

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

520 N. NORTHWEST HIGHWAY

Check if different than previously reported. (ACC)

PARK RIDGE

IL

80068

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00255752

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

X

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

05

01

2004

through

05

31

2004

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

SUSAN ROGOWSKI

Signature of Treasurer

Electronically Filed by SUSAN ROGOWSKI

Date

06

15

2004

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

Office Use Only

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

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: <sup>M</sup>05 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>05 <sup>D</sup>31 <sup>Y</sup>2004

|   | <b>COLUMN A</b><br>This Period | <b>COLUMN B</b><br>Calendar Year-to-Date |
|---|--------------------------------|--|
| 6. (a) Cash on Hand<br>January 1 <sup>Y</sup> 2004 <sup>Y</sup>   |                                | 715555.75                                |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 589530.42                      |  |
| (c) Total Receipts (from Line 19) .....   | 51821.08                       | 358528.56                                |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | 641351.50                      | 1074084.31                               |
| <hr/>   |                                |  |
| 7. Total Disbursements (from Line 31) .....   | 79420.95                       | 512153.76                                |
| <hr/>   |                                |  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | 561930.55                      | 561930.55                                |
| <hr/>   |                                |  |
| 9. Debts and Obligations owed TO<br>the committee (itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                           |  |
| 10. Debts and Obligations owed BY<br>the committee (itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                           |  |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: <sup>M</sup>05 <sup>-</sup>01 <sup>-</sup>2004 To: <sup>M</sup>05 <sup>-</sup>31 <sup>-</sup>2004

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 42375.00                      |                                   |
| (ii) Unitemized .....  | 9150.00                       |                                   |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) .....  | 51525.00                      | 356816.00                         |
| (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) .....     | 51525.00                      | 356816.00                         |
| 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.) .....   | 296.08                        | 1712.56                           |
| 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)) .....                          | 51821.08                      | 358528.56                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 51821.08                      | 358528.56                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>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                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 62500.00                      | 358350.00                         |
| 24. Independent Expenditure (use Schedule E).....  | 0.00                          | 91500.00                          |
| 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.....   | 16920.95                      | 62303.76                          |
| 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 ActMty (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))..       | 79420.95                      | 512153.76                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....                    | 79420.95                      | 512153.76                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 51525.00                      | 356816.00                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 51525.00                      | 356816.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

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

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

FOR LINE NUMBER: PAGE 6 / 55

(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 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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

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

|   |                                |  |
|---|--------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JOHN AKIN</b>      |                                | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |
| Mailing Address 2151 OLD ROCKY RIDGE RD                             |                                | Transaction ID: SA11A1.29692                   |
| City  | State                          | Zip Code                                       |
| BIRMINGHAM  | AL                             | 35216  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>ANESTH SERVS BIRMINGHAM                         | Occupation<br>ANESTHESIOLOGIST | Aggregate Year-to-Date ▼<br>500.00             |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           |                                |  |

|  |                                |  |
|--|--------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. RICHARD ALBERTSON</b> |                                | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |
| Mailing Address 1001 CITY AVE #EC306                                   |                                | Transaction ID: SA11A1.29762                   |
| City   | State                          | Zip Code                                       |
| WYNNEWOOD  | PA                             | 19066  |
| FEC ID number of contributing federal political committee. <b>C</b>    |                                | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>RETIRED  | Occupation<br>ANESTHESIOLOGIST | Aggregate Year-to-Date ▼<br>500.00             |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              |                                |  |

|  |                         |  |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PATRICK ALLAIRE</b> |                         | Date of Receipt<br>M / D / Y<br>05 / 11 / 2004 |
| Mailing Address 58891 280TH ST                                       |                         | Transaction ID: SA11A1.29585                   |
| City   | State                   | Zip Code                                       |
| CAMBRIDGE  | IA                      | 50048  |
| FEC ID number of contributing federal political committee. <b>C</b>  |                         | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>MCFARLAND CLINIC                                 | Occupation<br>PHYSICIAN | Aggregate Year-to-Date ▼<br>250.00             |
| Receipt For:<br>Primary      General<br>Other (specify) ▼            |                         |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

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

FOR LINE NUMBER: PAGE 7 / 55

(check only one)

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

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

|  |                         |  |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ROBERT ARDIS</b>      |                         | Date of Receipt<br>M / D / Y<br>05 / 11 / 2004 |
| Mailing Address 2521 E 5TH ST  |                         | Transaction ID: SA11A1.29536                   |
| City<br>DULUTH   | State<br>MN             | Zip Code<br>55812                              |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                         | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>SIMDC  | Occupation<br>PHYSICIAN | Aggregate Year-to-Date ▼<br>250.00             |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   |                         |  |

|  |                                |  |
|--|--------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. VALERIE ARKOOSH</b>   |                                | Date of Receipt<br>M / D / Y<br>05 / 24 / 2004 |
| Mailing Address 530 SPRING LANE  |                                | Transaction ID: SA11A1.29823                   |
| City<br>WYNDMOOR   | State<br>PA                    | Zip Code<br>19038                              |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>DREXEL UNIV COLL OF MED                            | Occupation<br>ANESTHESIOLOGIST | Aggregate Year-to-Date ▼<br>500.00             |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   |                                |  |

|  |                                |  |
|--|--------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. SCOTT BALLARD</b>     |                                | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |
| Mailing Address 415 VERDI LN   |                                | Transaction ID: SA11A1.29848                   |
| City<br>ATLANTA  | State<br>GA                    | Zip Code<br>30350                              |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>NORTHSIDE ANESTH CONSUL                            | Occupation<br>ANESTHESIOLOGIST | Aggregate Year-to-Date ▼<br>250.00             |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   |                                |  |

|   |                |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional) .....           | <b>1000.00</b> |
| TOTAL This Period (last page this line number only) ..... |                |

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

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

FOR LINE NUMBER: PAGE 8 / 55

(check only one)

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

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

|  |                                     |  |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JERALD BAYS</b>       |                                     | Date of Receipt<br>M / D / Y<br>05 / 25 / 2004 |
| Mailing Address 5101 LORRAINE DR                                       |                                     | Transaction ID: SA11A1.29836                   |
| City<br>FRISCO   | State<br>TX                         | Zip Code<br>75034                              |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                     | Amount of Each Receipt this Period<br>1000.00  |
| Name of Employer<br>PINNACLE ANESTH                                    | Occupation<br>ANESTHESIOLOGIST      |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>1000.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ANTHONY BEALL</b>     |                                    | Date of Receipt<br>M / D / Y<br>05 / 11 / 2004 |
| Mailing Address 747 HIGH BATTERY CIR                                   |                                    | Transaction ID: SA11A1.29862                   |
| City<br>MT PLEASANT  | State<br>SC                        | Zip Code<br>29464                              |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>TRIDENT ANESTH GRP                                 | Occupation<br>ANESTHESIOLOGIST     |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>500.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PAUL BICKET</b>       |                                    | Date of Receipt<br>M / D / Y<br>05 / 25 / 2004 |
| Mailing Address 13074 S SANTA FE                                       |                                    | Transaction ID: SA11A1.29844                   |
| City<br>EDMOND   | State<br>OK                        | Zip Code<br>73003                              |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>AFFILIATED ANESTH                                  | Occupation<br>ANESTHESIOLOGIST     |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |



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

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

FOR LINE NUMBER: PAGE 9 / 55

(check only one)

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

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. DENISE BOGARD</b>  |  | Date of Receipt<br>M / D / Y<br>05 / 28 / 2004 |  |
| Mailing Address 5185 STIRLING ST                                    |  | Transaction ID: SA11A1.29872                   |  |
| City State Zip Code<br>GRANITE BAY CA 95746                         | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b> |  |  |  |
| Name of Employer<br>CASE  | Occupation<br>ANESTHESIOLOGIST               |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>250.00           |  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. GLENN BOLTON</b>   |  | Date of Receipt<br>M / D / Y<br>05 / 13 / 2004 |  |
| Mailing Address 15593 E PRENTICE LN                                 |  | Transaction ID: SA11A1.29818                   |  |
| City State Zip Code<br>CENTENNIAL CO 80015                          | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b> |  |  |  |
| Name of Employer<br>SOUTH DENVER ANESTH                             | Occupation<br>ANESTHESIOLOGIST               |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>250.00           |  |  |
| Full Name (Last, First, Middle Initial)<br><b>C. LEE BOOKER</b>     |  | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |  |
| Mailing Address 2151 OLD ROCKY RIDGE RD                             |  | Transaction ID: SA11A1.29894                   |  |
| City State Zip Code<br>BIRMINGHAM AL 35218                          | Amount of Each Receipt this Period<br>500.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b> |  |  |  |
| Name of Employer<br>ANESTH SERVS BIRMINGHAM                         | Occupation<br>ANESTHESIOLOGIST               |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>500.00           |  |  |

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

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

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

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

FOR LINE NUMBER: PAGE 10 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JAMES BRADFORD</b>    |   | Date of Receipt<br>M / D / Y<br>05 / 10 / 2004      |
| Mailing Address <b>807 SPRINGWOOD DR</b>                               |   | Transaction ID: SA11A1.29812                        |
| City   | State                                     | Zip Code  |
| <b>KALAMAZOO</b>   | <b>MI</b>                                 | <b>49009</b>  |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   | Amount of Each Receipt this Period<br><b>250.00</b> |
| Name of Employer<br><b>KALAMAZOO ANESTH</b>                            | Occupation<br><b>ANESTHESIOLOGIST</b>     |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>250.00</b> |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. ED BRATZKE</b>        |   | Date of Receipt<br>M / D / Y<br>05 / 11 / 2004      |
| Mailing Address <b>4761 SHARPSTONE LN</b>                              |   | Transaction ID: SA11A1.29576                        |
| City   | State                                     | Zip Code  |
| <b>RALEIGH</b>   | <b>NC</b>                                 | <b>27615</b>  |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   | Amount of Each Receipt this Period<br><b>250.00</b> |
| Name of Employer<br><b>CRITICAL HEALTH SYSTEMS</b>                     | Occupation<br><b>ANESTHESIOLOGIST</b>     |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>250.00</b> |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. FRED BRINK</b>        |   | Date of Receipt<br>M / D / Y<br>05 / 11 / 2004      |
| Mailing Address <b>P.O. BOX 17239</b>                                  |   | Transaction ID: SA11A1.29558                        |
| City   | State                                     | Zip Code  |
| <b>FOUNTAIN HILLS</b>  | <b>AZ</b>                                 | <b>85269</b>  |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   | Amount of Each Receipt this Period<br><b>250.00</b> |
| Name of Employer<br><b>RETIRED</b>                                     | Occupation<br><b>ANESTHESIOLOGIST</b>     |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>250.00</b> |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

