

**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)

X 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)

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

12

01

2005

through

12

31

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

01

10

2006

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

Office Use Only

FEC FORM 3X  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: <sup>M</sup>12 <sup>Y</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>12 <sup>Y</sup>01 <sup>Y</sup>2005

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		473205.44
(b) Cash on Hand at Beginning of Reporting Period .....	560650.42	
(c) Total Receipts (from Line 19) .....	32653.55	822904.96
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	593303.97	1296110.40
<hr/>		
7. Total Disbursements (from Line 31) .....	33342.56	736148.99
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	559961.41	559961.41
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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: <sup>M</sup>12 <sup>-</sup>01 <sup>-</sup>2005 To: <sup>M</sup>12 <sup>-</sup>31 <sup>-</sup>2005

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) .....	26050.00	664277.00
(ii) Unitemized .....	4800.00	141815.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	30850.00	806092.00
(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) .....	30850.00	806092.00
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	3004.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1803.55	13808.96
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)) .....	32653.55	822904.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32653.55	822904.96

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	26000.00	572100.00
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	19080.00
(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	19080.00
29. Other Disbursements.....	7342.56	144968.99
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))..	33342.56	736148.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	33342.56	736148.99

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	30850.00	806092.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	19080.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30850.00	787012.00
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	3004.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	-3004.00

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

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

FOR LINE NUMBER: PAGE 6 / 34

(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) <b>A. CHARLES R. BECKENSTEIN</b>		Date of Receipt M / D / Y 12 / 20 / 2005
Mailing Address 713 S DELAWARE AVE		Transaction ID: SA11A1.39979
City	State	Zip Code
TAMPA	FL	33606
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer UNICOM ANES ASSOC	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. STUART BEHRENS</b>		Date of Receipt M / D / Y 12 / 28 / 2005
Mailing Address 19 RUSTIC GATE LANE		Transaction ID: SA11A1.39928
City	State	Zip Code
DIX HILLS	NY	11746
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer N.A.P.A.	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL BERRIGAN</b>		Date of Receipt M / D / Y 12 / 13 / 2005
Mailing Address 1917 WESTFIELD STREET		Transaction ID: SA11A1.39870
City	State	Zip Code
ALEXANDRIA	VA	22308
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer MEDICAL FACULTY ASSOC	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 34

(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) <b>A. CASEY BLITT</b>		Date of Receipt M / D / Y 12 / 13 / 2005
Mailing Address 5700 E PIMA #E		Transaction ID: SA11A1.39987
City	State	Zip Code
TUCSON	AZ	85712
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer OLD PUEBLO ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. ALRICK BROOKS</b>		Date of Receipt M / D / Y 12 / 27 / 2005
Mailing Address 840 PINE ST #770		Transaction ID: SA11A1.39955
City	State	Zip Code
MACON	GA	31201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer NEXUS MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. DAVID BROUSSARD</b>		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 1217 RIDGELAKE DRIVE		Transaction ID: SA11A1.39999
City	State	Zip Code
METAIRIE	LA	70001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer OCHSNER CLINIC FOUNDATION	Occupation ANESTHESIOLOGIST	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 / 34

(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) <b>A. PAUL CHENG</b>		Date of Receipt M / D / Y Y Y Y 12 / 31 / 2005	
Mailing Address 431 D LAKEWOOD		Transaction ID: SA11A1.40010	
City State Zip Code ENID OK 73703	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer (Full) Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) <b>B. STACY COFFIN</b>		Date of Receipt M / D / Y Y Y Y 12 / 27 / 2005	
Mailing Address 404 HAWTHORNE ROAD NORTH		Transaction ID: SA11A1.39969	
City State Zip Code DULUTH MN 55812	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ST LUKES HOSPITAL OF DULUTH Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>C. PATRICK CURLING</b>		Date of Receipt M / D / Y Y Y Y 12 / 13 / 2005	
Mailing Address 8234 MAGNOLIA GLEN DR		Transaction ID: SA11A1.39858	
City State Zip Code HUMBLE TX 77348	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N HOUSTON ANESTH Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN 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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 34

