Code WESTON FL 33326	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CLEVELAND CLINIC FLORIDA 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) PETER BOZEMAN	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 7
	Mailing Address 2776 ASPEN RD	Transaction ID: SA11AI.57996
	City State Zip Code ANN ARBOR MI 48108	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANES ASSOC ANN ARBOR 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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 60
(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)
MARGARET BROCK

Mailing Address 1105 WETHERBURN CT

City State Zip Code
WINSTON-SALEM NC 29104

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

Name of Employer Occupation
WAKEFOREST UNIV ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 07 / 2007

Transaction ID: SA11AI.57679

Amount of Each Receipt this Period
250.00

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

Mailing Address 1945 NW 28TH PL

City State Zip Code
PORTLAND OR 97210

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

Name of Employer Occupation
OREGON ANEST GROUP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 30 / 2007

Transaction ID: SA11AI.58150

Amount of Each Receipt this Period
250.00

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

Mailing Address 1260 MANOR DRIVE, SOUTH

City State Zip Code
WESTON FL 33326

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

Name of Employer Occupation
CLEVELAND CLINIC FLORIDA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 18 / 2007

Transaction ID: SA11AI.57942

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MICHAEL CAHALAN	Date of Receipt MM / DD / YYYY 12 / 07 / 2007
	Mailing Address 30 N 1900 E RM 3C444	Transaction ID: SA11AI.57644
	City State Zip Code SALT LAKE CITY UT 84132	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIV OF UTAH PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) STEPHEN CAMPBELL	Date of Receipt MM / DD / YYYY 12 / 10 / 2007
	Mailing Address 545 BEVERLY DR	Transaction ID: SA11AI.57831
	City State Zip Code SUMMERVILLE SC 29485	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANES ASSOC CHARLESTON ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

C.	Full Name (Last, First, Middle Initial) CHRIS CARDONE	Date of Receipt MM / DD / YYYY 12 / 23 / 2007
	Mailing Address 3789 COUNTRY CLUB PLACE	Transaction ID: SA11AI.58054
	City State Zip Code CINCINNATI OH 45208	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ASN, INC. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 60
(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) CHRIS CARY		Date of Receipt MM / DD / YYYY 12 / 07 / 2007
Mailing Address 4 ALEXANDER DR		Transaction ID: SA11AI.57713
City CAPE ELIZABETH	State ME	Zip Code 04107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SPECTRUM MED GRP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) CHAI JIE CHANG		Date of Receipt MM / DD / YYYY 12 / 30 / 2007
Mailing Address 4116 SPRING MOUNTAIN CT		Transaction ID: SA11AI.58140
City MODESTO	State CA	Zip Code 95356
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SUTTER GOULD MEDICAL GROUP	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) IL-SUNG CHI		Date of Receipt MM / DD / YYYY 12 / 19 / 2007
Mailing Address 3450 N ROCK RD #208		Transaction ID: SA11AI.57989
City WICHITA	State KS	Zip Code 67226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MCAC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 60
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) SARA JEAN CHILDERS	Date of Receipt
	Mailing Address 840 N. LAKE SHORE DRIVE 1701	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 0 7
	City State Zip Code CHICAGO IL 60611	Transaction ID: SA11AI.58042
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer NORTHWESTERN MEDICAL FACU- LTY FOUNDATIO Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) DOMINIC COTTRELL	Date of Receipt
	Mailing Address 1200 55TH STREET	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 7 / 2 0 0 7
	City State Zip Code VIENNA WV 26105	Transaction ID: SA11AI.57613
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer PERIOPERATIVE SPECIALISTS, PLLC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) JAMES COTTRELL	Date of Receipt
	Mailing Address 17 VAN DAM	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 7 / 2 0 0 7
	City State Zip Code NEW YORK NY 10013	Transaction ID: SA11AI.57638
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
	Name of Employer SUNY Occupation PROFESSOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 14 / 60
(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)
ERIC COX

Mailing Address 1638 SAINT PETERSBURG ROAD

City State Zip Code
KNOXVILLE TN 37922

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

Name of Employer UNIVERSITY ANESTHESIOLOGISTS Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 30 / 2007
Transaction ID: SA11AI.58154
Amount of Each Receipt this Period: 500.00

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

Mailing Address 4 ALLEN WAY

City State Zip Code
RANDOLPH NJ 07869

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

Name of Employer AAM Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 10 / 2007
Transaction ID: SA11AI.57778
Amount of Each Receipt this Period: 500.00

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

Mailing Address 2033 FRANSWORTH DR

City State Zip Code
NASHVILLE TN 37205

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

Name of Employer ANES MEDICAL GRP Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 19 / 2007
Transaction ID: SA11AI.57993
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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 60
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) COLLEEN DARGIE		Date of Receipt																					
	Mailing Address 22043 HARSDALE DR.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</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>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	7	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	2	7	/	2	0	0	7														
	City State Zip Code FARMINGTON HILLS MI 48335		Transaction ID: SA11AI.58107																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation HENRY FORD MEDICAL GROUP 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 DEBOARD		Date of Receipt																					
	Mailing Address 1364 STILL HOUSE CRK		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	7	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	0	7	/	2	0	0	7														
	City State Zip Code CHESTERFIELD MO 63017		Transaction ID: SA11AI.57683																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation ST LOUIS UNIV PHYSICIAN		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
Aggregate Year-to-Date ▼ 250.00																								

