

**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)

(b) Monthly Report Due On:

X 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)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(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)

(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

01

01

2004

through

01

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

02

17

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: ^M01 ^{: :}01 ^{Y (Y) Y}2004 To: ^M01 ^{: :}31 ^{Y (Y) Y}2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Y (Y) Y} 2004		715555.75
(b) Cash on Hand at Beginning of Reporting Period	715555.75	
(c) Total Receipts (from Line 19)	20442.46	20442.46
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	735998.21	735998.21
<hr/>		
7. Total Disbursements (from Line 31)	41605.10	41605.10
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	694393.11	694393.11
<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: ^M01 ⁻01 ⁻2004^Y To: ^M01 ⁻31 ⁻2004^Y

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)	13675.00	
(ii) Unitemized	6380.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	20055.00	20055.00
(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)	20055.00	20055.00
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.)	387.46	387.46
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))	20442.46	20442.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20442.46	20442.46

DETAILED SUMMARY PAGE

of Disbursements

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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.....	37500.00	37500.00
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.....	4105.10	4105.10
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))..	41605.10	41605.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	41605.10	41605.10

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)	20055.00	20055.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20055.00	20055.00
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	0.00
38. Net Operating Expenditures (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 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. BRUCE ADELMAN		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 3811 BEECH TREE		Transaction ID: SA11A1.26693
City OKEMOS	State MI	Zip Code 48864
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PHYS ANESTH SERVICE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. RICHARD AERTS		Date of Receipt M / D / Y 01 / 26 / 2004
Mailing Address 409 HOBBIT DR SE		Transaction ID: SA11A1.26735
City CEDAR RAPIDS	State IA	Zip Code 52403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer LINN COUNTY ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MICHAEL ALMASI		Date of Receipt M / D / Y 01 / 26 / 2004
Mailing Address 3440 PARK CREST CT		Transaction ID: SA11A1.26736
City MARION	State IA	Zip Code 52302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer LINN COUNTY ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 7 / 26

(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. HERNANDO ARANDIA		Date of Receipt M / D / Y 01 / 26 / 2004
Mailing Address 7532 MOCCASIN PATH		Transaction ID: SA11A1.26750
City	State	Zip Code
LIVERPOOL	NY	13090
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CNY ANESTH	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SALVATORE ASTARITA		Date of Receipt M / D / Y 01 / 30 / 2004
Mailing Address 2705 SHIP ROCK RD		Transaction ID: SA11A1.26829
City	State	Zip Code
WILLOW STREET	PA	17584
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ANESTH ASSOC LANCASTER	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MICHAEL BLUST		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 4414 WILTSHIRE DR		Transaction ID: SA11A1.26865
City	State	Zip Code
HOWELL	MI	48843
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PHYS ANESTH SERVICE	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 26

(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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AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JEROME BORNES		Date of Receipt M / D / Y 01 / 26 / 2004
Mailing Address 933 PANSY CT		Transaction ID: SA11A1.26747
City NEENAH	State WI	Zip Code 54956
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. THEL BOYETTE		Date of Receipt M / D / Y 01 / 27 / 2004
Mailing Address 221 CANTERBURY RD		Transaction ID: SA11A1.26780
City ROCHESTER	State NY	Zip Code 14607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UNIV OF ROCHESTER	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CURTIS CARL		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 918 WILDWOOD		Transaction ID: SA11A1.26867
City E LANSING	State MI	Zip Code 48823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PHYS ANESTH SERVICE	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
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 9 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. STEVEN CHARAPATA		Date of Receipt M / D / Y 01 / 30 / 2004
Mailing Address 103B TAM O'SHANTER DR		Transaction ID: SA11A1.26828
City	State	Zip Code
KANSAS CITY	MO	64145
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ANESTH ASSOC OF KC	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PAUL COLEMAN		Date of Receipt M / D / Y 01 / 30 / 2004
Mailing Address 3404 MANCHESTER CT		Transaction ID: SA11A1.26838
City	State	Zip Code
MODESTO	CA	95350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer GOULD MED GROUP	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MARK CDDK		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 1975 FOX RIDGE		Transaction ID: SA11A1.26889
City	State	Zip Code
HOWELL	MI	48843
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PHYS ANESTH SERVICE	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	725.00
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 / 26