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

FOR LINE NUMBER: PAGE 11 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

|  |                                |  |
|--|--------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. DAVID BRONHEIM</b>    |                                | Date of Receipt<br>M / D / Y<br>05 / 11 / 2004 |
| Mailing Address 1 DEER PARK RD   |                                | Transaction ID: SA11A1.29583                   |
| City<br>KINGSPPOINT  | State<br>NY                    | Zip Code<br>10024                              |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>MT SINAI MED CTR                                   | Occupation<br>ANESTHESIOLOGIST | Aggregate Year-to-Date ▼<br>250.00             |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              |                                |  |

|  |                                |  |
|--|--------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JOHN BULLINGTON</b>   |                                | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |
| Mailing Address 2151 OLD ROCKY RIDGE RD                                |                                | Transaction ID: SA11A1.29696                   |
| City<br>BIRMINGHAM   | State<br>AL                    | Zip Code<br>35216                              |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>ANESTH SERV S BIRMINGHAM                           | Occupation<br>ANESTHESIOLOGIST | Aggregate Year-to-Date ▼<br>500.00             |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              |                                |  |

|  |                                |  |
|--|--------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. SHEILA CARLSON</b>    |                                | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |
| Mailing Address 9 WHITE OAKS LN  |                                | Transaction ID: SA11A1.29733                   |
| City<br>MADISON  | State<br>WI                    | Zip Code<br>53711                              |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>DEAN HEALTH SYSTEMS                                | Occupation<br>ANESTHESIOLOGIST | Aggregate Year-to-Date ▼<br>250.00             |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              |                                |  |

|   |                |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional) .....           | <b>1000.00</b> |
| TOTAL This Period (last page this line number only) ..... |                |

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

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

FOR LINE NUMBER: PAGE 12 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. LEE CARTER</b>     |                                    | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |
| Mailing Address 2151 OLD ROCKY RIDGE RD                             |                                    | Transaction ID: SA11A1.29698                   |
| City  | State                              | Zip Code                                       |
| BIRMINGHAM  | AL                                 | 35216  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>ANESTH SERVS BIRMINGHAM                         | Occupation<br>ANESTHESIOLOGIST     |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JOE CLARK</b>      |                                    | Date of Receipt<br>M / D / Y<br>05 / 11 / 2004 |
| Mailing Address 8549 TALLWOOD DR                                    |                                    | Transaction ID: SA11A1.29639                   |
| City  | State                              | Zip Code                                       |
| ROANOKE   | VA                                 | 24018  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>VALLEY ANESTHESIA                               | Occupation<br>ANESTHESIOLOGIST     |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. BERTRAM COFFER</b> |                                     | Date of Receipt<br>M / D / Y<br>05 / 19 / 2004 |
| Mailing Address 14236 WYNDFIELD CIR                                 |                                     | Transaction ID: SA11A1.29772                   |
| City  | State                               | Zip Code                                       |
| RALEIGH   | NC                                  | 27615  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                     | Amount of Each Receipt this Period<br>1000.00  |
| Name of Employer<br>CHS INC   | Occupation<br>PHYSICIAN             |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br>1000.00 |  |

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|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

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

FOR LINE NUMBER: PAGE 13 / 55

(check only one)

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

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

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ROBIN CONNER</b>   |                                    | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |
| Mailing Address 2151 OLD ROCKY RIDGE RD                             |                                    | Transaction ID: SA11A1.29700                   |
| City  | State                              | Zip Code                                       |
| BIRMINGHAM  | AL                                 | 35216  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>ANESTH SERVS BIRMINGHAM                         | Occupation<br>ANESTHESIOLOGIST     |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ANTHONY COOK</b>   |                                    | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |
| Mailing Address 2151 OLD ROCKY RIDGE RD                             |                                    | Transaction ID: SA11A1.29702                   |
| City  | State                              | Zip Code                                       |
| BIRMINGHAM  | AL                                 | 35216  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>ANESTH SERVS BIRMINGHAM                         | Occupation<br>ANESTHESIOLOGIST     |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. DEBORAH GREATH</b> |                                    | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |
| Mailing Address 3823 BRIGHTON CREEK CIR                             |                                    | Transaction ID: SA11A1.29864                   |
| City  | State                              | Zip Code                                       |
| TYLER   | TX                                 | 75707  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>EAST TX ANESTH ASSOC                            | Occupation<br>PHYSICIAN            |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

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

FOR LINE NUMBER: PAGE 14 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

|   |                         |  |
|---|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. DAVID DEVERE</b>   |                         | Date of Receipt<br>M / D / Y Y Y Y<br>05 / 28 / 2004 |
| Mailing Address 11 NOTTINGHAM DR                                    |                         | Transaction ID: SA11A1.29874                         |
| City  | State                   | Zip Code   |
| WHEELING  | WV                      | 26003  |
| FEC ID number of contributing federal political committee. <b>C</b> |                         | Amount of Each Receipt this Period<br>250.00         |
| Name of Employer<br>SELF-EMPLOYED                                   | Occupation<br>PHYSICIAN | Aggregate Year-to-Date ▼<br>250.00                   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           |                         |  |

|   |                         |  |
|---|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. STEPHEN DUNGAR</b> |                         | Date of Receipt<br>M / D / Y Y Y Y<br>05 / 18 / 2004 |
| Mailing Address 1324 OAKCREST CT                                    |                         | Transaction ID: SA11A1.29871                         |
| City  | State                   | Zip Code   |
| APPLETON  | WI                      | 54914  |
| FEC ID number of contributing federal political committee. <b>C</b> |                         | Amount of Each Receipt this Period<br>250.00         |
| Name of Employer<br>FOX CITIES ANESTH                               | Occupation<br>PHYSICIAN | Aggregate Year-to-Date ▼<br>250.00                   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           |                         |  |

|   |                                |  |
|---|--------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. LANNY DUTTLINGER</b> |                                | Date of Receipt<br>M / D / Y Y Y Y<br>05 / 18 / 2004 |
| Mailing Address 5188 CRESTDALE DR                                     |                                | Transaction ID: SA11A1.29859                         |
| City  | State                          | Zip Code   |
| ROCKFORD  | IL                             | 61114  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                | Amount of Each Receipt this Period<br>500.00         |
| Name of Employer<br>RAA   | Occupation<br>ANESTHESIOLOGIST | Aggregate Year-to-Date ▼<br>500.00                   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼             |                                |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

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

FOR LINE NUMBER: PAGE 15 / 55

(check only one)

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

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

|   |                                    |  |  |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. NORBERT DUTTLINGER</b> |                                    | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |  |
| Mailing Address 5188 CRESTDALE DR                                       |                                    | Transaction ID: SA11A1.29680                   |  |
| City<br>ROCKFORD  | State<br>IL                        | Zip Code<br>61114                              | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    |  |  |
| Name of Employer<br>ROCKFORD ANESTH ASSOC                               | Occupation<br>ANESTHESIOLOGIST     |  |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼               | Aggregate Year-to-Date ▼<br>500.00 |  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. PAUL ELLIOTT</b>       |                                    | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |  |
| Mailing Address 2151 OLD ROCKY RIDGE RD                                 |                                    | Transaction ID: SA11A1.29704                   |  |
| City<br>BIRMINGHAM  | State<br>AL                        | Zip Code<br>35216                              | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    |  |  |
| Name of Employer<br>ANESTH SERVS BIRMINGHAM                             | Occupation<br>ANESTHESIOLOGIST     |  |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼               | Aggregate Year-to-Date ▼<br>500.00 |  |  |
| Full Name (Last, First, Middle Initial)<br><b>C. CLAUDE FERRELL</b>     |                                    | Date of Receipt<br>M / D / Y<br>05 / 07 / 2004 |  |
| Mailing Address 210 LYNWOOD BLVD  |                                    | Transaction ID: SA11A1.29623                   |  |
| City<br>NASHVILLE   | State<br>TN                        | Zip Code<br>37205                              | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    |  |  |
| Name of Employer<br>AMG   | Occupation<br>ANESTHESIOLOGIST     |  |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼               | Aggregate Year-to-Date ▼<br>250.00 |  |  |

SUBTOTAL of Receipts TNs Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. WILLIAM FITZPATRICK</b> |                                    | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |
| Mailing Address 2151 OLD ROCKY RIDGE RD                                  |                                    | Transaction ID: SA11A1.29706                   |
| City   | State                              | Zip Code                                       |
| BIRMINGHAM   | AL                                 | 35216  |
| FEC ID number of contributing federal political committee. <b>C</b>      |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>ANESTH SERV'S BIRMINGHAM                             | Occupation<br>ANESTHESIOLOGIST     |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>500.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. REGINA FRAGNETO</b> |                                    | Date of Receipt<br>M / D / Y<br>05 / 13 / 2004 |
| Mailing Address 218 QUAIL RUN DR                                     |                                    | Transaction ID: SA11A1.29604                   |
| City   | State                              | Zip Code                                       |
| GEORGETOWN   | KY                                 | 40324  |
| FEC ID number of contributing federal political committee. <b>C</b>  |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>UNIV OF KENTUCKY                                 | Occupation<br>ANESTHESIOLOGIST     |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼            | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. BENNETT FULLER</b> |                                    | Date of Receipt<br>M / D / Y<br>05 / 25 / 2004 |
| Mailing Address 14708 CARLINGFORD WAY                               |                                    | Transaction ID: SA11A1.29833                   |
| City  | State                              | Zip Code                                       |
| EDMOND  | OK                                 | 73013  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>AFFILIATED ANESTH                               | Occupation<br>PHYSICIAN            |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br>250.00 |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |



