



**FLORIDA
SOCIETY OF
ANESTHESIOLOGISTS, INC.**

335 Beard Street • Tallahassee, Florida 32303
850/222-6000 • FAX 850/681-2890 • E-mail: larry@assocofc.attmail.com

RECEIVED
FEC MAIL ROOM
2000 SEP -5 A 10:41

August 31, 2000

John D. Gibson
Assistant Staff Director
Reports Analysis Division
Federal Elections Commission
999 E Street NW
Washington, DC 20463

Dear Mr. Gibson:

Enclosed is an amended PAC report for the incomplete report filed July 10, 2000 for Florida Society of Anesthesiology; Q2 report. I have now enclosed the itemized disbursements form that was missing. I apologize for our confusion on what to file.

Should you have any further questions, please contact the Business Affairs office at (850) 222-6000.

Thank you.

Sincerely,

Brenda Ehiner
Business Affairs

Enclosures

1. Amended PAC report for the incomplete report filed July 10, 2000 for Florida Society of Anesthesiology; Q2 report.
2. Itemized disbursements form that was missing.

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

**WESTERN
UNION**
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MAILGRAM



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LAWRENCE S GORFINE MD
FLORIDA SOCIETY OF ANESTHESIOLOGY PAC
335 BEARD STREET
TALLAHASSEE FL 32303

August 3, 2000

IDENTIFICATION NUMBER: C00230383

REFERENCE: JULY QUARTERLY REPORT (04/01/2000 - 06/30/2000)

DEAR TREASURER:

IT HAS COME TO THE ATTENTION OF THE FEDERAL ELECTION COMMISSION THAT YOU MAY HAVE FAILED TO FILE THE ABOVE REFERENCED REPORT OF RECEIPTS AND EXPENDITURES IN ITS ENTIRETY AS REQUIRED BY THE FEDERAL ELECTION CAMPAIGN ACT, AS AMENDED. YOU WERE PREVIOUSLY NOTIFIED OF THE DUE DATES FOR THIS REPORT.

IT IS IMPORTANT THAT YOU FILE THIS REPORT IMMEDIATELY WITH THE FEDERAL ELECTION COMMISSION, 999 E STREET, N.W., WASHINGTON, D.C., 20463. A COPY OF THE REPORT OR RELEVANT PORTIONS SHOULD ALSO BE FILED WITH THE SECRETARY OF STATE OR EQUIVALENT STATE OFFICER UNLESS THE STATE IS EXEMPT FROM THE FEDERAL REQUIREMENT TO RECEIVE AND MAINTAIN PAPER COPIES.

ALTHOUGH THE COMMISSION MAY INITIATE AN AUDIT OR LEGAL ENFORCEMENT ACTION CONCERNING THIS MATTER, YOUR PROMPT RESPONSE AND A LETTER OF EXPLANATION WILL BE TAKEN INTO CONSIDERATION.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT KENNETH DAVIS ON OUR TOLL FREE NUMBER (800)424-9530. OUR LOCAL NUMBER IS (202)694-1130.

SINCERELY,

JOHN D. GIBSON
ASSISTANT STAFF DIRECTOR
REPORTS ANALYSIS DIVISION

MGMCOMP 20:07 EST

2000 SEP -5 A 10:42

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Lawrence S. Gorfine, MD Florida Society of Anesthesiology (FSA PAC)		2. FEC IDENTIFICATION NUMBER C00230383
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 335 Beard Street		
CITY, STATE and ZIP CODE Tallahassee, Florida 32303		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 316)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |


- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/1/2000</u> through <u>6/30/2000</u>		
6. (a) Cash on Hand January 1, 2000		\$ 12,417.19
(b) Cash on Hand at Beginning of Reporting Period	\$ 12,417.19	
(c) Total Receipts (from Line 10)	\$ 0.00	\$ 0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 12,417.19	\$ 12,417.19
7. Total Disbursements (from Line 30)	\$ 2,000.00	\$ 2,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 10,417.19	\$ 10,417.19
9. Debts and Obligations Owed TO the Committee (Report all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 400 E Street, NW Washington, DC 20543 Toll Free 800-424-9528 Local 202-693-3400
10. Debts and Obligations Owed BY the Committee (Report all on Schedule C and/or Schedule D)	\$ 0.00	

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: Lawrence S. Gorfine, M.D.

Signature of Treasurer: 

Date: 8/10/2000

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

OF COMMITTEE Florida Society of Anesthesiology
Political Action Committee (FSA-PAC)

REPORT COVERING PERIOD
FROM 4/1/2000 TO 6/30/2000

		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees	0.00	0.00	11(a)(i)
i.	Itemized (Use Schedule A)	0.00	0.00	11(a)(ii)
ii.	Unitemized	0.00	0.00	11(a)(iii)
iii.	Total (add i and ii) >	0.00	0.00	11(b)
b.	Political Party Committees	0.00	0.00	11(c)
c.	Other Political Committees (such as PACs)	0.00	0.00	11(d)
d.	Total Contributions (add a ii, b and c) >	0.00	0.00	12
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00	13
13.	All Loans Received	0.00	0.00	14
14.	Loan Repayments Received	0.00	0.00	15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	17
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	18
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00	19
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	0.00	0.00	20
20.	Total Federal Receipts (subtract line 18 from line 19) >			
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00	21(a)(i)
i.	Federal Share	0.00	0.00	21(a)(ii)
ii.	Non-Federal Share	0.00	0.00	21(b)
b.	Other Federal Operating Expenditures	0.00	0.00	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	22
22.	Transfers to Affiliated/Other Party Committees	2,000.00	2,000.00	23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	24
24.	Independent Expenditures (use Schedule E)	0.00	0.00	25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	26
26.	Loan Repayments Made	0.00	0.00	27
27.	Loans Made	0.00	0.00	
28.	Refunds of Contributions To:	0.00	0.00	28(a)
a.	Individuals/Persons Other Than Political Committees	0.00	0.00	28(b)
b.	Political Party Committees	0.00	0.00	28(c)
c.	Other Political Committees (such as PACs)	0.00	0.00	28(d)
d.	Total Contribution Refunds (add a, b and c) >	0.00	0.00	29
29.	Other Disbursements	2,000.00	2,000.00	30
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,000.00	2,000.00	31
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans) (from line 11d)	0.00	0.00	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans) (subtract line 33 from 32)	0.00	0.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00	37

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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)

Florida Society of Anesthesiology (FSA PAC)

C00230883

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Clay Shaw 100 Coral Way Ft. Lauderdale, FL 33301	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/00	\$2,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

2,000.00

TOTAL This Period (last page this line number only)

2,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/>	First Class Mail	POSTMARKED 9-1-00
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
<i>je1</i>		9-5-00
PREPARER		DATE PREPARED