

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

520 N. NORTHWEST HIGHWAY

Check if different than previously reported. (ACC)

PARK RIDGE

IL

60068

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00255752

3. IS THIS REPORT

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)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

X

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

08

01

2005

through

08

30

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

RICHARD BARWACZ

Signature of Treasurer

Electronically Filed by RICHARD BARWACZ

Date

07

12

2005

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: ^M06 ^D01 ^Y2005 To: ^M06 ^D30 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		473205.44
(b) Cash on Hand at Beginning of Reporting Period	465122.99	
(c) Total Receipts (from Line 19)	26544.23	371132.16
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	511667.22	844337.60
<hr/>		
7. Total Disbursements (from Line 31)	72718.22	405388.60
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	438949.00	438949.00
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: ^M06 ^D01 ^Y2005 To: ^M06 ^D30 ^Y2005

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	20050.00	285751.00
(ii) Unitemized	5270.00	76635.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	25320.00	362386.00
(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)	25320.00	362386.00
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	3000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1224.23	5746.16
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))	26544.23	371132.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26544.23	371132.16

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(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.....	72000.00	389500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	718.22	15888.60
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))..	72718.22	405388.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	72718.22	405388.60

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	25320.00	362386.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25320.00	362386.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	3000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	-3000.00

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

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

FOR LINE NUMBER: PAGE 6 / 36

(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	

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

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

Full Name (Last, First, Middle Initial) A. JOHN AKIN		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36758
City	State	Zip Code
BIRMINGHAM	AL	35216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. FRANK BENESH		Date of Receipt M / D / Y 06 / 29 / 2005
Mailing Address 400 WOODWARD RD		Transaction ID: SA11A1.36830
City	State	Zip Code
TRUSSVILLE	AL	35173
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ANESTH GROUP EAST	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. CRAIG BOHNHOFF		Date of Receipt M / D / Y 06 / 29 / 2005
Mailing Address #9 HEARTHSTONE PL		Transaction ID: SA11A1.36836
City	State	Zip Code
SAGINAW	MI	48609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ADVANCED ANESTH ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 7 / 36

(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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AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KAREN BOLAND		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 18 WOODCREST LN NE		Transaction ID: SA11A1.36871
City IOWA CITY	State IA	Zip Code 52240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UNIV OF IOWA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. JASPER LEE BOOKER		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36760
City BIRMINGHAM	State AL	Zip Code 35216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. JOHN BULLINGTON		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36762
City BIRMINGHAM	State AL	Zip Code 35216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 8 / 36

(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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AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. AMANDA BURDEN		Date of Receipt M / D / Y 06 / 20 / 2005	
Mailing Address 1730 SOUTH ST 2ND FL		Transaction ID: SA11A1.36822	
City PHILADELPHIA	State PA	Zip Code 19146	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer COOPER UNIV HOSPITAL	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) B. STEVE CAMPBELL		Date of Receipt M / D / Y 06 / 21 / 2005	
Mailing Address 4393 STONY POYNT CT		Transaction ID: SA11A1.36799	
City NORTH CHARLESTON	State SC	Zip Code 29405	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANES ASSOC CHARLESTON	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) C. LEE CARTER		Date of Receipt M / D / Y 06 / 20 / 2005	
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36764	
City BIRMINGHAM	State AL	Zip Code 35218	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 36

(check only one)

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

Full Name (Last, First, Middle Initial) A. BAYER CHENG		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 109 BERKELEY WAY		Transaction ID: SA11A1.36875
City DOTHAN	State AL	Zip Code 36305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer ANESTH CONSULT MED GRP	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ROBIN CONNER		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36766
City BIRMINGHAM	State AL	Zip Code 35216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ANTHONY COOK		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36788
City BIRMINGHAM	State AL	Zip Code 35216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 36

(check only one)

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

Full Name (Last, First, Middle Initial) A. MARK DAGOSTINO		Date of Receipt M / D / Y 06 / 12 / 2005	
Mailing Address 8714 WOOLWORTH AVENUE		Transaction ID: SA11A1.36733	
City OMAHA	State NE	Zip Code 68124	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTHESIA WEST, PC	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. RICHARD DAIGLE		Date of Receipt M / D / Y 06 / 28 / 2005	
Mailing Address 375 BROWN ST #101		Transaction ID: SA11A1.36827	
City WEST LAFAYETTE	State IN	Zip Code 47906	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer SISTERS OF ST FRANCIS HLTH	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. PAUL ELLIOTT		Date of Receipt M / D / Y 06 / 20 / 2005	
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36770	
City BIRMINGHAM	State AL	Zip Code 35218	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36