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

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

FOR LINE NUMBER: PAGE 17 / 55  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. BRENDA GENTZ</b>      |   | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004      |
| Mailing Address P.O. BOX 40428   |   | Transaction ID: SA11A1.29653                        |
| City<br><b>TUCSON</b>  | State<br><b>AZ</b>                        | Zip Code<br><b>85717</b>                            |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   | Amount of Each Receipt this Period<br><b>500.00</b> |
| Name of Employer<br><b>UNIVERSITY PHYSICIANS</b>                       | Occupation<br><b>PHYSICIAN</b>            |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>500.00</b> |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. LISA GIAMBI</b>       |   | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004      |
| Mailing Address 401 E ONTARIO #4401                                    |   | Transaction ID: SA11A1.29788                        |
| City<br><b>CHICAGO</b>   | State<br><b>IL</b>                        | Zip Code<br><b>60611</b>                            |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   | Amount of Each Receipt this Period<br><b>225.00</b> |
| Name of Employer<br><b>NORTHWESTERN MEM HOSP</b>                       | Occupation<br><b>NURSE</b>                |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>225.00</b> |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. VINITA GULANIKAR</b>  |   | Date of Receipt<br>M / D / Y<br>05 / 11 / 2004      |
| Mailing Address 204 VALLEY RD  |   | Transaction ID: SA11A1.29632                        |
| City<br><b>RIDGELAND</b>   | State<br><b>MS</b>                        | Zip Code<br><b>39157</b>                            |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   | Amount of Each Receipt this Period<br><b>250.00</b> |
| Name of Employer<br><b>SURGICAL ANESTH ASSOC</b>                       | Occupation<br><b>ANESTHESIOLOGIST</b>     |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>250.00</b> |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>975.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

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

FOR LINE NUMBER: PAGE 18 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

|  |   |  |   |
|--|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. GLEN GUTZKE</b>       |   | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |   |
| Mailing Address<br>112 TRAPPERS CT                                     |   | Transaction ID: SA11A1.29749                   |   |
| City<br><b>NAPERVILLE</b>  | State<br><b>IL</b>                        | Zip Code<br><b>60565</b>                       | Amount of Each Receipt this Period<br><b>250.00</b> |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   |  |   |
| Name of Employer<br>DUPAGE VALLEY ANESTH                               | Occupation<br>ANESTHESIOLOGIST            |  |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>250.00</b> |  |   |

|  |   |  |   |
|--|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. J ALAN HALE</b>       |   | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |   |
| Mailing Address<br>2151 OLD ROCKY RIDGE RD                             |   | Transaction ID: SA11A1.29708                   |   |
| City<br><b>BIRMINGHAM</b>  | State<br><b>AL</b>                        | Zip Code<br><b>35216</b>                       | Amount of Each Receipt this Period<br><b>500.00</b> |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   |  |   |
| Name of Employer<br>ANESTH SERVS BIRMINGHAM                            | Occupation<br>ANESTHESIOLOGIST            |  |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>500.00</b> |  |   |

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|--|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. PAMELA HANNA</b>      |   | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |   |
| Mailing Address<br>20800 BETHELWOOD LN                                 |   | Transaction ID: SA11A1.29868                   |   |
| City<br><b>CORNELIUS</b>   | State<br><b>NC</b>                        | Zip Code<br><b>28031</b>                       | Amount of Each Receipt this Period<br><b>300.00</b> |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   |  |   |
| Name of Employer   | Occupation                                |  |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>300.00</b> |  |   |

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|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | <b>1050.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

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

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

FOR LINE NUMBER: PAGE 10 / 55

(check only one)

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

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

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. RICKARD HAWKINS</b> |  | Date of Receipt<br>M / D / Y Y Y Y<br>05 / 22 / 2004 |  |
| Mailing Address 870 BRIARLEIGH WAY                                   |  | Transaction ID: SA11A1.29819                         |  |
| City State Zip Code<br>WOODSTOCK GA 30188                            | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  |  |  |
| Name of Employer<br>AMBULATORY ANES ATLANTA                          | Occupation<br>ANESTHESIOLOGIST               |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                 | Aggregate Year-to-Date ▼<br>250.00           |  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. GREG HONDORP</b>    |  | Date of Receipt<br>M / D / Y Y Y Y<br>05 / 11 / 2004 |  |
| Mailing Address 2931 PIONEER CLUB RD SE                              |  | Transaction ID: SA11A1.29861                         |  |
| City State Zip Code<br>GRAND RAPIDS MI 49506                         | Amount of Each Receipt this Period<br>500.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  |  |  |
| Name of Employer<br>AMC  | Occupation<br>ANESTHESIOLOGIST               |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                 | Aggregate Year-to-Date ▼<br>500.00           |  |  |
| Full Name (Last, First, Middle Initial)<br><b>C. WILLIAM HORTON</b>  |  | Date of Receipt<br>M / D / Y Y Y Y<br>05 / 19 / 2004 |  |
| Mailing Address 13810 SE 44TH ST                                     |  | Transaction ID: SA11A1.29791                         |  |
| City State Zip Code<br>BELLEVUE WA 98008                             | Amount of Each Receipt this Period<br>500.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  |  |  |
| Name of Employer<br>RETIRED  | Occupation<br>ANESTHESIOLOGIST               |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                 | Aggregate Year-to-Date ▼<br>500.00           |  |  |

SUBTOTAL of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. SHELLEY JACKS</b>     |   | Date of Receipt<br>M / D / Y<br>05 / 13 / 2004      |
| Mailing Address 421 SUMMIT RIDGE RD                                    |   | Transaction ID: SA11A1.29806                        |
| City<br><b>BOISE</b>   | State<br><b>ID</b>                        | Zip Code<br><b>83702</b>                            |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   | Amount of Each Receipt this Period<br><b>250.00</b> |
| Name of Employer<br><b>BOISE ANESTHESIA</b>                            | Occupation<br><b>ANESTHESIOLOGIST</b>     |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>250.00</b> |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. KATHI JUAREZ</b>      |   | Date of Receipt<br>M / D / Y<br>05 / 11 / 2004      |
| Mailing Address 825 MARSH AVE  |   | Transaction ID: SA11A1.29546                        |
| City<br><b>RENO</b>  | State<br><b>NV</b>                        | Zip Code<br><b>89508</b>                            |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   | Amount of Each Receipt this Period<br><b>500.00</b> |
| Name of Employer<br><b>SIERRA ANESTH</b>                               | Occupation<br><b>ANESTHESIOLOGIST</b>     |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>500.00</b> |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. ALAN KAPLAN</b>       |   | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004      |
| Mailing Address 510 N DOOLIN DR  |   | Transaction ID: SA11A1.29847                        |
| City<br><b>ROSWELL</b>   | State<br><b>GA</b>                        | Zip Code<br><b>30078</b>                            |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   | Amount of Each Receipt this Period<br><b>250.00</b> |
| Name of Employer<br><b>NORTHSIDE ANESTH</b>                            | Occupation<br><b>ANESTHESIOLOGIST</b>     |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>250.00</b> |   |

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|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

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

FOR LINE NUMBER: PAGE 21 / 55

(check only one)

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

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

|  |                                    |  |  |
|--|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. STEVEN KARP</b>       |                                    | Date of Receipt<br>M / D / Y<br>05 / 11 / 2004 |  |
| Mailing Address 201 WINDDOVER AVE NW                                   |                                    | Transaction ID: SA11A1.29570                   |  |
| City<br>VIENNA   | State<br>VA                        | Zip Code<br>22180                              | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    |  |  |
| Name of Employer<br>FAIR OAKS ANESTH                                   | Occupation<br>ANESTHESIOLOGIST     |  |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>500.00 |  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. WILL KENDRICK</b>     |                                    | Date of Receipt<br>M / D / Y<br>05 / 25 / 2004 |  |
| Mailing Address 110 29TH AVE N #2D1                                    |                                    | Transaction ID: SA11A1.29848                   |  |
| City<br>NASHVILLE  | State<br>TN                        | Zip Code<br>37209                              | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    |  |  |
| Name of Employer<br>AMG  | Occupation<br>ANESTHESIOLOGIST     |  |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>250.00 |  |  |
| Full Name (Last, First, Middle Initial)<br><b>C. EDWIN KEZAR</b>       |                                    | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |  |
| Mailing Address 2151 OLD ROCKY RIDGE RD                                |                                    | Transaction ID: SA11A1.29710                   |  |
| City<br>BIRMINGHAM   | State<br>AL                        | Zip Code<br>35218                              | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    |  |  |
| Name of Employer<br>ANESTH SERVS BIRMINGHAM                            | Occupation<br>ANESTHESIOLOGIST     |  |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>500.00 |  |  |