C.	Full Name (Last, First, Middle Initial) MARTIN DE RUYTER		Date of Receipt																					
	Mailing Address DEPT ANESTHESIOLOGY, KU MED CTR 3901 RAINBOW BLVD.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	1	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	3	1	/	2	0	0	7														
	City State Zip Code KANSAS CITY KS 66160		Transaction ID: SA11AI.58176																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer Occupation UNIV. OF KANSAS MED CTR 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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 60
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) GEORGE DEVELASCO	Date of Receipt MM / DD / YYYY 12 / 17 / 2007
	Mailing Address 2100 S. OCEAN LANE APT. 1609	Transaction ID: SA11AI.57940
	City State Zip Code FORT LAUDERDALE FL 33316	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CLEVELAND CLINIC FLORIDA 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) DANA DUREN	Date of Receipt MM / DD / YYYY 12 / 07 / 2007
	Mailing Address 4008 SHOALS DR	Transaction ID: SA11AI.57629
	City State Zip Code OKEMOS MI 48864	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LANSING ANESTH 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) HELENE FINEGOLD	Date of Receipt MM / DD / YYYY 12 / 07 / 2007
	Mailing Address 6828 PENHAM PL	Transaction ID: SA11AI.57696
	City State Zip Code WEST PENN HOSP PA 15208	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WEST PENN HOSP ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 60
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
ANDREW FISCHER

Mailing Address 5026 LAUDERDALE AVE

City State Zip Code
VIRGINIA BEACH VA 23455

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

Name of Employer ATLANTIC 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
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.58098

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
CHERIE FISHER

Mailing Address 11058 CANARY ISLAND COURT

City State Zip Code
PLANTATION FL 33324

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

Name of Employer CLEVELAND CLINIC FLORIDA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.57937

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
ANTHONY FISTER

Mailing Address 1010 LONSDALE CT

City State Zip Code
ALPHARETTA GA 30022

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

Name of Employer NORTHSIDE ANESTHESIOLOGY 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
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.58112

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 60
	<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) TERRY FLETCHER	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 7
	Mailing Address 800 MARSHALL ST #203	Transaction ID: SA11AI.57985
	City State Zip Code LITTLE ROCK AR 72202	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ARKANSAS CHILD HOSP 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) LAWRENCE FRANK	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 7
	Mailing Address POB 9779	Transaction ID: SA11AI.57964
	City State Zip Code CORAL SPRINGS FL 33075	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF 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) RICHARD GALLO	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 7
	Mailing Address 1521 RAINBOW DR	Transaction ID: SA11AI.57876
	City State Zip Code GADSDEN AL 35901	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANES ASSOC OF NE AL ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) GREGORY GEORGE		Date of Receipt
Mailing Address 1906 N. GLEN WOOD ST.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 0 7
City	State	Zip Code
WICHITA	KS	67230
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.58058
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 500.00
Name of Employer MCAC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 500.00	

B.

Full Name (Last, First, Middle Initial) GENE GORDON		Date of Receipt
Mailing Address 17 ASHTON LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 0 / 2 0 0 7
City	State	Zip Code
SYLACAUGA	AL	35150
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.57786
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 500.00
Name of Employer SYLACAUGA ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 500.00	

C.

Full Name (Last, First, Middle Initial) JAMES HARDING		Date of Receipt
Mailing Address 163 COMINO ALTO		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 7 / 2 0 0 7
City	State	Zip Code
CORRALES	NM	87048
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.57677
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 250.00
Name of Employer UNIV OF NEW MEXICO	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) C ALVIN HEAD		Date of Receipt MM / DD / YYYY 12 / 07 / 2007		
	Mailing Address 8 INDIAN COVE RD		Transaction ID: SA11AI.57719		
	City AUGUSTA	State GA	Zip Code 30909	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDICAL COLL GA	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) LINDSEY HENSON		Date of Receipt MM / DD / YYYY 12 / 05 / 2007		
	Mailing Address 5017 DUNVEGAN RD		Transaction ID: SA11AI.57577		
	City LOUISVILLE	State KY	Zip Code 40222	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIV OF LOUISVILLE	Occupation PROFESSOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) THOMAS HENTHORN		Date of Receipt MM / DD / YYYY 12 / 07 / 2007		
	Mailing Address 10691 E CRESTLINE AVE		Transaction ID: SA11AI.57690		
	City ENGLEWOOD	State CO	Zip Code 80111	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIV OF COLORADO	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 60
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ANDREW HERLICH