(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) <b>A. SUSAN CURLING</b>		Date of Receipt M / D / Y 12 / 13 / 2005	
Mailing Address 8234 MAGNOLIA GLEN DR		Transaction ID: SA11A1.39858	
City <b>HUMBLE</b>	State <b>TX</b>	Zip Code <b>77346</b>	Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>N HOUSTON ANESTH</b>	Occupation <b>PHYSICIAN</b>	Aggregate Year-to-Date ▼ <b>500.00</b>	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JOHN DANNER</b>		Date of Receipt M / D / Y 12 / 21 / 2005	
Mailing Address 3926 HIDDEN TRL		Transaction ID: SA11A1.39895	
City <b>ONEIDA</b>	State <b>WI</b>	Zip Code <b>54155</b>	Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>BELLIN ANESTH ASSOC</b>	Occupation <b>ANESTHESIOLOGIST</b>	Aggregate Year-to-Date ▼ <b>500.00</b>	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. LOUIS DEWILD</b>		Date of Receipt M / D / Y 12 / 28 / 2005	
Mailing Address 5409 WOODLAND AVE		Transaction ID: SA11A1.39973	
City <b>DES MOINES</b>	State <b>IA</b>	Zip Code <b>50312</b>	Amount of Each Receipt this Period <b>250.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>ASSOCIATED ANESTH</b>	Occupation <b>ANESTHESIOLOGIST</b>	Aggregate Year-to-Date ▼ <b>250.00</b>	
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)  
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FOR LINE NUMBER: PAGE 10 / 34  
(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CAYETANO DIZON</b>		Date of Receipt M / D / Y 12 / 27 / 2005
Mailing Address <b>840 PINE ST #770</b>		Transaction ID: SA11A1.39951
City	State	Zip Code
<b>MACON</b>	<b>GA</b>	<b>31201</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>NEXUS MEDICAL GROUP</b>	Occupation <b>ANESTHESIOLOGIST</b>	Aggregate Year-to-Date ▼ <b>500.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DEWAYNE ENYEART</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address <b>4213 AMBER COURT,S.E.</b>		Transaction ID: SA11A1.40006
City	State	Zip Code
<b>OLYMPIA</b>	<b>WA</b>	<b>98501</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>OLYMPIA ANESTH ASSOC</b>	Occupation <b>PHYSICIAN</b>	Aggregate Year-to-Date ▼ <b>500.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JERRY EPPS</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address <b>1422 KENSINGTON DRIVE</b>		Transaction ID: SA11A1.40003
City	State	Zip Code
<b>KNOXVILLE</b>	<b>TN</b>	<b>37922</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>UNIVERSITY ANESTH</b>	Occupation <b>ANESTHESIOLOGIST</b>	Aggregate Year-to-Date ▼ <b>250.00</b>
Receipt For: Primary      General Other (specify) ▼		

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

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

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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) <b>A. JAY EPSTEIN</b>		Date of Receipt M / D / Y Y Y Y 12 / 26 / 2005
Mailing Address <b>735B SAWGRASS POINT DRIVE</b>		Transaction ID: SA11A1.39930
City	State	Zip Code
<b>PINELLAS PARK</b>	<b>FL</b>	<b>33782</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>DIAGNOSTIC CLINIC</b>	Occupation <b>ANESTHESIOLOGIST</b>	Aggregate Year-to-Date ▼ <b>250.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. GRAHAM ERCEG</b>		Date of Receipt M / D / Y Y Y Y 12 / 27 / 2005
Mailing Address <b>840 PINE ST #770</b>		Transaction ID: SA11A1.39956
City	State	Zip Code
<b>MACON</b>	<b>GA</b>	<b>31201</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>NEXUS MEDICAL GROUP</b>	Occupation <b>ANESTHESIOLOGIST</b>	Aggregate Year-to-Date ▼ <b>500.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MAURO FAIBICHER</b>		Date of Receipt M / D / Y Y Y Y 12 / 27 / 2005
Mailing Address <b>840 PINE ST #770</b>		Transaction ID: SA11A1.39948
City	State	Zip Code
<b>MACON</b>	<b>GA</b>	<b>31201</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>NEXUS MEDICAL GROUP</b>	Occupation <b>ANESTHESIOLOGIST</b>	Aggregate Year-to-Date ▼ <b>500.00</b>
Receipt For: Primary      General Other (specify) ▼		