(check only one)

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

Full Name (Last, First, Middle Initial) A. WILLIAM FITZPATRICK		Date of Receipt M / D / Y 06 / 20 / 2005	
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36772	
City	State	Zip Code	Amount of Each Receipt this Period
BIRMINGHAM	AL	35216	500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) ▼	500.00		

Full Name (Last, First, Middle Initial) B. MICHAEL FLANAGAN		Date of Receipt M / D / Y 06 / 20 / 2005	
Mailing Address P.O. BOX 9011		Transaction ID: SA11A1.36868	
City	State	Zip Code	Amount of Each Receipt this Period
DOTHAN	AL	36304	500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH CONSULT MED GRP	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) ▼	500.00		

Full Name (Last, First, Middle Initial) C. LISA FRISON		Date of Receipt M / D / Y 06 / 21 / 2005	
Mailing Address 820 PRUDENTIAL DR #608		Transaction ID: SA11A1.36809	
City	State	Zip Code	Amount of Each Receipt this Period
JACKSONVILLE	FL	32207	250.00
FEC ID number of contributing federal political committee. C			
Name of Employer FLORIDA ANESTH ASSOC	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) ▼	250.00		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 36

(check only one)

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

Full Name (Last, First, Middle Initial) A. WATSON FUNG		Date of Receipt M / D / Y Y Y Y 06 / 21 / 2005	
Mailing Address 191 D S STATE #228		Transaction ID: SA11A1.36801	
City	State	Zip Code	Amount of Each Receipt this Period
CHICAGO	IL	60616	250.00
FEC ID number of contributing federal political committee. C			
Name of Employer WEST CENTRAL ANESTH GRP	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) ▼		250.00	

Full Name (Last, First, Middle Initial) B. JEFFREY GORDON		Date of Receipt M / D / Y Y Y Y 06 / 20 / 2005	
Mailing Address 29 AMARYLLIS LN		Transaction ID: SA11A1.36752	
City	State	Zip Code	Amount of Each Receipt this Period
LUMBERTON	NJ	08048	500.00
FEC ID number of contributing federal political committee. C			
Name of Employer RANCOCAS ANESTH	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) ▼		500.00	

Full Name (Last, First, Middle Initial) C. J ALAN HALE		Date of Receipt M / D / Y Y Y Y 06 / 20 / 2005	
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36774	
City	State	Zip Code	Amount of Each Receipt this Period
BIRMINGHAM	AL	35218	500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) ▼		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 13 / 36

(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	

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

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

Full Name (Last, First, Middle Initial) A. PHILIP HANLON Mailing Address BDX 8385 <hr/> City State Zip Code MOBILE AL 36688 <hr/> FEC ID number of contributing federal political committee. C <hr/> Name of Employer PRH.PC Occupation PHYSICIAN Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y 06 / 14 / 2005 <hr/> Transaction ID: SA11A1.36735 <hr/> Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) B. SCOTT HARPER Mailing Address 1085 LAKE COLONY LANE <hr/> City State Zip Code VESTAVIA HILLS AL 35242 <hr/> FEC ID number of contributing federal political committee. C <hr/> Name of Employer A.R.M. Occupation ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y 06 / 15 / 2005 <hr/> Transaction ID: SA11A1.36737 <hr/> Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) C. TIMOTHY HOUSEMAN Mailing Address 609 BAY BLUFF DR E <hr/> City State Zip Code DAPHNE AL 36528 <hr/> FEC ID number of contributing federal political committee. C <hr/> Name of Employer EASTERN SHORE ANESTH Occupation ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y 06 / 29 / 2005 <hr/> Transaction ID: SA11A1.36825 <hr/> Amount of Each Receipt this Period 500.00

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

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

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

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

FOR LINE NUMBER: PAGE 14 / 36

(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) A. CAMILLUS JOHN PULLE		Date of Receipt M / D / Y 06 / 20 / 2005	
Mailing Address 451 B W CULBREATH AVE		Transaction ID: SA11A1.36754	
City State Zip Code TAMPA FL 33609	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MILLENNIUM ANES CARE	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. EDWIN KEZAR		Date of Receipt M / D / Y 06 / 20 / 2005	
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36776	
City State Zip Code BIRMINGHAM AL 35216	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) C. G WAYNE LEWIS		Date of Receipt M / D / Y 06 / 20 / 2005	
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36778	
City State Zip Code BIRMINGHAM AL 35216	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