Mailing Address 116 HAVERFORD CIR

City State Zip Code
PITTSBURGH PA 15228

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

Name of Employer PAA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.57689

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
WILLIAM HETRICK

Mailing Address 8258 BRITTANY PLACE

City State Zip Code
PITTSBURGH PA 15237

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

Name of Employer RETIRED 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
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.58101

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
ROBERTA HINES

Mailing Address 105 BURR ST

City State Zip Code
FAIRFIELD CT 06430

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

Name of Employer YALE UNIV 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
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.57645

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) CHARLES HOOVER	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 134 CYPRESS PT	Transaction ID: SA11AI.58062
	City State Zip Code SAINT SIMONS ISLAN GA 31522	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ALTA ANESTHESIA ASSOCIATES OF GA 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) JAY HORROW	Date of Receipt MM / DD / YYYY 12 / 05 / 2007
	Mailing Address 925 HONEYSUCKLE LN	Transaction ID: SA11AI.57576
	City State Zip Code WYNNEWOOD PA 19096	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer TENET Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) YUNZHONG HUANG	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 2453 DOGWOOD DRIVE	Transaction ID: SA11AI.58178
	City State Zip Code WEXFORD PA 15090	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ALLEGHENY GENERAL HOSPITAL Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) WILLIAM ISAACS	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 10659 CHILLINGHAM DR	Transaction ID: SA11AI.58174
	City State Zip Code LAS VEGAS NV 89183	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIOLOGY CONSULTANTS INC. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 500.00	

B.	Full Name (Last, First, Middle Initial) W SCOTT JELLISH	Date of Receipt MM / DD / YYYY 12 / 07 / 2007
	Mailing Address 2160 S FIRST AVE	Transaction ID: SA11AI.57642
	City State Zip Code MAYWOOD IL 60150	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer LOYOLA UNIV Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 500.00	

C.	Full Name (Last, First, Middle Initial) SHARON JOHNSTON	Date of Receipt MM / DD / YYYY 12 / 05 / 2007
	Mailing Address 8401 N ELMARO CIR	Transaction ID: SA11AI.57559
	City State Zip Code PARADISE VALLEY AZ 85253	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer VALLEY ANES CONSULT Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 1000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="checkbox"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="checkbox"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 60
	<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) SCOTT KERCHEVILLE	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 7
	Mailing Address 14 ETON GREEN CIRCLE	Transaction ID: SA11AI.58146
	City State Zip Code SAN ANTONIO TX 78257	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UTHSCSA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) KEITH KITTELBERGER	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 7
	Mailing Address 441 SWANS MILL CROSSING	Transaction ID: SA11AI.58130
	City State Zip Code RALEIGH NC 27614	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer CRITICAL HEALTH SYSTEMS	Occupation PHYSICIAN/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) BETTYLOU KOFFEL	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 7
	Mailing Address PMB 432 25 NW 23RD PL#6	Transaction ID: SA11AI.57586
	City State Zip Code PORTLAND OR 97210	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NW PERMANENTE	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 60

(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)
PHONG LE

Mailing Address **3361 HOLLOWSPRING DR**

City **DEWITT** State **MI** Zip Code **48820**

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

Name of Employer **LAPC** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 07 / 2007**

Transaction ID: SA11AI.57632

Amount of Each Receipt this Period **500.00**

B.

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

Mailing Address **2750 HOLLYVIEW CT**

City **LOS ANGELES** State **CA** Zip Code **90068**

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

Name of Employer **SELF-EMPLOYED** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 10 / 2007**

Transaction ID: SA11AI.57804

Amount of Each Receipt this Period **250.00**

C.

Full Name (Last, First, Middle Initial)
MARC LEIB

Mailing Address **PO BOX 44527**

City **PHOENIX** State **AZ** Zip Code **85064**

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

Name of Employer **SELF** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 26 / 2007**

Transaction ID: SA11AI.58076

Amount of Each Receipt this Period **250.00**

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

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

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

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

FOR LINE NUMBER: PAGE 26 / 60
(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)
JOHN LINK
 Mailing Address 800 E CARPENTER
 City State Zip Code
 SPRINGFIELD IL 62769
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 0 / 2 0 0 7
Transaction ID: SA11AI.57788
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SANGAMON ASSOC ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

B. Full Name (Last, First, Middle Initial)
DAVID LUBARSKY
 Mailing Address 4910 SW 74 TERRACE
 City State Zip Code
 MIAMI FL 33143
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 7 / 2 0 0 7
Transaction ID: SA11AI.57730
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIV OF MIAMI ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

C. Full Name (Last, First, Middle Initial)
MARK MANDABACH
 Mailing Address 1408 BUCKHEAD ROAD
 City State Zip Code
 BIRMINGHAM AL 35216
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7
Transaction ID: SA11AI.58168
 Amount of Each Receipt this Period
 100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UAB DEPARTMENT OF ANESTHE-
 SIOLOGY PHYSICIAN
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 60
(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) DEVANAND MANGAR		Date of Receipt MM / DD / YYYY 12 / 07 / 2007
Mailing Address 360 BLANCA AVE		Transaction ID: SA11AI.57743
City TAMPA	State FL	Zip Code 33606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer FGTBA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.