(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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AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DONALD CRINO		Date of Receipt M / D / Y 01 / 26 / 2004
Mailing Address 8356 S JASMINE WAY		Transaction ID: SA11A1.26733
City	State	Zip Code
CENTENNIAL	CO	80111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer S DENVER ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. JAY CUNNINGHAM		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 23390 HUNTERS TRL		Transaction ID: SA11A1.26712
City	State	Zip Code
EDMOND	OK	73903
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AFFIL ANESTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. ROBERT EBERLE		Date of Receipt M / D / Y 01 / 26 / 2004
Mailing Address 307B NEW WILLIAMSBURG		Transaction ID: SA11A1.26774
City	State	Zip Code
SCHENECTADY	NY	12303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ALBANY MEDICAL CTR	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

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FOR LINE NUMBER: PAGE 11 / 26
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 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. JOEL BRUCE FIELDMAN		Date of Receipt M / D / Y 01 / 27 / 2004
Mailing Address 186-03 MIDLAND		Transaction ID: SA11A1.26800
City JAMAICA ESTATES	State NY	Zip Code 11432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MENDEL FORD		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 7920 ASHBROOK DR		Transaction ID: SA11A1.26871
City HASLETT	State MI	Zip Code 48840
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PHYS ANESTH SERVICE	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MICHAEL GARBAGGIO		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 4790 WELLINGTON DR		Transaction ID: SA11A1.26873
City OKEMOS	State MI	Zip Code 48864
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PHYS ANESTH SERVICE	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
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**

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FOR LINE NUMBER: PAGE 12 / 26
(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. CHARLES GIBBS		Date of Receipt M / D / Y Y Y Y 01 / 27 / 2004	
Mailing Address P.O. BOX 890		Transaction ID: SA11A1.26785	
City SARANAC LAKE	State NY	Zip Code 12883	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer ADIRONDACK ANESTH	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. NORMAN GOULD		Date of Receipt M / D / Y Y Y Y 01 / 27 / 2004	
Mailing Address 811 WEST ST		Transaction ID: SA11A1.26804	
City LEOMINSTER	State MA	Zip Code 01453	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer MED ANESTH CONSULTANTS	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. SCOTT GROUDINE		Date of Receipt M / D / Y Y Y Y 01 / 27 / 2004	
Mailing Address 21 CARRIAGE HILL DR		Transaction ID: SA11A1.26778	
City LATHAM	State NY	Zip Code 12110	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ALBANY MEDICAL CTR	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

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FOR LINE NUMBER: PAGE 13 / 26
(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. WAYNE HANISH		Date of Receipt M / D / Y Y Y Y 01 / 20 / 2004	
Mailing Address 5986 PATRIOTS WAY		Transaction ID: SA11A1.26675	
City E LANSING	State MI	Zip Code 48823	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer PHYS ANESTH SERVICE	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. TORK HARMAN		Date of Receipt M / D / Y Y Y Y 01 / 26 / 2004	
Mailing Address 4825 DEER VIEW RD NE		Transaction ID: SA11A1.26740	
City CEDAR RAPIDS	State IA	Zip Code 52411	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer LINN COUNTY ANESTH	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. ROBERT HASE		Date of Receipt M / D / Y Y Y Y 01 / 06 / 2004	
Mailing Address 1590 LITTLE RAVEN ST #302		Transaction ID: SA11A1.26852	
City DENVER	State CO	Zip Code 80202	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer SDA	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

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

FOR LINE NUMBER: PAGE 14 / 26
(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. PETER JENSEN		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 7700 PORT ORFORD DR		Transaction ID: SA11A1.26688
City	State	Zip Code
ANCHORAGE	AK	99507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PAAJMG	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. ROBERT KOEBERT		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 9212 WESTERN AVE		Transaction ID: SA11A1.26691
City	State	Zip Code
CEDARBURG	WI	53012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SUMMIT ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. MICHAEL KROGULECKI		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 2837 RIVER POINTE DR		Transaction ID: SA11A1.26877
City	State	Zip Code
HOLT	MI	48842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PHYS ANESTH SERVICE	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 15 / 26
(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. BRUCE KURTZ		Date of Receipt M / D / Y 01 / 26 / 2004
Mailing Address P.O. BOX 1373		Transaction ID: SA11A1.26760
City MANKATO	State MN	Zip Code 56002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MANKATO ANESTH ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. ELIZABETH LAU		Date of Receipt M / D / Y 01 / 26 / 2004
Mailing Address 11201 SECRETARIAT DR		Transaction ID: SA11A1.26732
City WALTON	State NE	Zip Code 68461
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ASSOC ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. KI-CHUL LEE		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 4397 CALGARY BLVD		Transaction ID: SA11A1.26879
City OKEMOS	State MI	Zip Code 48864
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PHYS ANESTH SERVICE	Occupation PHYSICIAN	
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 16 / 26