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

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

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

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

Full Name (Last, First, Middle Initial) A. LAJUANA LOGAN		Date of Receipt M / D / Y Y Y Y 06 / 20 / 2005
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36780
City	State	Zip Code
BIRMINGHAM	AL	35216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. PAUL NAGRODZKI		Date of Receipt M / D / Y Y Y Y 06 / 20 / 2005
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36782
City	State	Zip Code
BIRMINGHAM	AL	35216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. GARY DKUM		Date of Receipt M / D / Y Y Y Y 06 / 21 / 2005
Mailing Address 241 S 8TH ST #1112		Transaction ID: SA11A1.36803
City	State	Zip Code
PHILADELPHIA	PA	19108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer TENET PHYS SERVICES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

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

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

Full Name (Last, First, Middle Initial) A. DAVID PERKINS		Date of Receipt M / D / Y 06 / 29 / 2005	
Mailing Address 1400 BUENA VISTA		Transaction ID: SA11A1.36873	
City DOTHAN	State AL	Zip Code 36303	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH CONSULT MED GRP	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. PULI REDDY		Date of Receipt M / D / Y 06 / 29 / 2005	
Mailing Address #1 FOXCHASE DR		Transaction ID: SA11A1.36866	
City DOTHAN	State AL	Zip Code 36303	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH CONSULTS MED GRP	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. ERNEST RIGGO		Date of Receipt M / D / Y 06 / 25 / 2005	
Mailing Address 3 FOREST LANE		Transaction ID: SA11A1.36814	
City SPRINGFIELD	State PA	Zip Code 19064	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer SOCIETY HILL ANESTHESIA	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

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

FOR LINE NUMBER: PAGE 17 / 36

(check only one)

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

Full Name (Last, First, Middle Initial) A. FRED ROCK		Date of Receipt M / D / Y 06 / 20 / 2005	
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36784	
City	State	Zip Code	Amount of Each Receipt this Period
BIRMINGHAM	AL	35216	500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00	

Full Name (Last, First, Middle Initial) B. MICHAEL ROUTMAN		Date of Receipt M / D / Y 06 / 20 / 2005	
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36786	
City	State	Zip Code	Amount of Each Receipt this Period
BIRMINGHAM	AL	35216	500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00	

Full Name (Last, First, Middle Initial) C. JAMES RUDOLPH		Date of Receipt M / D / Y 06 / 20 / 2005	
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36788	
City	State	Zip Code	Amount of Each Receipt this Period
BIRMINGHAM	AL	35216	500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00	

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. KEITH SCHRADER		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 1304 OAK ST		Transaction ID: SA11A1.36861
City	State	Zip Code
MELBOURNE	FL	32801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer BREVARD ANESTH SERVICES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. ABRAHAM SCHUSTER		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36790
City	State	Zip Code
BIRMINGHAM	AL	35216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. FRANK GETTER		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 20 WILDWOOD DR		Transaction ID: SA11A1.36832
City	State	Zip Code
AVON	CT	06001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer WAAPC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 10 / 36

(check only one)

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

Full Name (Last, First, Middle Initial) A. M LYNN SIMONS		Date of Receipt M / D / Y Y Y Y 06 / 20 / 2005	
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36792	
City State Zip Code BIRMINGHAM AL 35216	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. SANDY SIPE		Date of Receipt M / D / Y Y Y Y 06 / 20 / 2005	
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36794	
City State Zip Code BIRMINGHAM AL 35216	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST/NSF CK		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) C. STEVEN SYKES		Date of Receipt M / D / Y Y Y Y 06 / 29 / 2005	
Mailing Address 3801 BROOKSIDE DR		Transaction ID: SA11A1.36872	
City State Zip Code DOTHAN AL 36303	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH CONSULT MED GRP	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 36

(check only one)

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

Full Name (Last, First, Middle Initial) A. MARK TAVAKOLI		Date of Receipt M / D / Y 06 / 20 / 2005	
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36796	
City BIRMINGHAM	State AL	Zip Code 35216	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. ROBIN WALTERS		Date of Receipt M / D / Y 06 / 20 / 2005	
Mailing Address 2151 OLD ROCKY RIDGE RD		Transaction ID: SA11A1.36796	
City BIRMINGHAM	State AL	Zip Code 35216	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH SERV BIRMINGHAM	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. NATHAN WILLIAMS		Date of Receipt M / D / Y 06 / 29 / 2005	
Mailing Address 12005 CANYON VISTA RD		Transaction ID: SA11A1.36863	
City LAS CRUCES	State NM	Zip Code 88011	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer MESILLA VALLEY ANESTH	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