SUBTOTAL of Receipts TN's Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

|   |                         |   |
|---|-------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. ROGER KINKOR</b>   |                         | Date of Receipt<br>M / D / Y<br>05 / 25 / 2004      |
| Mailing Address <b>4802 OAKWOOD LN</b>                              |                         | Transaction ID: SA11A1.29850                        |
| City  | State                   | Zip Code  |
| <b>W DES MOINES</b>   | <b>IA</b>               | <b>50265</b>  |
| FEC ID number of contributing federal political committee. <b>C</b> |                         | Amount of Each Receipt this Period<br><b>250.00</b> |
| Name of Employer<br>MICA  | Occupation<br>PHYSICIAN | Aggregate Year-to-Date ▼<br><b>250.00</b>           |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           |                         |   |

|   |                                |   |
|---|--------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. ROBERT LAGASSE</b> |                                | Date of Receipt<br>M / D / Y<br>05 / 11 / 2004      |
| Mailing Address <b>1825 EASTCHESTER RD</b>                          |                                | Transaction ID: SA11A1.29877                        |
| City  | State                          | Zip Code  |
| <b>BRONX</b>  | <b>NY</b>                      | <b>10461</b>  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                | Amount of Each Receipt this Period<br><b>250.00</b> |
| Name of Employer<br>MONTEFIORE MED CTR                              | Occupation<br>ANESTHESIOLOGIST | Aggregate Year-to-Date ▼<br><b>250.00</b>           |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           |                                |   |

|   |                                |   |
|---|--------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. MARIA LAPORTA</b>  |                                | Date of Receipt<br>M / D / Y<br>05 / 19 / 2004      |
| Mailing Address <b>1920 COMANCHE CT</b>                             |                                | Transaction ID: SA11A1.29801                        |
| City  | State                          | Zip Code  |
| <b>FREEPORT</b>   | <b>IL</b>                      | <b>61032</b>  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                | Amount of Each Receipt this Period<br><b>500.00</b> |
| Name of Employer<br>ROCKPORT ANESTH ASSOC                           | Occupation<br>ANESTHESIOLOGIST | Aggregate Year-to-Date ▼<br><b>500.00</b>           |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           |                                |   |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

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

FOR LINE NUMBER: PAGE 23 / 55  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

|  |   |  |   |
|--|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. HELGESON LARS</b>     |   | Date of Receipt<br>M / D / Y<br>05 / 11 / 2004 |   |
| Mailing Address 1093 DURHAM RD   |   | Transaction ID: SA11A1.29574                   |   |
| City<br><b>MADISON</b>   | State<br><b>CT</b>                        | Zip Code<br><b>06443</b>                       | Amount of Each Receipt this Period<br><b>250.00</b> |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   |  |   |
| Name of Employer<br><b>YALE UNIV</b>                                   | Occupation<br><b>ANESTHESIOLOGIST</b>     |  |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>250.00</b> |  |   |

|  |   |  |   |
|--|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JESSIE LEAK</b>       |   | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |   |
| Mailing Address 2304 AVALON PL   |   | Transaction ID: SA11A1.29767                   |   |
| City<br><b>HOUSTON</b>   | State<br><b>TX</b>                        | Zip Code<br><b>77019</b>                       | Amount of Each Receipt this Period<br><b>500.00</b> |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   |  |   |
| Name of Employer<br><b>MD ANDERSON CANCER CTR</b>                      | Occupation<br><b>ANESTHESIOLOGIST</b>     |  |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>500.00</b> |  |   |

|  |   |  |   |
|--|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. WAYNE LEWIS</b>       |   | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |   |
| Mailing Address 2151 OLD ROCKY RIDGE RD                                |   | Transaction ID: SA11A1.29712                   |   |
| City<br><b>BIRMINGHAM</b>  | State<br><b>AL</b>                        | Zip Code<br><b>35218</b>                       | Amount of Each Receipt this Period<br><b>500.00</b> |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   |  |   |
| Name of Employer<br><b>ANESTH SERVS BIRMINGHAM</b>                     | Occupation<br><b>ANESTHESIOLOGIST</b>     |  |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>500.00</b> |  |   |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | <b>1250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

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

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

FOR LINE NUMBER: PAGE 24 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

|  |   |  |   |
|--|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. KEITH LIBERT</b>      |   | Date of Receipt<br>M / D / Y Y Y Y<br>05 / 10 / 2004 |   |
| Mailing Address <b>300 S ARLINGTON AVE</b>                             |   | Transaction ID: SA11A1.29780                         |   |
| City<br><b>RENO</b>  | State<br><b>NV</b>                        | Zip Code<br><b>89511</b>                             | Amount of Each Receipt this Period<br><b>250.00</b> |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   |  |   |
| Name of Employer<br><b>ASSOC ANESTH OF RENO</b>                        | Occupation<br><b>ANESTHESIOLOGIST</b>     |  |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>250.00</b> |  |   |

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|--|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. ONA LITWILLER</b>     |   | Date of Receipt<br>M / D / Y Y Y Y<br>05 / 11 / 2004 |   |
| Mailing Address <b>3001 BURNLEIGH RD SW</b>                            |   | Transaction ID: SA11A1.29587                         |   |
| City<br><b>ROANOKE</b>   | State<br><b>VA</b>                        | Zip Code<br><b>24014</b>                             | Amount of Each Receipt this Period<br><b>500.00</b> |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   |  |   |
| Name of Employer<br><b>SELF-EMPLOYED</b>                               | Occupation<br>ANESTHESIOLOGIST            |  |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>500.00</b> |  |   |

|  |   |  |   |
|--|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. LAJUANA LOGAN</b>     |   | Date of Receipt<br>M / D / Y Y Y Y<br>05 / 18 / 2004 |   |
| Mailing Address <b>2151 OLD ROCKY RIDGE RD</b>                         |   | Transaction ID: SA11A1.29714                         |   |
| City<br><b>BIRMINGHAM</b>  | State<br><b>AL</b>                        | Zip Code<br><b>35218</b>                             | Amount of Each Receipt this Period<br><b>500.00</b> |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   |  |   |
| Name of Employer<br><b>ANESTH SERVS BIRMINGHAM</b>                     | Occupation<br><b>ANESTHESIOLOGIST</b>     |  |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>500.00</b> |  |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | <b>1250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |



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

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

FOR LINE NUMBER: PAGE 25 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

|   |                                       |   |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. ERIC MASON</b>     |                                       | Date of Receipt<br>M / D / Y<br>05 / 10 / 2004      |
| Mailing Address <b>4313 CEDAR OAK WOOD</b>                          |                                       | Transaction ID: SA11A1.29764                        |
| City  | State                                 | Zip Code  |
| <b>RALEIGH</b>  | <b>NC</b>                             | <b>27612</b>  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                       | Amount of Each Receipt this Period<br><b>250.00</b> |
| Name of Employer<br><b>CHS NC</b>                                   | Occupation<br><b>ANESTHESIOLOGIST</b> | Aggregate Year-to-Date ▼<br><b>250.00</b>           |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           |                                       |   |

|   |                                       |   |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. SCOTT MAXWELL</b>  |                                       | Date of Receipt<br>M / D / Y<br>05 / 25 / 2004      |
| Mailing Address <b>708 NW 144TH ST</b>                              |                                       | Transaction ID: SA11A1.29846                        |
| City  | State                                 | Zip Code  |
| <b>EDMOND</b>   | <b>OK</b>                             | <b>73013</b>  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                       | Amount of Each Receipt this Period<br><b>250.00</b> |
| Name of Employer<br><b>SELF-EMPLOYED</b>                            | Occupation<br><b>ANESTHESIOLOGIST</b> | Aggregate Year-to-Date ▼<br><b>250.00</b>           |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           |                                       |   |

|   |                                |   |
|---|--------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. STEVEN MAXWELL</b> |                                | Date of Receipt<br>M / D / Y<br>05 / 11 / 2004      |
| Mailing Address <b>1002 FOX HOLLOW RD</b>                           |                                | Transaction ID: SA11A1.29555                        |
| City  | State                          | Zip Code  |
| <b>STROUDSBURG</b>  | <b>PA</b>                      | <b>16960</b>  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                | Amount of Each Receipt this Period<br><b>350.00</b> |
| Name of Employer<br><b>ANESTH CARE</b>                              | Occupation<br><b>PHYSICIAN</b> | Aggregate Year-to-Date ▼<br><b>350.00</b>           |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           |                                |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>850.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

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

FOR LINE NUMBER: PAGE 26 / 55

(check only one)

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

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JAYNE MCGUIRE</b>    |  | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |  |
| Mailing Address 20812 BETHELWOOD LN                                   |  | Transaction ID: SA11A1.29870                   |  |
| City State Zip Code<br>CORNELIUS NC 28031                             | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>SOUTHEAST ANESTH CONSULTS                         | Occupation<br>ANESTHESIOLOGIST               |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                  | Aggregate Year-to-Date ▼<br>250.00           |  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. CHARLES MCINTOSH</b> |  | Date of Receipt<br>M / D / Y<br>05 / 25 / 2004 |  |
| Mailing Address 2508 INDIAN MOUND BLVD                                |  | Transaction ID: SA11A1.29835                   |  |
| City State Zip Code<br>MONROE LA 71201                                | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>FONTENOT & MCINTOSH                               | Occupation<br>PHYSICIAN                      |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                  | Aggregate Year-to-Date ▼<br>250.00           |  |  |
| Full Name (Last, First, Middle Initial)<br><b>C. DOUGLAS MERRILL</b>  |  | Date of Receipt<br>M / D / Y<br>05 / 19 / 2004 |  |
| Mailing Address 2701 N 29TH STREET                                    |  | Transaction ID: SA11A1.29790                   |  |
| City State Zip Code<br>TACOMA WA 98407                                | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>VIRGINIA MASON CLINIC                             | Occupation<br>PHYSICIAN                      |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                  | Aggregate Year-to-Date ▼<br>250.00           |  |  |

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

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

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

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

FOR LINE NUMBER: PAGE 27 / 55

(check only one)