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

**SCHEDULE A (FEC Form 3X)  
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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. JAMES C FINN III</b>		Date of Receipt M / D / Y 12 / 18 / 2005
Mailing Address <b>3801 ROCKY POINT WAY</b>		Transaction ID: SA11A1.39878
City	State	Zip Code
<b>SANTA ROSA</b>	<b>CA</b>	<b>95404</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>PHYSICIAN</b>	Aggregate Year-to-Date ▼ <b>500.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. AYSE GENC</b>		Date of Receipt M / D / Y 12 / 27 / 2005
Mailing Address <b>840 PINE ST #770</b>		Transaction ID: SA11A1.39942
City	State	Zip Code
<b>MACON</b>	<b>GA</b>	<b>31201</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>NEXUS MEDICAL GROUP</b>	Occupation <b>ANESTHESIOLOGIST</b>	Aggregate Year-to-Date ▼ <b>500.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JONATHAN GERSON</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address <b>104 HETHERINGTON LANE</b>		Transaction ID: SA11A1.40004
City	State	Zip Code
<b>CINCINNATI</b>	<b>OH</b>	<b>45248</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>AANWD</b>	Occupation <b>PHYSICIAN</b>	Aggregate Year-to-Date ▼ <b>1000.00</b>
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 13 / 34  
(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) <b>A. RDDERICK GEX</b>		Date of Receipt M / D / Y 12 / 04 / 2005
Mailing Address <b>9801 EDGEVIEW PL</b>		Transaction ID: SA11A1.39831
City	State	Zip Code
<b>LAS VEGAS</b>	<b>NV</b>	<b>89134</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>SIERRA HEALTH</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. RANDALL GOSKOWICZ</b>		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address <b>5024 CHELTERHAM TERR</b>		Transaction ID: SA11A1.39996
City	State	Zip Code
<b>SAN DIEGO</b>	<b>CA</b>	<b>92130</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. TIMOTHY GRANT</b>		Date of Receipt M / D / Y 12 / 27 / 2005
Mailing Address <b>840 PINE ST #770</b>		Transaction ID: SA11A1.39947
City	State	Zip Code
<b>MACON</b>	<b>GA</b>	<b>31201</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>NEXUS MEDICAL GROUP</b>	Occupation <b>ANESTHESIOLOGIST</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

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

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

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

FOR LINE NUMBER: PAGE 14 / 34  
(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) <b>A. ARTHUR GRAY</b>		Date of Receipt M / D / Y 12 / 27 / 2005
Mailing Address <b>840 PINE ST #770</b>		Transaction ID: SA11A1.39957
City <b>MACON</b>	State <b>GA</b>	Zip Code <b>31201</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>NEXUS MEDICAL GROUP</b>	Occupation <b>ANESTHESIOLOGIST</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER GUNN</b>		Date of Receipt M / D / Y 12 / 27 / 2005
Mailing Address <b>840 PINN ST #770</b>		Transaction ID: SA11A1.39944
City <b>MACON</b>	State <b>GA</b>	Zip Code <b>31201</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>NEXUS MEDICAL GROUP</b>	Occupation <b>ANESTHESIOLOGIST</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. RICKARD HAWKINS, JR</b>		Date of Receipt M / D / Y 12 / 07 / 2005
Mailing Address <b>670 BRIARLEIGH WAY</b>		Transaction ID: SA11A1.39834
City <b>WOODSTOCK</b>	State <b>GA</b>	Zip Code <b>30189</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>AMBULATORY ANES ATLANTA</b>	Occupation <b>ANESTHESIOLOGIST</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