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 21 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. JAMES YORK		Date of Receipt M / D / Y Y Y Y 06 / 21 / 2005	
Mailing Address 126 WENTWORTH DR		Transaction ID: SA11A1.36811	
City State Zip Code DOTHAN AL 36305	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ANES CONSULTS MED GRP	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) B. JOHN ZIMMERMAN		Date of Receipt M / D / Y Y Y Y 06 / 28 / 2005	
Mailing Address P.O. BOX 970159		Transaction ID: SA11A1.36834	
City State Zip Code OREM UT 84067	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MOUNTAIN WEST ANESTH	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	20050.00

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

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

FOR LINE NUMBER: PAGE 22 / 36

(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) A. NORTHERN TRUST CO		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 50 S LASALLE		Transaction ID: SA17.36962
City CHICAGO	State IL	Zip Code 60675
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1224.23
Name of Employer	Occupation	INTEREST INCOME
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5746.16	

SUBTOTAL of Receipts This Page (optional)	▶	1224.23
TOTAL This Period (last page this line number only)	▶	1224.23

**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 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. 21ST CENTURY PAC

Mailing Address 2052 LAKE AUDUBON CT

City RESTON State VA Zip Code 20191

Purpose of Disbursement
2005 CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2005 Primary General
 Other (specify) ▼

State: District

Category/
Type

Transaction ID: SB23.36954

Date of Disbursement

06 / 13 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. BECERRA FOR CONGRESS

Mailing Address P.O. BOX 261060

City LOS ANGELES State CA Zip Code 00026

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006 Primary General
 Other (specify) ▼

State: CA District 31

Category/
Type

Transaction ID: SB23.36905

Date of Disbursement

06 / 29 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BERKLEY FOR CONGRESS

Mailing Address 3089 CONQUISTA CT

City LAS VEGAS State NV Zip Code 89121

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006 Primary General
 Other (specify) ▼

State: NV District 1

Category/
Type

Transaction ID: SB23.36944

Date of Disbursement

06 / 09 / 2005

Amount of Each Disbursement this Period

2000.00

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)

PAGE 24 / 36

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

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

Mailing Address P.O. BOX 851232

City MOBILE State AL Zip Code 96685

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: AL District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.36889

Date of Disbursement

06 / 23 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P.O. BOX 1924

City MUSKOGEE State OK Zip Code 74401

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: OK District 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.36911

Date of Disbursement

06 / 06 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. CARDIN FOR SENATE

Mailing Address 38 IVY ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
President
State: MD District

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.36919

Date of Disbursement

06 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. CARDIN FOR SENATE		Transaction ID: SB23.36921 Date of Disbursement 06 / 06 / 2005	
Mailing Address 38 IVY ST SE		Amount of Each Disbursement this Period 4000.00	
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement		Candidate Name	
Office Sought: House	Disbursement For: 2006	Category/ Type	
<input checked="" type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary General		
President	Other (specify) ▼		
State: MD	District		

Full Name (Last, First, Middle Initial) B. CAROLINA MAJORITY PAC		Transaction ID: SB23.36917 Date of Disbursement 06 / 06 / 2005	
Mailing Address P.O. BOX 2776		Amount of Each Disbursement this Period 1000.00	
City ARLINGTON	State VA	Zip Code 22202	
Purpose of Disbursement 2005 CONTRIBUTION		Candidate Name	
Office Sought: House	Disbursement For: 2006	Category/ Type	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary General		
President	<input checked="" type="checkbox"/> Other (specify) ▼		
State:	District		

Full Name (Last, First, Middle Initial) C. CHARLES BOUSTANY JR FOR CONGRESS		Transaction ID: SB23.36883 Date of Disbursement 06 / 30 / 2005	
Mailing Address P.O. BOX 80128		Amount of Each Disbursement this Period 1000.00	
City LAFAYETTE	State LA	Zip Code 70508	
Purpose of Disbursement		Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2006	Category/ Type	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
President	Other (specify) ▼		
State: LA	District 7		

SUBTOTAL of Disbursements This Page (optional)	6000.00
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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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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 BOBBY JINDAL

Mailing Address P.O. BOX 8628

City State Zip Code
METAIRIE LA 70011

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: LA District: 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.36952