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

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

|  |                                     |  |   |
|--|-------------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. PATRICK MILLER</b>    |                                     | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |   |
| Mailing Address 7105 S BROOKSHIRE CT                                   |                                     | Transaction ID: SA11A1.29845                   |   |
| City<br>SPOKANE  | State<br>WA                         | Zip Code<br>99223                              | Amount of Each Receipt this Period<br>1000.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                     |  |   |
| Name of Employer<br>PHYSICIANS ANESTH GRP                              | Occupation<br>PHYSICIAN             |  |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>1000.00 |  |   |
| Full Name (Last, First, Middle Initial)<br><b>B. JAMES MOSHER</b>      |                                     | Date of Receipt<br>M / D / Y<br>05 / 25 / 2004 |   |
| Mailing Address 8511 FOX CHASE LN                                      |                                     | Transaction ID: SA11A1.29827                   |   |
| City<br>CINCINNATI   | State<br>OH                         | Zip Code<br>45243                              | Amount of Each Receipt this Period<br>250.00  |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                     |  |   |
| Name of Employer<br>ANESTH ASSOC CINCINNATI                            | Occupation<br>PHYSICIAN             |  |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>250.00  |  |   |
| Full Name (Last, First, Middle Initial)<br><b>C. PAUL NAGRODZKI</b>    |                                     | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |   |
| Mailing Address 2151 OLD ROCKY RIDGE RD                                |                                     | Transaction ID: SA11A1.29718                   |   |
| City<br>BIRMINGHAM   | State<br>AL                         | Zip Code<br>35218                              | Amount of Each Receipt this Period<br>500.00  |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                     |  |   |
| Name of Employer<br>ANESTH SERVS BIRMINGHAM                            | Occupation<br>ANESTHESIOLOGIST      |  |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>500.00  |  |   |

SUBTOTAL of Receipts This Page (optional) ..... ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 55

(check only one)

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

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

|  |                                     |  |   |
|--|-------------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. DANIEL NGUYEN</b>     |                                     | Date of Receipt<br>M / D / Y<br>05 / 12 / 2004 |   |
| Mailing Address 216 MCCAULEY LANE                                      |                                     | Transaction ID: SA11A1.29591                   |   |
| City<br>BOONE  | State<br>NC                         | Zip Code<br>28607                              | Amount of Each Receipt this Period<br>500.00  |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                     |  |   |
| Name of Employer<br>WATAUGA ANESTH ASSOC                               | Occupation<br>ANESTHESIOLOGIST      |  |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>500.00  |  |   |
| Full Name (Last, First, Middle Initial)<br><b>B. PHILIP OGDEN</b>      |                                     | Date of Receipt<br>M / D / Y<br>05 / 13 / 2004 |   |
| Mailing Address 8025 MAGNOLIA DR                                       |                                     | Transaction ID: SA11A1.29603                   |   |
| City<br>BISMARCK   | State<br>ND                         | Zip Code<br>58503                              | Amount of Each Receipt this Period<br>1000.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                     |  |   |
| Name of Employer<br>MEDCENTER ONE                                      | Occupation<br>ANESTHESIOLOGIST      |  |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>1000.00 |  |   |
| Full Name (Last, First, Middle Initial)<br><b>C. LYNN OWEN</b>         |                                     | Date of Receipt<br>M / D / Y<br>05 / 14 / 2004 |   |
| Mailing Address 411 LAURELL ST #317D                                   |                                     | Transaction ID: SA11A1.29827                   |   |
| City<br>DES MOINES   | State<br>IA                         | Zip Code<br>50314                              | Amount of Each Receipt this Period<br>250.00  |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                     |  |   |
| Name of Employer<br>MEDICAL CENTER ANESTH                              | Occupation<br>ANESTHESIOLOGIST      |  |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>250.00  |  |   |

SUBTOTAL of Receipts This Page (optional) ..... ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 55

(check only one)

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

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

|  |                                |  |                                    |
|--|--------------------------------|--|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. SRIKANTH PATANKAR</b> |                                | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |                                    |
| Mailing Address 124 LINCOLN RD   |                                | Transaction ID: SA11A1.29734                   |                                    |
| City   | State                          | Zip Code                                       | Amount of Each Receipt this Period |
| WESTFIELD  | NJ                             | 07090  | 500.00                             |
| FEC ID number of contributing federal political committee. <b>C</b>    |                                |  |                                    |
| Name of Employer<br>NEW JERSEY ANESTH ASSOC                            | Occupation<br>ANESTHESIOLOGIST | Aggregate Year-to-Date ▼                       |                                    |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              |                                | 500.00   |                                    |

|   |                                |  |                                    |
|---|--------------------------------|--|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. ERIC PEDIKINI</b>  |                                | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |                                    |
| Mailing Address 640 KENILWORTH TERR                                 |                                | Transaction ID: SA11A1.29794                   |                                    |
| City  | State                          | Zip Code                                       | Amount of Each Receipt this Period |
| KENILWORTH  | IL                             | 60043  | 250.00                             |
| FEC ID number of contributing federal political committee. <b>C</b> |                                |  |                                    |
| Name of Employer<br>PARK RIDGE ANESTH ASSOC                         | Occupation<br>ANESTHESIOLOGIST | Aggregate Year-to-Date ▼                       |                                    |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           |                                | 750.00   |                                    |

|   |                               |  |                                    |
|---|-------------------------------|--|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. JOAN PEDIKINI</b>  |                               | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |                                    |
| Mailing Address 640 KENILWORTH TERR                                 |                               | Transaction ID: SA11A1.29793                   |                                    |
| City  | State                         | Zip Code                                       | Amount of Each Receipt this Period |
| KENILWORTH  | IL                            | 60043  | 250.00                             |
| FEC ID number of contributing federal political committee. <b>C</b> |                               |  |                                    |
| Name of Employer<br>BAIRD & WARNER                                  | Occupation<br>DOCTOR'S SPOUSE | Aggregate Year-to-Date ▼                       |                                    |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           |                               | 250.00   |                                    |

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

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

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

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

FOR LINE NUMBER: PAGE 30 / 55

(check only one)

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

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

|  |                                    |  |  |
|--|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ERIC PERSILY</b>        |                                    | Date of Receipt<br>M / D / Y<br>05 / 10 / 2004 |  |
| Mailing Address 126 WHISPERING WDS RD                                    |                                    | Transaction ID: SA11A1.29766                   |  |
| City<br>CHARLESTON   | State<br>WV                        | Zip Code<br>25304                              | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>   |                                    |  |  |
| Name of Employer<br>GENERAL ANESTH SVCS                                  | Occupation<br>ANESTHESIOLOGIST     |  |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>250.00 |  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. PATRICIA GAIL PIRIE</b> |                                    | Date of Receipt<br>M / D / Y<br>05 / 28 / 2004 |  |
| Mailing Address 3939 J STREET #310                                       |                                    | Transaction ID: SA11A1.29865                   |  |
| City<br>SACRAMENTO   | State<br>CA                        | Zip Code<br>95808                              | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>   |                                    |  |  |
| Name of Employer<br>SACRAMENTO ANES MED GRP                              | Occupation<br>PHYSICIAN            |  |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>250.00 |  |  |
| Full Name (Last, First, Middle Initial)<br><b>C. WILLIAM PURKEY</b>      |                                    | Date of Receipt<br>M / D / Y<br>05 / 28 / 2004 |  |
| Mailing Address 5445 PINE HOLLOW TRL                                     |                                    | Transaction ID: SA11A1.29867                   |  |
| City<br>OVIEDO   | State<br>FL                        | Zip Code<br>32765                              | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>   |                                    |  |  |
| Name of Employer<br>JLR MEDICAL GROUP                                    | Occupation<br>ANESTHESIOLOGIST     |  |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>250.00 |  |  |

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

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

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

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

FOR LINE NUMBER: PAGE 31 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. ANN REARDON</b>    |   | Date of Receipt<br>M / D / Y<br>05 / 07 / 2004      |
| Mailing Address <b>84 GARLAND ST</b>                                |   | Transaction ID: SA11A1.29518                        |
| City  | State                                     | Zip Code  |
| <b>BANGOR</b>   | <b>ME</b>                                 | <b>04401</b>  |
| FEC ID number of contributing federal political committee. <b>C</b> |   | Amount of Each Receipt this Period<br><b>250.00</b> |
| Name of Employer<br><b>ACADIA MED ASSOC ANESTH</b>                  | Occupation<br><b>ANESTHESIOLOGIST</b>     |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br><b>250.00</b> |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. RICHARD RICHTER</b> |   | Date of Receipt<br>M / D / Y<br>05 / 19 / 2004      |
| Mailing Address <b>1621 HUNTMOOR DR</b>                              |   | Transaction ID: SA11A1.29774                        |
| City   | State                                     | Zip Code  |
| <b>ROCK HILL</b>   | <b>SC</b>                                 | <b>29732</b>  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | Amount of Each Receipt this Period<br><b>250.00</b> |
| Name of Employer<br><b>ANESTH ASSOC ROCK HILL</b>                    | Occupation<br><b>ANESTHESIOLOGIST</b>     |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼            | Aggregate Year-to-Date ▼<br><b>250.00</b> |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. GARY RING</b>      |   | Date of Receipt<br>M / D / Y<br>05 / 19 / 2004      |
| Mailing Address <b>7106 ALPHA RD</b>                                |   | Transaction ID: SA11A1.29788                        |
| City  | State                                     | Zip Code  |
| <b>DALLAS</b>   | <b>TX</b>                                 | <b>75240</b>  |
| FEC ID number of contributing federal political committee. <b>C</b> |   | Amount of Each Receipt this Period<br><b>500.00</b> |
| Name of Employer<br><b>TX-AN ANESTHESIA</b>                         | Occupation<br><b>ANESTHESIOLOGIST</b>     |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br><b>500.00</b> |   |

|  |                |
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| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