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

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

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

FOR LINE NUMBER: PAGE 15 / 34  
(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) <b>A. WILLIAM D. HETRICK</b>		Date of Receipt M / D / Y 12 / 21 / 2005
Mailing Address 825B BRITTANY PLACE		Transaction ID: SA11A1.39898
City	State	Zip Code
PITTSBURGH	PA	15237
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer PITTSBURGH ANESTHESIA ASS- OC., LTD.	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. TIMOTHY HOUSEMAN</b>		Date of Receipt M / D / Y 12 / 13 / 2005
Mailing Address 809 BAY BLF E		Transaction ID: SA11A1.39842
City	State	Zip Code
DAPHNE	AL	36526
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer EASTERN SHORE ANESTH	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. J. MICHAEL JOHNSON, M.D.</b>		Date of Receipt M / D / Y 12 / 12 / 2005
Mailing Address 2113 SMOKETREE TRAIL		Transaction ID: SA11A1.39838
City	State	Zip Code
HUNTSVILLE	AL	35811
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer HUNTSVILLE ANESTHESIOLOGY CONSULTAN	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 16 / 34  
(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) <b>A. EDWIN JOHNSTON</b>		Date of Receipt M / D / Y 12 / 26 / 2005
Mailing Address 4817 OLD DALTON ROAD, NE		Transaction ID: SA11A1.39926
City	State	Zip Code
ROME	GA	30165
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer REDMOND ANESTH ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. JEFFREY JOSEPH</b>		Date of Receipt M / D / Y 12 / 27 / 2005
Mailing Address 1335 JUNE LN		Transaction ID: SA11A1.39941
City	State	Zip Code
NARBERTH	PA	19072
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer THOMAS JEFFERSON UNIV	Occupation ANESTHESIOLOGIST	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. STEVEN KARAN</b>		Date of Receipt M / D / Y 12 / 13 / 2005
Mailing Address 495 TALL TIMBERS DR		Transaction ID: SA11A1.39868
City	State	Zip Code
PINEHURST	NC	28374
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer PINEHURST ANESTH ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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



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

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

FOR LINE NUMBER: PAGE 17 / 34

(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) <b>A. W ROBERT LANE</b>		Date of Receipt M / D / Y 12 / 27 / 2005
Mailing Address 840 PINE ST #770		Transaction ID: SA11A1.39953
City MACON	State GA	Zip Code 31201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer NEXUS MEDICAL GROUP	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. WAI LEUNG</b>		Date of Receipt M / D / Y 12 / 13 / 2005
Mailing Address 1799 WILDFLOWER CIR		Transaction ID: SA11A1.39950
City YUBA CITY	State CA	Zip Code 95969
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer FREMONT RIDEOUT MED GRP	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ALAN LICHTENSTEIN</b>		Date of Receipt M / D / Y 12 / 25 / 2005
Mailing Address 9411 SILVERTHORN ROAD		Transaction ID: SA11A1.39918
City LARGO	State FL	Zip Code 33777
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer ADVANCED ANESTH SPECIAL	Occupation ANESTHESIOLOGIST	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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 34