Full Name (Last, First, Middle Initial) TIMOTHY MARTIN		Date of Receipt MM / DD / YYYY 12 / 07 / 2007
Mailing Address 1400 HILLSBOROUGH LN		Transaction ID: SA11AI.57717
City LITTLE ROCK	State AR	Zip Code 72212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UNIV ARK FOR MED SCI	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) DARLENE MASHMAN		Date of Receipt MM / DD / YYYY 12 / 11 / 2007
Mailing Address 926 LULLWATER RD NE		Transaction ID: SA11AI.57865
City ATLANTA	State GA	Zip Code 30307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer EMORY HEALTHCARE	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)	▶	3250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) WILLIAM MCDADE	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 5401 S. INGLESIDE AVE	Transaction ID: SA11AI.58180
	City State Zip Code CHICAGO IL 60615	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation THE UNIVERSITY OF CHICAGO PHYSICIAN-SCIENTIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) WILLIS MCGILL	Date of Receipt MM / DD / YYYY 12 / 19 / 2007
	Mailing Address 2701 CULVERT ST NW#109	Transaction ID: SA11AI.57991
	City State Zip Code WASHINGTON DC 20008	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CHILDRENS 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) KATHRYN MCGOLDRICK	Date of Receipt MM / DD / YYYY 12 / 05 / 2007
	Mailing Address 186 FAIRWAY DR	Transaction ID: SA11AI.57575
	City State Zip Code STAMFORD CT 06903	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NEW YORK MED COLL PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 29 / 60
(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)
ROBERT MCKAY

Mailing Address 5 N SAGEBRUSH

City State Zip Code
WICHITA KS 67230

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

Name of Employer Occupation
MCAZ 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
12 / 07 / 2007

Transaction ID: SA11AI.57732

Amount of Each Receipt this Period
500.00

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

Mailing Address 1505 LANDVATER RD

City State Zip Code
HUMMELSTOWN PA 17036

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

Name of Employer Occupation
PENN STATE UNIV 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
12 / 07 / 2007

Transaction ID: SA11AI.57692

Amount of Each Receipt this Period
250.00

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

Mailing Address PO BOX 418

City State Zip Code
BOISE ID 83701

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

Name of Employer Occupation
SELF 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
12 / 31 / 2007

Transaction ID: SA11AI.58181

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 60
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MICHAEL MILLER	Date of Receipt MM / DD / YYYY 12 / 26 / 2007
	Mailing Address 15936 OAK PARK CT	Transaction ID: SA11AI.58074
	City State Zip Code WESTFIELD IN 46074	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACI,LLC 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) WYN MORTIMER	Date of Receipt MM / DD / YYYY 12 / 05 / 2007
	Mailing Address 982 HOOD RD	Transaction ID: SA11AI.57562
	City State Zip Code FAYETTEVILLE GA 30214	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GEORGIA PERIOP CONSUL PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) TREVOR MYERS	Date of Receipt MM / DD / YYYY 12 / 22 / 2007
	Mailing Address 7621 DWIGHT DRIVE	Transaction ID: SA11AI.58032
	City State Zip Code BETHESDA MD 20817	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DOMINION ANESTHESIA ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 31 / 60
(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 NAKATA

Mailing Address 7440 NORMANDY

City State Zip Code
INDIANPOLIS IN 46278

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

Name of Employer IUPUI 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
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.57721

Amount of Each Receipt this Period
500.00

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

Mailing Address 32430 PINEBROOK LN

City State Zip Code
PEPPER PIKE OH 44124

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

Name of Employer UNIV HOSP MED GRP 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 Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.57694

Amount of Each Receipt this Period
250.00

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

Mailing Address PO BOX 631745

City State Zip Code
IRVING TX 75063

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

Name of Employer DT ANESTHESIA 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
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.57916

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 60
(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)
NANCY NUSSMEIER

Mailing Address 750 E ADAMS ST

City State Zip Code
SYRACUSE NY 13210

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

Name of Employer Occupation
SUNY UPSTATE MED U ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.57687

Amount of Each Receipt this Period
250.00

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

Mailing Address 1701 WELLINGTON WDS DR

City State Zip Code
LITTLE ROCK AR 72211

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

Name of Employer Occupation
UAMS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.57726

Amount of Each Receipt this Period
500.00

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

Mailing Address 120 DANIEL DR

City State Zip Code
EUGENE OR 97404

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

Name of Employer Occupation
OREGON ANES GRP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.57579

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 60
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ROBERT PEARCE

Mailing Address 910 SAUK RIDGE TRL

City MADISON State WI Zip Code 53717

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

Name of Employer UNIV WISCONSIN Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2007