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

FOR LINE NUMBER: PAGE 32 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. WESLEY ROBINSON</b> |                                    | Date of Receipt<br>M / D / Y Y Y Y<br>05 / 18 / 2004 |
| Mailing Address 8226 FAIRVIEW RD                                     |                                    | Transaction ID: SA11A1.29666                         |
| City   | State                              | Zip Code   |
| CHARLOTTE  | NC                                 | 28226  |
| FEC ID number of contributing federal political committee. <b>C</b>  |                                    | Amount of Each Receipt this Period<br>500.00         |
| Name of Employer<br>SOUTHEAST ANESTH                                 | Occupation<br>PHYSICIAN            |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼            | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. FRED ROCK</b>      |                                    | Date of Receipt<br>M / D / Y Y Y Y<br>05 / 18 / 2004 |
| Mailing Address 2151 OLD ROCKY RIDGE RD                             |                                    | Transaction ID: SA11A1.29718                         |
| City  | State                              | Zip Code   |
| BIRMINGHAM  | AL                                 | 35216  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>500.00         |
| Name of Employer<br>ANESTH SERV'S BIRMINGHAM                        | Occupation<br>ANESTHESIOLOGIST     |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JEFF ROGERS</b>    |                                    | Date of Receipt<br>M / D / Y Y Y Y<br>05 / 18 / 2004 |
| Mailing Address P.O. BOX 247  |                                    | Transaction ID: SA11A1.29738                         |
| City  | State                              | Zip Code   |
| SUNSET BEACH  | CA                                 | 90742  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00         |
| Name of Employer<br>SELF-EMPLOYED                                   | Occupation<br>ANESTHESIOLOGIST     |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br>250.00 |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |



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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MICHAEL ROUTHAN</b>   |                                    | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |
| Mailing Address 2151 OLD ROCKY RIDGE RD                                |                                    | Transaction ID: SA11A1.29720                   |
| City   | State                              | Zip Code                                       |
| BIRMINGHAM   | AL                                 | 35216  |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>ANESTH SERVS BIRMINGHAM                            | Occupation<br>ANESTHESIOLOGIST     |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>500.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JAMES RUDOLPH</b>     |                                    | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |
| Mailing Address 2151 OLD ROCKY RIDGE RD                                |                                    | Transaction ID: SA11A1.29722                   |
| City   | State                              | Zip Code                                       |
| BIRMINGHAM   | AL                                 | 35216  |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>ANESTH SERVS BIRMINGHAM                            | Occupation<br>ANESTHESIOLOGIST     |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>500.00 |  |

|  |                                     |  |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. FRANCIS GALDANHA</b>  |                                     | Date of Receipt<br>M / D / Y<br>05 / 11 / 2004 |
| Mailing Address 239 FORT CIR   |                                     | Transaction ID: SA11A1.29538                   |
| City   | State                               | Zip Code                                       |
| CHARLESTON   | WV                                  | 25314  |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                     | Amount of Each Receipt this Period<br>1000.00  |
| Name of Employer<br>CHARLESTON PAIN MGMT                               | Occupation<br>ANESTHESIOLOGIST      |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>1000.00 |  |

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|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>2000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

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

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(check only one)  
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 13    14    15    16    17

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

|  |   |  |   |
|--|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. ABRAHAM SCHUSTER</b>  |   | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |   |
| Mailing Address 2151 OLD ROCKY RIDGE RD                                |   | Transaction ID: SA11A1.29724                   |   |
| City<br><b>BIRMINGHAM</b>  | State<br><b>AL</b>                        | Zip Code<br><b>35216</b>                       | Amount of Each Receipt this Period<br><b>500.00</b> |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   |  |   |
| Name of Employer<br><b>ANESTH SERVS BIRMINGHAM</b>                     | Occupation<br><b>ANESTHESIOLOGIST</b>     |  |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>500.00</b> |  |   |

|  |   |  |   |
|--|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. STEVEN SCHWALBE</b>   |   | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |   |
| Mailing Address 79-01 BROADWAY E2-89                                   |   | Transaction ID: SA11A1.29649                   |   |
| City<br><b>ELMHURST</b>  | State<br><b>NY</b>                        | Zip Code<br><b>11373</b>                       | Amount of Each Receipt this Period<br><b>500.00</b> |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   |  |   |
| Name of Employer<br><b>MT SINAI MEDICAL SERVICES</b>                   | Occupation<br><b>ANESTHESIOLOGIST</b>     |  |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>500.00</b> |  |   |

|  |   |  |   |
|--|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. M LYNN SIMONS</b>     |   | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |   |
| Mailing Address 2151 OLD ROCKY RIDGE RD                                |   | Transaction ID: SA11A1.29728                   |   |
| City<br><b>BIRMINGHAM</b>  | State<br><b>AL</b>                        | Zip Code<br><b>35216</b>                       | Amount of Each Receipt this Period<br><b>500.00</b> |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   |  |   |
| Name of Employer<br><b>ANESTH SERVS BIRMINGHAM</b>                     | Occupation<br><b>ANESTHESIOLOGIST</b>     |  |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>500.00</b> |  |   |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | <b>1500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 35 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SANDY SIPE</b>     |                                    | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |
| Mailing Address 2151 OLD ROCKY RIDGE RD                             |                                    | Transaction ID: SA11A1.29728                   |
| City  | State                              | Zip Code                                       |
| BIRMINGHAM  | AL                                 | 35216  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>ANESTH SERV'S BIRMINGHAM                        | Occupation<br>ANESTHESIOLOGIST     |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JOHN SKOOG</b>     |                                    | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |
| Mailing Address 154 57TH COURT                                      |                                    | Transaction ID: SA11A1.29690                   |
| City  | State                              | Zip Code                                       |
| WEST DES MOINES   | IA                                 | 50266  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>MEDICAL CENTER ANESTH                           | Occupation<br>ANESTHESIOLOGIST     |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. DEAN SMITH</b>     |                                    | Date of Receipt<br>M / D / Y<br>05 / 14 / 2004 |
| Mailing Address 2301 N CENTRAL AVE #500                             |                                    | Transaction ID: SA11A1.29631                   |
| City  | State                              | Zip Code                                       |
| PHOENIX   | AZ                                 | 85012  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>VALLEY ANESTH CONSULTS                          | Occupation<br>ANESTHESIOLOGIST     |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br>250.00 |  |

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| SUBTOTAL of Receipts This Page (optional) .....           | ▶ | <b>1250.00</b> |
| TOTAL This Period (last page this line number only) ..... | ▶ |                |

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

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

FOR LINE NUMBER: PAGE 36 / 55  
(check only one)  
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 13    14    15    16    17

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

|   |                                |   |
|---|--------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. STEPHEN SMITH</b>  |                                | Date of Receipt<br>M / D / Y<br>05 / 10 / 2004      |
| Mailing Address <b>339 CONSORT DR</b>                               |                                | Transaction ID: SA11A1.29770                        |
| City  | State                          | Zip Code  |
| <b>BALLWIN</b>  | <b>MO</b>                      | <b>63011</b>  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                | Amount of Each Receipt this Period<br><b>500.00</b> |
| Name of Employer<br><b>WESTERN ANESTH ASSOC</b>                     | Occupation<br><b>PHYSICIAN</b> | Aggregate Year-to-Date ▼<br><b>500.00</b>           |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           |                                |   |

|  |                                       |   |
|--|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JOHN STEPHENSON</b> |                                       | Date of Receipt<br>M / D / Y<br>05 / 10 / 2004      |
| Mailing Address <b>645 WINDWALK DR</b>                               |                                       | Transaction ID: SA11A1.29651                        |
| City   | State                                 | Zip Code  |
| <b>ROSWELL</b>   | <b>GA</b>                             | <b>30076</b>  |
| FEC ID number of contributing federal political committee. <b>C</b>  |                                       | Amount of Each Receipt this Period<br><b>250.00</b> |
| Name of Employer<br><b>PHYS SPECIALISTS IN ANESTH</b>                | Occupation<br><b>ANESTHESIOLOGIST</b> | Aggregate Year-to-Date ▼<br><b>250.00</b>           |
| Receipt For:<br>Primary      General<br>Other (specify) ▼            |                                       |   |

|  |                                       |   |
|--|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. ELIZABEH SUTHERLAND</b> |                                       | Date of Receipt<br>M / D / Y<br>05 / 11 / 2004      |
| Mailing Address <b>7777 N FOOTHILL DR S</b>                              |                                       | Transaction ID: SA11A1.29550                        |
| City   | State                                 | Zip Code  |
| <b>PARADISE VALLEY</b>   | <b>AZ</b>                             | <b>85253</b>  |
| FEC ID number of contributing federal political committee. <b>C</b>      |                                       | Amount of Each Receipt this Period<br><b>500.00</b> |
| Name of Employer<br><b>VALLEY ANESTH CONSULTS</b>                        | Occupation<br><b>ANESTHESIOLOGIST</b> | Aggregate Year-to-Date ▼<br><b>500.00</b>           |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                |                                       |   |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 37 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MARK TAVAKOLI</b>  |                                    | Date of Receipt<br>M / D / Y<br>05 / 18 / 2004 |
| Mailing Address 2151 OLD ROCKY RIDGE RD                             |                                    | Transaction ID: SA11A1.29730                   |
| City  | State                              | Zip Code                                       |
| BIRMINGHAM  | AL                                 | 35216  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>ANESTH SERVS BIRMINGHAM                         | Occupation<br>ANESTHESIOLOGIST     |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. BRIAN TOBIAS</b>   |                                    | Date of Receipt<br>M / D / Y<br>05 / 13 / 2004 |
| Mailing Address 3797 CHIMNEY HILL DR                                |                                    | Transaction ID: SA11A1.29600                   |
| City  | State                              | Zip Code                                       |
| CINCINNATI  | OH                                 | 45241  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>OBSTETRIC ANESTH ASSOC                          | Occupation<br>ANESTHESIOLOGIST     |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. CHARLES TORBERT</b> |                                    | Date of Receipt<br>M / D / Y<br>05 / 28 / 2004 |
| Mailing Address 28 KENWOOD PKWY                                      |                                    | Transaction ID: SA11A1.29858                   |
| City   | State                              | Zip Code                                       |
| ST PAUL  | MN                                 | 55105  |
| FEC ID number of contributing federal political committee. <b>C</b>  |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>TWIN CITIES ANES ASSOC                           | Occupation<br>ANESTHESIOLOGIST     |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼            | Aggregate Year-to-Date ▼<br>250.00 |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