Date of Disbursement

06 / 13 / 2005

Amount of Each Disbursement this Period

1500.00

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

Mailing Address P.O. BOX 26568

City State Zip Code
LAS VEGAS NV 89126

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: NV District:

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.36958

Date of Disbursement

06 / 27 / 2005

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)
C. FRIENDS OF CLAY SHAW

Mailing Address P.O. BOX 2188

City State Zip Code
FT LAUDERDALE FL 33303

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: FL District: 22

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.36887

Date of Disbursement

06 / 23 / 2005

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)
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Detailed Summary Page

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(check only one)

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

Mailing Address P.O. BOX 2188

City FT LAUDERDALE State FL Zip Code 33303

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: FL District: 22

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.36956
Date of Disbursement
06 / 27 / 2005

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. FRIENDS OF HILLARY

Mailing Address 1717 K ST NW #309A

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: NY District:

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.36992
Date of Disbursement
06 / 29 / 2005

Amount of Each Disbursement this Period
5000.00

Full Name (Last, First, Middle Initial)
C. GENE GREEN FOR CONGRESS

Mailing Address P.O. BOX 16128

City HOUSTON State TX Zip Code 77222

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: TX District: 29

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.36913
Date of Disbursement
06 / 06 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ► **7000.00**

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
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. GIBBONS FOR NEVADA			Transaction ID: SB23.36907 Date of Disbursement 06 / 23 / 2005		
Mailing Address 542 1/2 PLUMAS ST			Amount of Each Disbursement this Period 5000.00		
City RENO	State NV	Zip Code 89509			
Purpose of Disbursement					
Candidate Name			Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: NV District: 2					

Full Name (Last, First, Middle Initial) B. GONZALES CONGRESSIONAL CAMPAIGN			Transaction ID: SB23.36999 Date of Disbursement 06 / 23 / 2005		
Mailing Address P.O. BOX 12612			Amount of Each Disbursement this Period 1500.00		
City SAN ANTONIO	State TX	Zip Code 78212			
Purpose of Disbursement					
Candidate Name			Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: TX District: 20					

Full Name (Last, First, Middle Initial) C. GLUTKNECHT FOR CONGRESS			Transaction ID: SB23.36927 Date of Disbursement 06 / 06 / 2005		
Mailing Address P.O. BOX 6428			Amount of Each Disbursement this Period 1500.00		
City ROCHESTER	State MN	Zip Code 55903			
Purpose of Disbursement					
Candidate Name			Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: MN District: 1					

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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<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. HILLPAC		Transaction ID: SB23.36894 Date of Disbursement 06 / 23 / 2005	
Mailing Address 1717 K ST NW #309B		Amount of Each Disbursement this Period 5000.00	
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement 2005 CONTRIBUTION	Category/ Type	
Candidate Name		Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District <input type="checkbox"/>	
Disbursement For: 2005 Primary <input type="checkbox"/> General <input type="checkbox"/>		Disbursement For: 2005 Primary <input type="checkbox"/> General <input type="checkbox"/>	
State: District		X Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. JERRY WELER FOR CONGRESS		Transaction ID: SB23.36903 Date of Disbursement 06 / 23 / 2005	
Mailing Address P.O. BOX 15283		Amount of Each Disbursement this Period 1500.00	
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement	Category/ Type	
Candidate Name		Office Sought: x House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District 18	
Disbursement For: 2006 Primary <input checked="" type="checkbox"/> General <input type="checkbox"/>		Disbursement For: 2006 Primary <input checked="" type="checkbox"/> General <input type="checkbox"/>	
State: IL District 18		Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LARSEN FOR CONGRESS		Transaction ID: SB23.36915 Date of Disbursement 06 / 06 / 2005	
Mailing Address P.O. BOX 326		Amount of Each Disbursement this Period 1500.00	
City EVERETT State WA Zip Code 98206	Purpose of Disbursement	Category/ Type	
Candidate Name		Office Sought: x House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District 2	
Disbursement For: 2006 Primary <input checked="" type="checkbox"/> General <input type="checkbox"/>		Disbursement For: 2006 Primary <input checked="" type="checkbox"/> General <input type="checkbox"/>	
State: WA District 2		Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

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

Mailing Address 320 KENARDEN DR

City State Zip Code
HIGHLAND HTS OH 44143

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: OH District: 14
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.36939

Date of Disbursement

06 / 06 / 2005

Amount of Each Disbursement this Period

2500.00

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

Mailing Address 2505 38TH AVENUE

City State Zip Code
TAMPA FL 33610

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: FL District: 11
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.36885