Transaction ID: SA11AI.57739

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
RONALD PEARL

Mailing Address 580 MATADERO AVE

City PALO ALTO State CA Zip Code 94306

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

Name of Employer STANFORD UNIV Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 07 / 2007

Transaction ID: SA11AI.57744

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
APARNA PHADKE

Mailing Address 3705 FIFTH AVENUE
DEPT OF ANESTHESIOLOGY

City PITTSBURGH State PA Zip Code 15213

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

Name of Employer UPP Occupation PEDIATRIC ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 30 / 2007

Transaction ID: SA11AI.58138

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 60
	<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) KEITH PHILLIPPI		Date of Receipt
	Mailing Address 109 SHORELINE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 05 / 2007
	City	State	Zip Code
	MACON	GA	31211
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.57581
Name of Employer ANES ASSOC MACON		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) ALAN PLONA		Date of Receipt
	Mailing Address 87 GUNTHER CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 10 / 2007
	City	State	Zip Code
	SALINE	MI	48176
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.57820
Name of Employer ANES ASSOC ANN ARBOR		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) REX PONNUDURAI		Date of Receipt
	Mailing Address 12 BOVENSIEPEN COURT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 18 / 2007
	City	State	Zip Code
	ROSELAND	NJ	07068
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.57966
Name of Employer NEW JERSEY MEDICAL SCHOOL, NEWARK, NJ		Occupation PROFESSOR IN ANESTHESIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 60
(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)
VITO POTENZA

Mailing Address 712 HELENDALE ROAD

City ROCHESTER State NY Zip Code 14609

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

Name of Employer WESTSIDE ANESTHESIA ASSOCIATES OF ROCH
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 09 / 2007
Transaction ID: SA11AI.57776
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
ASHOK RAO

Mailing Address 5410 BRIARCLIFF CIR

City SHREVEPORT State LA Zip Code 71109

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

Name of Employer LSUHSC
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2007
Transaction ID: SA11AI.57706
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
DEELLA RAY

Mailing Address 127 BAY RIDGE LOOP

City HOT SPRINGS State AR Zip Code 71901

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

Name of Employer MIDSTATE MEDICAL SERVICES, PA
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 27 / 2007
Transaction ID: SA11AI.58096
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3857 COL VANDERHURST CIR

City State Zip Code
MT PLEASANT SC 29466

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

Name of Employer Occupation
MED UNIV OF SC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 07 / 2007

Transaction ID: SA11AI.57734

Amount of Each Receipt this Period
500.00

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

Mailing Address 131 SUNSET BLVD

City State Zip Code
BEAUFORT SC 29907

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

Name of Employer Occupation
LOWCOUNTRY ANESTHESIA STAFF ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 28 / 2007

Transaction ID: SA11AI.58120

Amount of Each Receipt this Period
1000.00

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

Mailing Address 195 WALNUT LN

City State Zip Code
CHARLOTTESVILLE VA 22911

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

Name of Employer Occupation
UNIV OF VIRGINIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 07 / 2007

Transaction ID: SA11AI.57700

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 60
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
GARY ROBELEN

Mailing Address 61 SUNSET RD

City WESTON State MA Zip Code 02493

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

Name of Employer CAP ANESTH Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2007
Transaction ID: SA11AI.57741
Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 60 HAWTHORNE ST

City ROCHESTER State NY Zip Code 14610

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

Name of Employer UNIV OF ROCHESTER Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2007
Transaction ID: SA11AI.57698
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
PETER ROCK

Mailing Address 1205 LIMEKILN RD

City TOWSON State MD Zip Code 21286

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

Name of Employer UNIV OF MARYLAND Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2007
Transaction ID: SA11AI.57736
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 60
(check only one)

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

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

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

Mailing Address 9051 ITASCA TRAIL N.

City State Zip Code
STILLWATER MN 55082

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

Name of Employer ASSOCIATED ANESTHESIOLOGISTS, P.A. 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 Y
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.57835

Amount of Each Receipt this Period
250.00

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

Mailing Address 5103 POLO FIELDS DR

City State Zip Code
ANN ARBOR MI 48103

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

Name of Employer UNIVERSITY OF MICHIGAN DEPT ANESTHESIA Occupation CRITICAL CARE ANESTHESIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.57906

Amount of Each Receipt this Period
250.00

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

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
MEDICAL CENTER BOULEVARD

City State Zip Code
WINSTON-SALEM NC 27157

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

Name of Employer WAKE FOREST UNIVERSITY SCHOOL OF MEDIC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.58092