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

FOR LINE NUMBER: PAGE 38 / 55

(check only one)

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

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

|  |                                    |  |  |
|--|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SAMUEL TORRES</b>     |                                    | Date of Receipt<br>M / D / Y<br>05 / 13 / 2004 |  |
| Mailing Address 2394 TAYLOR DR   |                                    | Transaction ID: SA11A1.29599                   |  |
| City<br>WEST LINN  | State<br>OR                        | Zip Code<br>97068                              | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    |  |  |
| Name of Employer<br>OREGON ANESTH GRP                                  | Occupation<br>ANESTHESIOLOGIST     |  |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>500.00 |  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. KENNETH TUMAN</b>     |                                    | Date of Receipt<br>M / D / Y<br>05 / 07 / 2004 |  |
| Mailing Address 1325 HACKBERRY LN                                      |                                    | Transaction ID: SA11A1.29525                   |  |
| City<br>WINNETKA   | State<br>IL                        | Zip Code<br>60069                              | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    |  |  |
| Name of Employer<br>UNIV ANESTH  | Occupation<br>PHYSICIAN            |  |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>250.00 |  |  |
| Full Name (Last, First, Middle Initial)<br><b>C. J MICHAEL VOLLERS</b> |                                    | Date of Receipt<br>M / D / Y<br>05 / 19 / 2004 |  |
| Mailing Address 800 MARSHALL ST SLOT 205                               |                                    | Transaction ID: SA11A1.29784                   |  |
| City<br>LITTLE ROCK  | State<br>AR                        | Zip Code<br>72202                              | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    |  |  |
| Name of Employer<br>UNIV OF ARKANSAS                                   | Occupation<br>ANESTHESIOLOGIST     |  |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>500.00 |  |  |

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

Use separate schedule(s)  
or each category of the  
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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

|   |                         |  |
|---|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. LARRY WEBER</b>    |                         | Date of Receipt<br>M / D / Y<br>05 / 25 / 2004 |
| Mailing Address 120 NW 14TH #300                                    |                         | Transaction ID: SA11A1.29832                   |
| City  | State                   | Zip Code                                       |
| PORTLAND  | OR                      | 97209  |
| FEC ID number of contributing federal political committee. <b>C</b> |                         | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>OAG   | Occupation<br>PHYSICIAN | Aggregate Year-to-Date ▼<br>250.00             |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           |                         |  |

|  |                         |  |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JORDAN WETSTONE</b> |                         | Date of Receipt<br>M / D / Y<br>05 / 19 / 2004 |
| Mailing Address 800 OAK TRAIL DR                                     |                         | Transaction ID: SA11A1.29786                   |
| City   | State                   | Zip Code                                       |
| MARIETTA   | GA                      | 30062  |
| FEC ID number of contributing federal political committee. <b>C</b>  |                         | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>GEORGIA ANESTH                                   | Occupation<br>PHYSICIAN | Aggregate Year-to-Date ▼<br>250.00             |
| Receipt For:<br>Primary      General<br>Other (specify) ▼            |                         |  |

|   |                                |  |
|---|--------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JOSEPH WICKER</b>  |                                | Date of Receipt<br>M / D / Y<br>05 / 11 / 2004 |
| Mailing Address 45 CANTER LN  |                                | Transaction ID: SA11A1.29541                   |
| City  | State                          | Zip Code                                       |
| PINEHURST   | NC                             | 28374  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>MCAA  | Occupation<br>ANESTHESIOLOGIST | Aggregate Year-to-Date ▼<br>500.00             |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           |                                |  |

|   |                |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional) .....           | <b>1000.00</b> |
| TOTAL This Period (last page this line number only) ..... |                |

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

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

FOR LINE NUMBER: PAGE 40 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. GLENN WOODS</b>    |   | Date of Receipt<br>M / D / Y<br><b>05 / 14 / 2004</b> |
| Mailing Address <b>1958 STONERIDGE DR</b>                           |   | Transaction ID: <b>SA11A1.29621</b>                   |
| City <b>AUBURN</b>  | State <b>AL</b>                           | Zip Code <b>36830</b>                                 |
| FEC ID number of contributing federal political committee. <b>C</b> |   | Amount of Each Receipt this Period<br><b>500.00</b>   |
| Name of Employer<br><b>ANESTH ASSOC E ALABAMA</b>                   | Occupation<br><b>ANESTHESIOLOGIST</b>     |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br><b>500.00</b> |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. W BRADLEY WORTHINGTON</b> |   | Date of Receipt<br>M / D / Y<br><b>05 / 18 / 2004</b> |
| Mailing Address <b>207 LYNWOOD BLVD</b>                                    |   | Transaction ID: <b>SA11A1.29655</b>                   |
| City <b>NASHVILLE</b>  | State <b>TN</b>                           | Zip Code <b>37205</b>                                 |
| FEC ID number of contributing federal political committee. <b>C</b>        |   | Amount of Each Receipt this Period<br><b>500.00</b>   |
| Name of Employer<br><b>NEUROLOGICAL SURGEONS</b>                           | Occupation<br><b>ANESTHESIOLOGIST</b>     |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                  | Aggregate Year-to-Date ▼<br><b>500.00</b> |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JOHNZERWAS</b>     |  | Date of Receipt<br>M / D / Y<br><b>05 / 18 / 2004</b> |
| Mailing Address <b>6702 RIVA RIDGE</b>                              |  | Transaction ID: <b>SA11A1.29657</b>                   |
| City <b>RICHMOND</b>  | State <b>TX</b>                            | Zip Code <b>77469</b>                                 |
| FEC ID number of contributing federal political committee. <b>C</b> |  | Amount of Each Receipt this Period<br><b>1000.00</b>  |
| Name of Employer<br><b>HCS</b>                                      | Occupation<br><b>ANESTHESIOLOGIST</b>      |   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br><b>1000.00</b> |   |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>2000.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>42375.00</b> |



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

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

FOR LINE NUMBER: PAGE 41 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

|  |                                     |  |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>A. NORTHERN TRUST CO        |                                     | Date of Receipt<br>M / D / Y<br>05 / 31 / 2004 |
| Mailing Address 50 S LASALLE   |                                     | Transaction ID: SA17.29968                     |
| City<br>CHICAGO  | State<br>IL                         | Zip Code<br>60675                              |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                     | Amount of Each Receipt this Period<br>296.08   |
| Name of Employer   | Occupation                          | INTEREST INCOME                                |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>1712.56 |  |

|   |   |        |
|---|---|--------|
| SUBTOTAL of Receipts This Page (optional) .....           | ▶ | 296.08 |
| TOTAL This Period (last page this line number only) ..... | ▶ | 296.08 |

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

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

|  |   |  |                   |
|--|---|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. BERKLEY FOR CONGRESS</b>  |   | Transaction ID: SB23.29937<br>Date of Disbursement<br>05 / 27 / 2004 |                   |
| Mailing Address P.O. BOX 836   |   | Amount of Each Disbursement this Period<br>1000.00                   |                   |
| City ANNANDALE<br>State VA<br>Zip Code 22003   | Purpose of Disbursement   | Candidate Name   | Category/<br>Type |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NV      District 1 | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  |                   |

|  |   |  |                   |
|--|---|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. CITIZENS FOR RUSH</b>   |   | Transaction ID: SB23.29918<br>Date of Disbursement<br>05 / 20 / 2004 |                   |
| Mailing Address 1300 E 47TH STREET PMB #448  |   | Amount of Each Disbursement this Period<br>1500.00                   |                   |
| City CHICAGO<br>State IL<br>Zip Code 60653   | Purpose of Disbursement   | Candidate Name   | Category/<br>Type |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: IL      District 1 | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  |                   |

|  |   |  |                   |
|--|---|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. CITIZENS TO ELECT RICK LARSEN</b>   |   | Transaction ID: SB23.29902<br>Date of Disbursement<br>05 / 20 / 2004 |                   |
| Mailing Address P.O. BOX 326   |   | Amount of Each Disbursement this Period<br>1000.00                   |                   |
| City EVERETT<br>State WA<br>Zip Code 98206   | Purpose of Disbursement   | Candidate Name   | Category/<br>Type |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: WA      District 2 | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  |                   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3500.00</b> |
| <b>TOTAL</b> 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<br>27 | <input type="checkbox"/> 22<br>28a | <input checked="" type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|

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

Full Name (Last, First, Middle Initial)  
A. COMM TO REELECT ED TOWNS

Mailing Address 1132 25TH STREET NW

City WASHINGTON State DC Zip Code 20037

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: NY District: 10  
Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.2989D

Date of Disbursement

05 / 17 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DOCPAC

Mailing Address P.O. BOX 65796

City WASHINGTON State DC Zip Code 20035

Purpose of Disbursement  
2004 CONTRIBUTION

Candidate Name

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

Category/  
Type

Transaction ID: SB23.29894

Date of Disbursement

05 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DONNA 2004 CONGRESSIONAL CAMPAIGN COMM

Mailing Address 417 NEW JERSEY AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: VI District:  
Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.29892