Date of Disbursement

06 / 30 / 2005

Amount of Each Disbursement this Period

2000.00

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

Mailing Address P.O. BOX 65798

City State Zip Code
WASHINGTON DC 20035

Purpose of Disbursement

2005 CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: 2005
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.36925

Date of Disbursement

06 / 06 / 2005

Amount of Each Disbursement this Period

3000.00

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

A. Full Name (Last, First, Middle Initial)
LUCILLE ROYBAL-ALLARD

Mailing Address P.O. BOX 582

City KENSINGTON State MD Zip Code 20895

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: CA District: 34

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/Type

Transaction ID: SB23.36931
Date of Disbursement
06 / 06 / 2005

Amount of Each Disbursement this Period
1000.00

B. Full Name (Last, First, Middle Initial)
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: 2006
 Primary General
Other (specify) ▼

Category/Type

Transaction ID: SB23.36935
Date of Disbursement
06 / 06 / 2005

Amount of Each Disbursement this Period
1000.00

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

Mailing Address 2801 PONCE DE LEON BLVD #1000

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: FL District: 25

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/Type

Transaction ID: SB23.36960
Date of Disbursement
06 / 27 / 2005

Amount of Each Disbursement this Period
1500.00

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)
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

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

Mailing Address 3323 N WASHINGTON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: TX District 10

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/Type

Transaction ID: SB23.36941
Date of Disbursement
06 / 06 / 2005

Amount of Each Disbursement this Period
1000.00

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

Mailing Address P.O. BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: TX District 26

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/Type

Transaction ID: SB23.36937
Date of Disbursement
06 / 06 / 2005

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. MIKE PENCE COMMITTEE

Mailing Address P.O. BOX 40B

City ANDERSON State IN Zip Code 46015

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: IN District 6

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/Type

Transaction ID: SB23.36909
Date of Disbursement
06 / 23 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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

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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. MINTPAC		Transaction ID: SB23.3695D	
Mailing Address 101 CONSTITUTION AVE NW #900W		Date of Disbursement 06 / 09 / 2005	
City WASHINGTON	State DC	Zip Code 20001	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2005 CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. PASCRELL FOR CONGRESS		Transaction ID: SB23.36929	
Mailing Address 38 IVY ST SE		Date of Disbursement 06 / 06 / 2005	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ District B			

Full Name (Last, First, Middle Initial) C. REYNOLDS FOR CONGRESS		Transaction ID: SB23.36946	
Mailing Address P.O. BOX 15388		Date of Disbursement 06 / 09 / 2005	
City ROCHESTER	State NY	Zip Code 14615	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NY District 26			

SUBTOTAL of Disbursements This Page (optional)	8000.00
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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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

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

Mailing Address P.O. BOX 714

City State Zip Code
HACKENSACK NJ 07602

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: NJ District 9

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.36933

Date of Disbursement

06 / 06 / 2005

Amount of Each Disbursement this Period

500.00

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

Mailing Address P.O. BOX 651374

City State Zip Code
POTOMAC FALLS VA 20166

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: OK District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.36923

Date of Disbursement

06 / 06 / 2005

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)
C. TED POE FOR CONGRESS

Mailing Address 3323 N WASHINGTON BLVD

City State Zip Code
ARLINGTON VA 22201

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: TX District 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.36897

Date of Disbursement

06 / 23 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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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<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. WASSERMAN SCHULTZ FOR CONGRESS

Transaction ID: SB23.3694B

Date of Disbursement

Mailing Address 4479 FOXGLOVE LN

06 / 09 / 2005

City WESTON State FL Zip Code 33331

Amount of Each Disbursement this Period

Purpose of Disbursement

1500.00

Candidate Name

Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2006
 Primary General
Other (specify) ▼

State: FL District: 20

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

72000.00

**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 CHICAGO State IL Zip Code 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: SB29.36963

Date of Disbursement

06 / 30 / 2005

Amount of Each Disbursement this Period

718.72

Full Name (Last, First, Middle Initial)

B. NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City CHICAGO State IL Zip Code 60675

Purpose of Disbursement
BANK CHARGE

Candidate Name

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

Category/
Type

Transaction ID: SB29.36964

Date of Disbursement

06 / 30 / 2005

Amount of Each Disbursement this Period

4.50

SUBTOTAL of Disbursements This Page (optional) ▶

718.22

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

718.22