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 60

(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) STEPHEN RUPP		Date of Receipt
	Mailing Address 3145 E LAURELHURST DR NE		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	SEATTLE	WA	98105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.57708
Name of Employer VIRGINIA MASON MED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) ALBERT SAUBERMANN		Date of Receipt
	Mailing Address 230 E 73RD ST 5E		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	NEW YORK	NY	10021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.57685
Name of Employer MONTEFIORE MED CTR		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) CLIFFORD SCHOER		Date of Receipt
	Mailing Address 2023 N. MILLER AVE.		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	MARION	IN	46952
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.58060
Name of Employer MARION ANESTHESIOLOGY, PC		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) STEVEN SCHWALBE		Date of Receipt
	Mailing Address 79-01 BROADWAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 3 / 2 0 0 7
	City	State	Zip Code
	NEW YORK	NY	11373
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.57908
Name of Employer MOUNT SINAI MEDICAL SERVICES		Occupation ANESTHESIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) JEFFREY SCHWARTZ		Date of Receipt
	Mailing Address 381 LAMBERT RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 7 / 2 0 0 7
	City	State	Zip Code
	ORANGE	CT	06477
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.57681
Name of Employer YALE UNIV		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) DEBRA SCHWINN		Date of Receipt
	Mailing Address 1506 SHENANDOAH DR E		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 7 / 2 0 0 7
	City	State	Zip Code
	SEATTLE	WA	98112
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.57728
Name of Employer UNIV WA		Occupation ASSOCIATE EXECUTIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) CHRISTOPHER SHADID		Date of Receipt	
	Mailing Address 2525 NW 26TH ST		M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.57748
	OKLAHOMA CITY	OK	73107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer NORTHWEST 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) KENNETH SHERBAN		Date of Receipt	
	Mailing Address 104 OAKMONT COURT		M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.58049
	LYNCHBURG	VA	24503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer LYNCHBURG ANESTHESIA ASSO- CIATES, INC.		Occupation PHYSICIAN ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) DAVID SHORES		Date of Receipt	
	Mailing Address 202 MUIRFIELD COURT		M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.58056
	DUBLIN	GA	31021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer MIDDLE GEORGIA ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MARK SHULKOSKY		Date of Receipt	
	Mailing Address 6229 COBBLESTONE DT		M M / D D / Y Y Y Y Y 1 2 / 2 4 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.58066
	ERIE	PA	16509	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer ANESTHESIOLOGISTS OF ERIE		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) MARK SHULMAN		Date of Receipt	
	Mailing Address 736 CAMBRIDGE ST		M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.57704
	BOSTON	MA	02135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer CAP ANESTHESIA		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) TEJBIR SIDHU		Date of Receipt	
	Mailing Address 7361 DAISYS WOOD LN		M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.57724
	GATES MILLS	OH	44040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer METROHEALTH MED CTR		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

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

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

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

FOR LINE NUMBER: PAGE 43 / 60
(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)
DOUGLAS SILLART

Mailing Address 6800 LAKE SHORE RD

City State Zip Code
DERBY NY 14047

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

Name of Employer Occupation
MAPLE GATE ANESTHESIOLOGISTS, PC. PHYSICIAN

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

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

Transaction ID: SA11AI.57914

Amount of Each Receipt this Period
250.00

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

Mailing Address 2320 ASHWORTH ROAD

City State Zip Code
WEST DES MOINES IA 50265

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

Name of Employer Occupation
MEDICAL CENTER ANESTHESIOLOGISTS, PC. PHYSICIAN

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

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

Transaction ID: SA11AI.58155

Amount of Each Receipt this Period
250.00

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

Mailing Address 4615 PIONEER TRL

City State Zip Code
OKEMOS MI 48864

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

Name of Employer Occupation
LANSING ANESTH ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.57567

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► 650.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 60
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) GARY STIER		Date of Receipt MM / DD / YYYY 12 / 07 / 2007
Mailing Address 706 ALVARADO ST		Transaction ID: SA11AI.57702
City REDLANDS	State CA	Zip Code 92373
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer LLUAMGI	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) M CHRISTINE STOCK		Date of Receipt MM / DD / YYYY 12 / 07 / 2007
Mailing Address 735 PRAIRIE AVE		Transaction ID: SA11AI.57646
City WILMETTE	State IL	Zip Code 60091
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer NORTHWESTERN UNIV	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) DENNIS STONE		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 3408 STATE ROAD 13 NO.		Transaction ID: SA11AI.58172
City ST. JOHNS	State FL	Zip Code 32259
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF	Occupation PEDIATRIC 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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 45 / 60
(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)
MAYA SURESH

Mailing Address 2007 GREENWOOD OAKS

City HOUSTON State TX Zip Code 77062

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

Name of Employer BAYLOR COL OF MED Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 12 / 07 / 2007
Transaction ID: SA11AI.57746
 Amount of Each Receipt this Period: 400.00

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

Mailing Address 304 FEATHER GLEN

City RIDGELAND State MS Zip Code 39157

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

Name of Employer UNIV OF MISSISSIPPI Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 05 / 2007
Transaction ID: SA11AI.57563
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 2519 MANHATTAN AVENUE

City MANHATTAN BEACH State CA Zip Code 90266

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

Name of Employer AMBULATORY ANESTHESIA ASSOCIATES, INC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 27 / 2007
Transaction ID: SA11AI.58094
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) THOMAS TOMASELLI	Date of Receipt MM / DD / YYYY 12 / 23 / 2007
	Mailing Address 121 NORWOOD AVE	Transaction ID: SA11AI.58048
	City NORTHPORT State NY Zip Code 11768	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 2000.00	