(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. MICHAEL LOBODA		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 10908 BROOKVIEW DR		Transaction ID: SA11A1.26693
City BRECKSVILLE	State OH	Zip Code 44141
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer ANESTH ASSOC AKRON	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LAURIE NIEDEREE		Date of Receipt M / D / Y 01 / 27 / 2004
Mailing Address 3498 S MILLCREEK CIR		Transaction ID: SA11A1.26805
City SALT LAKE CITY	State UT	Zip Code 84106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. COLLEEN O'LEARY		Date of Receipt M / D / Y 01 / 26 / 2004
Mailing Address 841 B HOBNAIL		Transaction ID: SA11A1.26752
City MANLIUS	State NY	Zip Code 13104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SUNY UPSTATE MED UNIV	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1050.00
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 / 26

(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. KATHLEEN O'LEARY		Date of Receipt M / D / Y 01 / 26 / 2004
Mailing Address 81 LEXINGTON AVE		Transaction ID: SA11A1.26766
City BUFFALO	State NY	Zip Code 14222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ROSWELL PARK CANCER INS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. MICHAEL OBERDING		Date of Receipt M / D / Y 01 / 27 / 2004
Mailing Address P.O. BOX B90		Transaction ID: SA11A1.26784
City SARANAC LAKE	State NY	Zip Code 12883
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ADIRONDACK ANESTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. DAVID PETCU		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 6555 JOCELYN HOLLOW RD		Transaction ID: SA11A1.26708
City NASHVILLE	State TN	Zip Code 37205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer ANESTH MED GRP	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts TN's Page (optional) ► **1100.00**

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 / 26
(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. MICHAEL RICHARDSON		Date of Receipt M / D / Y 01 / 30 / 2004
Mailing Address 254 EASTON AVE		Transaction ID: SA11A1.26826
City NEW BRUNSWICK	State NJ	Zip Code 08512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANESTH CONSULTS OF NJ	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. DAVID ROWELL		Date of Receipt M / D / Y 01 / 27 / 2004
Mailing Address P.O. BOX B90		Transaction ID: SA11A1.26783
City SARANAC LAKE	State NY	Zip Code 12883
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ADIRONDACK ANESTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. CAROLINA SMITH		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 402 W SPRING MEADOWS		Transaction ID: SA11A1.26858
City DEWITT	State MI	Zip Code 48820
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer PHYS ANESTH SERVICE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	1050.00
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 / 26

(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. GAIL SMITH		Date of Receipt M / D / Y 01 / 20 / 2004	
Mailing Address 8875 ANN ARBOR-SALINE		Transaction ID: SA11A1.26681	
City	State	Zip Code	Amount of Each Receipt this Period
SALINE	MI	48176	250.00
FEC ID number of contributing federal political committee. C			
Name of Employer PHYS ANESTH SERVICE	Occupation PHYSICIAN	Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) ▼	250.00		

Full Name (Last, First, Middle Initial) B. MARK STEINE		Date of Receipt M / D / Y 01 / 26 / 2004	
Mailing Address 565 AUGUSTA DR SE		Transaction ID: SA11A1.26744	
City	State	Zip Code	Amount of Each Receipt this Period
CEDAR RAPIDS	IA	52409	250.00
FEC ID number of contributing federal political committee. C			
Name of Employer LINN COUNTY ANESTH	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) ▼	250.00		

Full Name (Last, First, Middle Initial) C. DAVID UEJUNTEH		Date of Receipt M / D / Y 01 / 20 / 2004	
Mailing Address 2132 HAKANU ST		Transaction ID: SA11A1.26899	
City	State	Zip Code	Amount of Each Receipt this Period
HONOLULU	HI	96821	250.00
FEC ID number of contributing federal political committee. C			
Name of Employer HPMG	Occupation PHYSICIAN	Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) ▼	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 20 / 26
(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. VALERIE WASSILL		Date of Receipt M / D / Y 01 / 27 / 2004
Mailing Address 94 FAIRWAY LN		Transaction ID: SA11A1.26606
City	State	Zip Code
LITTLETON	CO	80123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SDA	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BRIAN WEST		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 407 W SPRING MEADOWS		Transaction ID: SA11A1.26683
City	State	Zip Code
DEWITT	MI	48820
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PHYS ANESTH SERVICE	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	13675.00