(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) <b>A. MICHAEL LOBODA</b>		Date of Receipt M / D / Y 12 / 20 / 2005
Mailing Address 10908 BROOKVIEW DRIVE		Transaction ID: SA11A1.39681
City BRECKSVILLE	State OH	Zip Code 44141
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer ANESTH ASSOC OF AKRON	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JAMES McDONALD</b>		Date of Receipt M / D / Y 12 / 27 / 2005
Mailing Address 840 PINE ST #770		Transaction ID: SA11A1.39959
City MACON	State GA	Zip Code 31201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer NEXUS MEDICAL GROUP	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MILES McDONALD</b>		Date of Receipt M / D / Y 12 / 27 / 2005
Mailing Address 840 PINE ST #770		Transaction ID: SA11A1.39949
City MACON	State GA	Zip Code 31201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer NEXUS MEDICAL GROUP	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1300.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 34  
(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) <b>A. ROBERT MCKAY</b>		Date of Receipt M / D / Y 12 / 13 / 2005
Mailing Address <b>380 TIM WARREN RD</b>		Transaction ID: SA11A1.39961
City	State	Zip Code
<b>BRISTOL</b>	<b>TN</b>	<b>37620</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>BRISTOL ANESTH SERVICES</b>	Occupation <b>ANESTHESIOLOGIST</b>	Aggregate Year-to-Date ▼ <b>1000.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JOSEPH MCLAUGHLIN</b>		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address <b>12729 WALTON RIDGE LANE</b>		Transaction ID: SA11A1.39968
City	State	Zip Code
<b>MIDLOTHIAN</b>	<b>VA</b>	<b>23114</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>COMMONWEALTH ANES ASSOC</b>	Occupation <b>PHYSICIAN</b>	Aggregate Year-to-Date ▼ <b>250.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. PATRICIA MOORE</b>		Date of Receipt M / D / Y 12 / 21 / 2005
Mailing Address <b>12 N PHEASANTS RIDGE</b>		Transaction ID: SA11A1.39889
City	State	Zip Code
<b>WILMINGTON</b>	<b>NE</b>	<b>19807</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>ANESTHESIA SERVICES</b>	Occupation <b>ANESTHESIOLOGIST</b>	Aggregate Year-to-Date ▼ <b>250.00</b>
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 20 / 34  
(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) <b>A. MICHAEL MUELLER</b>		Date of Receipt M / D / Y Y Y Y 12 / 20 / 2005
Mailing Address 1520 CHANDLER RD		Transaction ID: SA11A1.39982
City	State	Zip Code
HUNTSVILLE	AL	35801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer COMPREHENSIVE ANES SERV	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER O'CONNOR</b>		Date of Receipt M / D / Y Y Y Y 12 / 20 / 2005
Mailing Address 1912 N HOYNE AVE		Transaction ID: SA11A1.39984
City	State	Zip Code
CHICAGO	IL	60647
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer UNIVERSITY ANESTH	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DALE OSTRANDER</b>		Date of Receipt M / D / Y Y Y Y 12 / 21 / 2005
Mailing Address 558 SHORELINE DR		Transaction ID: SA11A1.39987
City	State	Zip Code
DECATUR	IL	62521
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer ASSOC ANESTH OF DECATUR	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 21 / 34  
(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) <b>A. PARAG PANDYA</b>		Date of Receipt M / D / Y Y Y Y 12 / 10 / 2005
Mailing Address 128 WOODSTOCK WAY		Transaction ID: SA11A1.39836
City DANVILLE	State VA	Zip Code 24541
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer DANVILLE ANESTHESIOLOGISTS INC	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. AMY PEARSON</b>		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 482 E. G. MILES PKWY		Transaction ID: SA11A1.39936
City HINESVILLE	State GA	Zip Code 31313
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer COASTAL ANES & PAIN RELIEF	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DAVID PETCU</b>		Date of Receipt M / D / Y Y Y Y 12 / 27 / 2005
Mailing Address 8555 JOCELYN HOLLOW RD		Transaction ID: SA11A1.39961
City NASHVILLE	State TN	Zip Code 37205
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer AMG	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>2500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 22 / 34

(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) <b>A. GAIL PIRIE</b>		Date of Receipt M / D / Y 12 / 13 / 2005	
Mailing Address 3939 J ST #310		Transaction ID: SA11A1.39852	
City SACRAMENTO	State CA	Zip Code 95819	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SAMI	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MICHAEL RAMSAY</b>		Date of Receipt M / D / Y 12 / 19 / 2005	
Mailing Address 7135 ELMRIDGE DRIVE		Transaction ID: SA11A1.39879	
City DALLAS	State TX	Zip Code 75240	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 750.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. H. DOUGLAS ROBERTS</b>		Date of Receipt M / D / Y 12 / 31 / 2005	
Mailing Address 4130 MARIPOSA DRIVE		Transaction ID: SA11A1.40008	
City SANTA BARBARA	State CA	Zip Code 93110	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ANESTH ASSOC MEDICAL GRP	Occupation PHYSICIAN - ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 23 / 34  
(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) <b>A. HOWARD ROGERS</b>		Date of Receipt M / D / Y 12 / 05 / 2005
Mailing Address <b>495 SWEETWATER DR</b>		Transaction ID: SA11A1.39832
City	State	Zip Code
<b>CATAULA</b>	<b>GA</b>	<b>31804</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>ANESTH ASSOC COLUMBUS</b>	Occupation <b>ANESTHESIOLOGIST</b>	Aggregate Year-to-Date ▼ <b>500.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ALVIN SEWELL</b>		Date of Receipt M / D / Y 12 / 27 / 2005
Mailing Address <b>840 PINE ST #770</b>		Transaction ID: SA11A1.39965
City	State	Zip Code
<b>MACON</b>	<b>GA</b>	<b>31201</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>NEXUS MEDICAL GROUP</b>	Occupation <b>ANESTHESIOLOGIST</b>	Aggregate Year-to-Date ▼ <b>500.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MATTHEW SHATZ</b>		Date of Receipt M / D / Y 12 / 26 / 2005
Mailing Address <b>28 JAROMBEK DRIVE</b>		Transaction ID: SA11A1.39922
City	State	Zip Code
<b>TOWACO</b>	<b>NJ</b>	<b>07082</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>GARDEN STATE ANES SERV</b>	Occupation <b>ANESTHESIOLOGIST</b>	Aggregate Year-to-Date ▼ <b>500.00</b>
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 24 / 34