B.	Full Name (Last, First, Middle Initial) CHRISTOPHER TROIANOS	Date of Receipt MM / DD / YYYY 12 / 07 / 2007
	Mailing Address 427 HEIGHTS DR	Transaction ID: SA11AI.57723
	City GIBSONIA State PA Zip Code 15044	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer WEST PENN HOSPITAL Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) ROBERT TUBBEN	Date of Receipt MM / DD / YYYY 12 / 07 / 2007
	Mailing Address 1984 BELWOOD DR	Transaction ID: SA11AI.57630
	City OKEMOS State MI Zip Code 48864	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer LAPC Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 47 / 60

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JOHN ULATOWSKI		Date of Receipt	
	Mailing Address 7 STONE SPRING CT		M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.57569
	BALTIMORE	MD	21228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer JOHNS HOPKINS		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) CHARLES VACANTI		Date of Receipt	
	Mailing Address 355 POND		M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.57640
	UXBRIDGE	MA	01569	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer BWH		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) FRANCIS VERFURTH		Date of Receipt	
	Mailing Address 1304 PENGUIN CIRCLE		M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.57910
	VIRGINIA BEACH	VA	23451	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer ATLANTIC ANESTHESIA		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)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 60

(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) BRENT WALKER		Date of Receipt	
	Mailing Address 4 SOLOGNE CIR		M M / D D / Y Y Y Y Y 12 / 10 / 2007	
	City	State	Zip Code	Transaction ID: SA11AI.57794
	LITTLE ROCK	AR	72223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer LITTLE ROCK ANES SVC		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) JOHN WASNICK		Date of Receipt	
	Mailing Address 860 5TH AVE #6F		M M / D D / Y Y Y Y Y 12 / 07 / 2007	
	City	State	Zip Code	Transaction ID: SA11AI.57711
	NEW YORK	NY	10021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer SLR ANESTH		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		

C.	Full Name (Last, First, Middle Initial) JEFRI WILLIAMS		Date of Receipt	
	Mailing Address 260 N 1480 E		M M / D D / Y Y Y Y Y 12 / 11 / 2007	
	City	State	Zip Code	Transaction ID: SA11AI.57869
	LOGAN	UT	84321	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 60
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
JOHN WILLS

Mailing Address 35 CAMINO A LAS ESTRELLAS

City State Zip Code
PLACITAS NM 87043

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

Name of Employer Occupation
UNIV OF NM 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
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.57715

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 3500 N LAKE SHORE DR

City State Zip Code
CHICAGO IL 60657

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

Name of Employer Occupation
NORTHWESTERN MED ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.57983

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 2020 E PINEHILL LANE

City State Zip Code
SPOKANE WA 99224

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

Name of Employer Occupation
ANESTHESIA ASSOCIATES 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
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.58105

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 50 / 60	
	(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"/> 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) BENJAMIN ZERNGAST		Date of Receipt																					
	Mailing Address 8006 NE 169TH PL		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	7	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	0	7	/	2	0	0	7														
	City State Zip Code KENMORE WA 98028		Transaction ID: SA11AI.57623																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																					
Name of Employer Occupation PACIFIC ANESTH 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)	250.00
TOTAL This Period (last page this line number only)	55500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 51 / 60	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO		Date of Receipt																					
	Mailing Address 50 S LASALLE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		3	1		2	0	0	7														
	City State Zip Code CHICAGO IL 60675		Transaction ID: SA17.57523																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4338.49																					
Name of Employer Occupation		INTEREST INCOME																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 849183.48																						

SUBTOTAL of Receipts This Page (optional)	▶	4338.49
TOTAL This Period (last page this line number only)	▶	4338.49

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 60

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

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

A.	Full Name (Last, First, Middle Initial) AMERIPAC	Transaction ID: SB23.57508 Date of Disbursement 12 / 03 / 2007
	Mailing Address 5304 MCKINLEY ST	Amount of Each Disbursement this Period 2500.00
	City BETHESDA State MD Zip Code 20814	
	Purpose of Disbursement 2007 CONTRIBUTION	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) BILIRAKIS FOR CONGRESS	Transaction ID: SB23.57514 Date of Disbursement 12 / 06 / 2007
	Mailing Address 610 S BOULEVARD	Amount of Each Disbursement this Period 500.00
	City TAMPA State FL Zip Code 33606	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) CAMP FOR CONGRESS	Transaction ID: SB23.57504 Date of Disbursement 12 / 03 / 2007
	Mailing Address 5915 EASTMAN AVE #100	Amount of Each Disbursement this Period 2000.00
	City MIDLAND State MI Zip Code 48640	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR COCHRAN	Transaction ID: SB23.57486 Date of Disbursement																			
	Mailing Address P.O. BOX 7183	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	7												
	City TUPELO State MS Zip Code 38802	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