Date of Disbursement

05 / 17 / 2004

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ENGEL FOR CONGRESS</b>  |   | Transaction ID: SB23.29927<br>Date of Disbursement<br>05 / 27 / 2004 |  |
| Mailing Address 38 IVY ST SE   |   | Amount of Each Disbursement this Period<br>1000.00                   |  |
| City WASHINGTON<br>State DC<br>Zip Code 20003  | Purpose of Disbursement   | Candidate Name   |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NY      District: 17 | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ | Category/<br>Type  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ESHOO FOR CONGRESS</b>  |  | Transaction ID: SB23.29954<br>Date of Disbursement<br>05 / 27 / 2004 |  |
| Mailing Address P.O. BOX 636   |  | Amount of Each Disbursement this Period<br>1000.00                   |  |
| City ANNANDALE<br>State VA<br>Zip Code 22003   | Purpose of Disbursement  | Candidate Name   |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: CA      District: 14 | Disbursement For: 2004<br>Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼ | Category/<br>Type  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. FOX FOR CONGRESS</b>   |   | Transaction ID: SB23.29908<br>Date of Disbursement<br>05 / 20 / 2004 |  |
| Mailing Address 11468 HWY 105   |   | Amount of Each Disbursement this Period<br>2000.00                   |  |
| City BANNER ELK<br>State NC<br>Zip Code 28604   | Purpose of Disbursement   | Candidate Name   |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NC      District: 5 | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ | Category/<br>Type  |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>4000.00</b> |
| <b>TOTAL</b> 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<br>27 | <input type="checkbox"/> 22<br>28a | <input checked="" type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|

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

Full Name (Last, First, Middle Initial)  
A. FRIENDS OF SESSIONS SENATE COMM

Mailing Address P.O. BOX 4278

City MONTGOMERY State AL Zip Code 36103

Purpose of Disbursement

Candidate Name

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

Category/  
Type

Transaction ID: SB23.2987B

Date of Disbursement

05 / 10 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GLACIER PAC

Mailing Address 818 CONNECTICUT AVE NW #1100

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
2004 CONTRIBUTION

Candidate Name

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

Category/  
Type

Transaction ID: SB23.29850

Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. GRASSLEY COMMITTEE

Mailing Address P.O. BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement

Candidate Name

Office Sought: House Disbursement For: 2004  
 Senate X Primary General  
 President  
 State: IA District Other (specify) ▼

Category/  
Type

Transaction ID: SB23.29864

Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

1500.00

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)

PAGE 46 / 55

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

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

Full Name (Last, First, Middle Initial)  
**A. GRASSLEY COMMITTEE**

Mailing Address P.O. BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement

Candidate Name

Office Sought: House  Senate  President   
State: IA District

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.29966  
Date of Disbursement  
05 / 27 / 2004

Amount of Each Disbursement this Period  
5000.00

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

Mailing Address P.O. BOX 2000

City CONCORD State NC Zip Code 28026

Purpose of Disbursement

Candidate Name

Office Sought: House  Senate  President   
State: NC District B

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.29944  
Date of Disbursement  
05 / 27 / 2004

Amount of Each Disbursement this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. HAYES FOR CONGRESS**

Mailing Address P.O. BOX 2000

City CONCORD State NC Zip Code 28026

Purpose of Disbursement

Candidate Name

Office Sought: House  Senate  President   
State: NC District B

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.29946  
Date of Disbursement  
05 / 27 / 2004

Amount of Each Disbursement this Period  
2000.00

**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)

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

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

Full Name (Last, First, Middle Initial)  
A. HEATHER WILSON FOR CONGRESS

Mailing Address P.O. BOX 14070

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: NM District: 1  
Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.29916

Date of Disbursement

05 / 20 / 2004

Amount of Each Disbursement this Period

2500.00

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

Mailing Address 436 NEW JERSEY AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: GA District: 5  
Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.29929

Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

2000.00

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

Mailing Address 4451 BROOKFIELD CORPORATE DR

City CHANTILLY State VA Zip Code 20515

Purpose of Disbursement

2004 CONTRIBUTION

Candidate Name

Category/  
Type

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

Transaction ID: SB23.29997

Date of Disbursement

05 / 17 / 2004

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

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

Full Name (Last, First, Middle Initial)  
A. LINCOLN DIAZ-BALART FOR CONGRESS

Mailing Address 8770 SUNSET DR #421

City MIAMI State FL Zip Code 33173

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: FL District: 21  
Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.29888

Date of Disbursement

05 / 17 / 2004

Amount of Each Disbursement this Period

2500.00

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

Mailing Address P.O. BOX 16021

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: IL District: 16  
Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.29842

Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. MARIO DIAZ-BALART FOR CONGRESS

Mailing Address 8770 SUNSET DR #421

City MIAMI State FL Zip Code 33173

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: FL District: 25  
Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.29888

Date of Disbursement

05 / 17 / 2004

Amount of Each Disbursement this Period

1500.00

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

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

Full Name (Last, First, Middle Initial)  
A. MYRICK FOR CONGRESS

Mailing Address P.O. BOX 37091

City CHARLOTTE State NC Zip Code 28237

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: NC District 9  
Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.2994B  
Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

2500.00

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

Mailing Address P.O. BOX 1986 C/O JOHN EVELETH

City NEW BRITAIN State CT Zip Code 06050

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: CT District 5  
Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.29931  
Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)  
C. NANCY JOHNSON FOR CONGRESS

Mailing Address P.O. BOX 1986 C/O JOHN EVELETH

City NEW BRITAIN State CT Zip Code 06050

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: CT District 5  
Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.29933  
Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

Full Name (Last, First, Middle Initial)  
A. PETE SESSIONS FOR CONGRESS 2004

Mailing Address P.O. BOX 38585

City DALLAS State TX Zip Code 75238

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: TX District: 32  
Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.2988D

Date of Disbursement

05 / 10 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. REFORMPAC

Mailing Address 6423 LINWAY TERR C/O HIMPLER

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
2004 CONTRIBUTION

Candidate Name

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

Category/  
Type

Transaction ID: SB23.29925

Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ROTHMAN FOR CONGRESS

Mailing Address 209 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: NJ District: 9  
Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.29957

Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

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)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
A. ROYBAL ALLARD FOR CONGRESS

Mailing Address 2720 WILSHIRE BLVD #550

City SANTA MONICA State CA Zip Code 90403

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: CA District: 34  
Disbursement For: 2004  
Primary  General  Other (specify) ▼

Category/  
Type

Transaction ID: SB23.29884

Date of Disbursement

05 / 17 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address P.O. BOX 11519

City CHARLESTON State WV Zip Code 25330

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: WV District: 2  
Disbursement For: 2004  
Primary  General  Other (specify) ▼

Category/  
Type

Transaction ID: SB23.29914

Date of Disbursement

05 / 20 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)  
C. STENY HOYER FOR CONGRESS

Mailing Address 7905 MALCOLM RD #102

City CLINTON State MD Zip Code 20735

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: MD District: 5  
Disbursement For: 2004  
Primary  General  Other (specify) ▼

Category/  
Type

Transaction ID: SB23.29939

Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

1500.00

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

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

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

Mailing Address P.O. BOX 2776

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement

Candidate Name

Office Sought:  House  
Senate  
President

State: OK District 1

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.29952

Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. THE LEADERSHIP CIRCLE PAC

Mailing Address P.O. BOX 2888

City RALEIGH State NC Zip Code 27602

Purpose of Disbursement  
2004 CONTRIBUTION

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For:  
Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.29906

Date of Disbursement

05 / 20 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)  
C. VISION FOR TOMORROW FUND

Mailing Address P.O. BOX 30B1

City DULUTH State GA Zip Code 30098

Purpose of Disbursement  
2004 CONTRIBUTION

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For:  
Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.29882

Date of Disbursement

05 / 17 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

Use separate schedule(s)  
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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

Full Name (Last, First, Middle Initial)

**A. VITTER FOR SENATE**

Mailing Address P.O. BOX 8175

City METARIE State LA Zip Code 70011

Purpose of Disbursement

Candidate Name

Office Sought: House Disbursement For: 2004  
 Senate Primary  General  
 President  
 State: LA District Other (specify) ▼

Category/  
Type

Transaction ID: SB23.28899

Date of Disbursement

05 / 17 / 2004

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**B. WALTER JONES FOR CONGRESS**

Mailing Address P.O. BOX 99667

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement

Candidate Name

Office Sought:  House Disbursement For: 2004  
 Senate  Primary General  
 President  
 State: NC District 3 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.28935

Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

62500.00

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

Use separate schedule(s)  
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(check only one)

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

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

Full Name (Last, First, Middle Initial)  
A. ALAN BATES FOR STATE SENATE

Mailing Address 888 OAK ST

City ASHLAND State OR Zip Code 97520

Purpose of Disbursement  
2004 NON-FEDERAL CONTRIBUTION

Candidate Name

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

Category/  
Type

Transaction ID: SB29.29921

Date of Disbursement

05 / 24 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)  
B. ANDY HARRIS FOR SENATE

Mailing Address 301 W PENNSYLVANIA

City TOWSON State MD Zip Code 21204

Purpose of Disbursement  
2004 NON-FEDERAL CONTRIBUTION

Candidate Name

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

Category/  
Type

Transaction ID: SB29.29912

Date of Disbursement

05 / 20 / 2004

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)  
C. MONTANA DEMOCRATIC PARTY

Mailing Address P.O. BOX 802

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
2004 NON-FEDERAL CONTRIBUTION

Candidate Name

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

Category/  
Type

Transaction ID: SB29.29962

Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional) ▶

15500.00

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City State Zip Code  
CHICAGO IL 60675

Purpose of Disbursement  
VISA BANK CHARGE

Candidate Name

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

State: District

Category/  
Type

Transaction ID: SB29.29969

Date of Disbursement

05 / 31 / 2004

Amount of Each Disbursement this Period

805.95

Full Name (Last, First, Middle Initial)

B. PLATINUM/MYRICK IN-KIND CONTRIB

Mailing Address P.O. BOX 15469

City State Zip Code  
WILMINGTON DE 19850

Purpose of Disbursement  
IN-KIND FOOD/SERVICE CONTRIB

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004  
X Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB29.29923

Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

615.00

SUBTOTAL of Disbursements This Page (optional) ▶

1420.95

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

16920.95