(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) <b>A. JOSEPH SIMPSON</b>		Date of Receipt M / D / Y 12 / 21 / 2005
Mailing Address 1524 AGAWELA AVE.		Transaction ID: SA11A1.39896
City KNOXVILLE	State TN	Zip Code 37819
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer UNIVERSITY ANESTHESIOLOGISTS	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. VINCENT SKILLING</b>		Date of Receipt M / D / Y 12 / 27 / 2005
Mailing Address 840 PINE ST #770		Transaction ID: SA11A1.39958
City MACON	State GA	Zip Code 31201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer NEXUS MEDICAL GROUP	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. SANJIVAN TARABADKAR</b>		Date of Receipt M / D / Y 12 / 27 / 2005
Mailing Address 840 PINE ST #770		Transaction ID: SA11A1.39945
City MACON	State GA	Zip Code 31201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer NEXUS MEDICAL GROUP	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

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



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

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

FOR LINE NUMBER: PAGE 25 / 34  
(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) <b>A. HECTOR VILA</b>		Date of Receipt M / D / Y 12 / 15 / 2005
Mailing Address 12902 MAGNOLIA DR #2149A		Transaction ID: SA11A1.39874
City	State	Zip Code
TAMPA	FL	33612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer H LEE MOFFITT CANCER CTR	Occupation ANESTHESIOLOGIST	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. BETTY WORRI</b>		Date of Receipt M / D / Y 12 / 27 / 2005
Mailing Address 840 PINE ST #770		Transaction ID: SA11A1.39954
City	State	Zip Code
MACON	GA	31201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer NEXUS MEDICAL GROUP	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) .....	▶	26050.00

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

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

FOR LINE NUMBER: PAGE 26 / 34

(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 12 / 31 / 2005
Mailing Address 50 S LASALLE		Transaction ID: SA17.40051
City CHICAGO	State IL	Zip Code 60675
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1803.55
Name of Employer	Occupation	INTEREST INCOME
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 13808.96	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1803.55</b>
TOTAL This Period (last page this line number only) .....	▶	<b>1803.55</b>

**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 27 / 34

<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) <b>A. AKIN FOR CONGRESS</b>		Transaction ID: SB23.40026 Date of Disbursement 12 / 08 / 2005	
Mailing Address P.O. BOX 31222		Amount of Each Disbursement this Period 1000.00	
City ST LOUIS State MO Zip Code 63131	Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO      District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. BECERRA FOR CONGRESS</b>		Transaction ID: SB23.40022 Date of Disbursement 12 / 05 / 2005	
Mailing Address P.O. BOX 116		Amount of Each Disbursement this Period 1500.00	
City HYATTSVILLE State MD Zip Code 20781	Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA      District: 31	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. BLUE DOG PAC</b>		Transaction ID: SB23.40054 Date of Disbursement 12 / 09 / 2005	
Mailing Address 6849 OLD DOMINION DR #222		Amount of Each Disbursement this Period -2000.00	
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement CK VOIDED ORIG ISSUED 11/17/05	Candidate Name	Category/ Type
Office Sought:      House <input type="checkbox"/> Senate <input type="checkbox"/> President State:                District	Disbursement For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 34