B.	Full Name (Last, First, Middle Initial) DEMOCRATIC NATIONAL COMMITTEE	Transaction ID: SB23.57492 Date of Disbursement																			
	Mailing Address 430 S CAPITOL ST SE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	7												
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 2007 CONTRIBUTION	<table border="1"><tr><td>15000.00</td></tr></table>	15000.00																		
15000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

C.	Full Name (Last, First, Middle Initial) DEMOCRATS WIN PAC C/O J. O'MALLEY	Transaction ID: SB23.57516 Date of Disbursement																			
	Mailing Address P.O. BOX 71147	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	6		2	0	0	7												
	City WASHINGTON State DC Zip Code 20024	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 2007 CONTRIBUTION	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																				
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)

19000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ESHOO FOR CONGRESS	Transaction ID: SB23.57520 Date of Disbursement 12 / 20 / 2007
	Mailing Address 555 CAPITOL MALL #1425	Amount of Each Disbursement this Period 1500.00
	City SACRAMENTO State CA Zip Code 95814	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL	Transaction ID: SB23.57479 Date of Disbursement 12 / 03 / 2007
	Mailing Address 25 E MAIN ST #200	Amount of Each Disbursement this Period 2000.00
	City RICHMOND State VA Zip Code 23219	
	Purpose of Disbursement 2007 CONTRIBUTION	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JAY ROCKEFELLER	Transaction ID: SB23.57488 Date of Disbursement 12 / 03 / 2007
	Mailing Address P.O. BOX 1909	Amount of Each Disbursement this Period 1500.00
	City CHARLESTON State WV Zip Code 25327	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM INHOFE COMMITTEE	Transaction ID: SB23.57510 Date of Disbursement 12 / 06 / 2007
	Mailing Address P.O. BOX 13300	Amount of Each Disbursement this Period 2500.00
	City OKLAHOMA CITY State OK Zip Code 73113	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS	Transaction ID: SB23.57496 Date of Disbursement 12 / 03 / 2007
	Mailing Address P.O. BOX 586	Amount of Each Disbursement this Period 2500.00
	City HELENA State MT Zip Code 59624	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) LEGPAC	Transaction ID: SB23.57494 Date of Disbursement 12 / 03 / 2007
	Mailing Address 38 IVY STREET, SE	Amount of Each Disbursement this Period 2500.00
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement 2007 CONTRIBUTION	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MOORE CAPITO FOR CONGRESS	Transaction ID: SB23.57498
	Mailing Address P.O. BOX 11519	Date of Disbursement 12 / 03 / 2007
	City CHARLESTON State WV Zip Code 25339	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NORTHSTAR LEADERSHIP PAC	Transaction ID: SB23.57502
	Mailing Address P.O. BOX 28754	Date of Disbursement 12 / 03 / 2007
	City ST PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2007 CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007
	State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RADANOVICH FOR CONGRESS	Transaction ID: SB23.57481
	Mailing Address 30151 TOMAS ST	Date of Disbursement 12 / 03 / 2007
	City RANCHO STA MRGRITA State CA Zip Code 92688	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) RED ROOSTER PAC	Transaction ID: SB23.57506
	Mailing Address P.O. BOX 16021	Date of Disbursement MM / DD / YYYY 12 / 03 / 2007
	City ALEXANDRIA State VA Zip Code 22302	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2007 CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) REED COMMITTEE	Transaction ID: SB23.57483
	Mailing Address P.O. BOX 8628	Date of Disbursement MM / DD / YYYY 12 / 03 / 2007
	City CRANSTON State RI Zip Code 02920	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) REPUBLICAN NATIONAL COMMITTEE	Transaction ID: SB23.57490
	Mailing Address 310 FIRST STREET SE	Date of Disbursement MM / DD / YYYY 12 / 03 / 2007
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 15000.00
	Purpose of Disbursement 2007 CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	19000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
STEVE ROTHMAN FOR NEW JERSEY INC

Mailing Address P.O. BOX 714

City State Zip Code
HACKENSACK NJ 07602

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.57477

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
SULLIVAN FOR CONGRESS

Mailing Address P.O. BOX 651374

City State Zip Code
POTOMAC FALLS VA 20165

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.57500

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P.O. BOX 29576

City State Zip Code
WASHINGTON DC 20017

Purpose of Disbursement
2007 CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2007 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.57512

Date of Disbursement

12 / 06 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TIBERI FOR CONGRESS

Transaction ID: SB23.57518

Date of Disbursement

Mailing Address 2021 E DUBLIN GRANVILLE RD #2000

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	0	7

City State Zip Code
COLUMBUS OH 43229

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

68000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 60

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.57524

Date of Disbursement

/ /

Amount of Each Disbursement this Period

494.76

SUBTOTAL of Disbursements This Page (optional)

494.76

TOTAL This Period (last page this line number only)

494.76