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

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

FOR LINE NUMBER: PAGE 21 / 26

(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 01 / 31 / 2004
Mailing Address 50 S LASALLE		Transaction ID: SA17.26864
City CHICAGO	State IL	Zip Code 60675
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 387.46
Name of Employer	Occupation	INTEREST INCOME
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 387.46	

SUBTOTAL of Receipts This Page (optional)	▶	387.46
TOTAL This Period (last page this line number only)	▶	387.46

**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 22 / 26

<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. BACA FOR CONGRESS

Mailing Address 800 4TH ST S 720

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement
2004

Candidate Name

Office Sought: House Senate President
State: CA District: 43

Disbursement For:
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.26856
Date of Disbursement
01 / 15 / 2004

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. DEMOCRATIC SENATORIAL CAMP COMM

Mailing Address 120 MARYLAND AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
2004 CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For:
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.26845
Date of Disbursement
01 / 08 / 2004

Amount of Each Disbursement this Period
1500.00

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

Mailing Address P.O. BOX 711

City ROCKWALL State TX Zip Code 75087

Purpose of Disbursement
2004

Candidate Name

Office Sought: House Senate President
State: TX District: 4

Disbursement For:
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.26860
Date of Disbursement
01 / 19 / 2004

Amount of Each Disbursement this Period
3500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **19500.00**

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 23 / 26

<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. INAUGURAL REUNION CMTE/RSO

Mailing Address 425 2ND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
2004 CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB23.26843
Date of Disbursement
01 / 08 / 2004

Amount of Each Disbursement this Period
5000.00

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

Mailing Address 829 SECOND ST NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
2004

Candidate Name

Office Sought: House Senate President
State: SC District 2

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB23.26854
Date of Disbursement
01 / 15 / 2004

Amount of Each Disbursement this Period
500.00

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

Mailing Address P.O. BOX 12571

City GREEN BAY State WI Zip Code 54307

Purpose of Disbursement
2004

Candidate Name

Office Sought: House Senate President
State: WI District 8

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB23.26862
Date of Disbursement
01 / 22 / 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)

PAGE 24 / 26

<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. MISSOURI STATE DEMOCRATIC COMM

Mailing Address P.O. BOX 719 208 MADISON ST

City State Zip Code
JEFFERSON CITY MO 65102

Purpose of Disbursement
2004 CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB23.26847

Date of Disbursement

01 / 12 / 2004

Amount of Each Disbursement this Period

5000.00

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

Mailing Address P.O. BOX 21027

City State Zip Code
WASHINGTON DC 20008

Purpose of Disbursement
2008

Candidate Name

Office Sought: House Senate President
State: MN District

Disbursement For: X Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB23.26858

Date of Disbursement

01 / 19 / 2004

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P.O. BOX 1485

City State Zip Code
CLIFTON PARK NY 12085

Purpose of Disbursement
2004

Candidate Name

Office Sought: X House Senate President
State: NY District 20

Disbursement For: X Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB23.26849

Date of Disbursement

01 / 12 / 2004

Amount of Each Disbursement this Period

2000.00

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 26

<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. THORSTENSON FOR CONGRESS

Mailing Address P.O. BOX 832020

City State Zip Code
NACOGDOCHES TX 75903

Purpose of Disbursement
2004

Candidate Name

Office Sought: House
Senate
President
State: TX District 1

Disbursement For:
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.26852

Date of Disbursement

01 / 15 / 2004

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

37500.00

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

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

FOR LINE NUMBER:
(check only one)

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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. MARYLAND REPUBLICAN SENATORIAL		Transaction ID: SB29.26841 Date of Disbursement 01 / 08 / 2004	
Mailing Address P.O. BOX 1444 City ANNAPOLIS State MD Zip Code 21401		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement 2004 NON-FEDERAL CONTRIBUTION Candidate Name		Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) B. NORTHERN TRUST CO		Transaction ID: SB29.26865 Date of Disbursement 01 / 31 / 2004	
Mailing Address 50 S LASALLE City CHICAGO State IL Zip Code 60675		Amount of Each Disbursement this Period 105.10	
Purpose of Disbursement VISA BANK CHARGE Candidate Name		Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	4105.10
TOTAL This Period (last page this line number only)	▶	4105.10