<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

**A. DENT FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 442

City ALLENTOWN State PA Zip Code 18105

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: PA District 15

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Category/Type

Transaction ID: SB23.40049  
Date of Disbursement  
12 / 22 / 2005

Amount of Each Disbursement this Period  
1500.00

**B. ENGEL FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 462 CALIFORNIA RD

City BRONXVILLE State NY Zip Code 10708

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: NY District 17

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Category/Type

Transaction ID: SB23.40047  
Date of Disbursement  
12 / 15 / 2005

Amount of Each Disbursement this Period  
2000.00

**C. FRIENDS OF BOBBY JINDAL INC**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 8628

City METAIRIE State LA Zip Code 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: SB23.40024  
Date of Disbursement  
12 / 05 / 2005

Amount of Each Disbursement this Period  
1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **4500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 34

<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 JOE BACA

Mailing Address 555 CAPITOL MALL #1425

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.40035  
Date of Disbursement

12 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P.O. BOX 2776

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement

Candidate Name

Office Sought:  House  
Senate  
President  
State: PA District: B

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.40011  
Date of Disbursement

12 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. GLTKNECHT FOR US CONGRESS COMM

Mailing Address P.O. BOX 6428

City ROCHESTER State MN Zip Code 55903

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.40030  
Date of Disbursement

12 / 08 / 2005

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 34

<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) <b>A. HOOLEY FOR CONGRESS</b>		Transaction ID: SB23.40032 Date of Disbursement 12 / 08 / 2005	
Mailing Address P.O. BOX 2050		Amount of Each Disbursement this Period 1500.00	
City SALEM State OR Zip Code 97908	Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR      District 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. LARSON FOR CONGRESS</b>		Transaction ID: SB23.40017 Date of Disbursement 12 / 05 / 2005	
Mailing Address 29 RUFF CIR		Amount of Each Disbursement this Period 1000.00	
City GLASTONBURY State CT Zip Code 06033	Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT      District 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. LATOURETTE FOR CONGRESS COMM</b>		Transaction ID: SB23.40042 Date of Disbursement 12 / 15 / 2005	
Mailing Address 320 KENARDEN DR		Amount of Each Disbursement this Period 2500.00	
City HIGHLAND HTS State OH Zip Code 44143	Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH      District 14	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 34

<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. LINCOLN DIAZ-BALART FOR CONGRESS COMM**

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: 21

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Category/Type

Transaction ID: SB23.4002D  
Date of Disbursement  
12 / 05 / 2005

Amount of Each Disbursement this Period  
1500.00

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

Mailing Address P.O. BOX 65796

City WASHINGTON State DC Zip Code 20035

Purpose of Disbursement  
CK VOIDED ORIG ISSUED 9/01/05

Candidate Name

Office Sought:  House  Senate  President  
State: District

Disbursement For:  
 Primary  General  
Other (specify) ▼

Category/Type

Transaction ID: SB23.4005B  
Date of Disbursement  
12 / 09 / 2005

Amount of Each Disbursement this Period  
-2000.00

Full Name (Last, First, Middle Initial)  
**C. MARK KENNEDY 08**

Mailing Address P.O. BOX 49333

City BLAINE State MN Zip Code 55449

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: MN District

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Category/Type

Transaction ID: SB23.40028  
Date of Disbursement  
12 / 08 / 2005

Amount of Each Disbursement this Period  
3000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **2500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 34

<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) <b>A. MURPHY FOR CONGRESS</b>		Transaction ID: SB23.40013 Date of Disbursement 12 / 05 / 2005	
Mailing Address P.O. BOX 2776		Amount of Each Disbursement this Period 2000.00	
City ARLINGTON State VA Zip Code 22202	Purpose of Disbursement	Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA      District 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. NORWOOD FOR CONGRESS</b>		Transaction ID: SB23.40040 Date of Disbursement 12 / 15 / 2005	
Mailing Address P.O. BOX 499		Amount of Each Disbursement this Period 2500.00	
City EVANS State GA Zip Code 30809	Purpose of Disbursement	Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA      District 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. REYNOLDS FOR CONGRESS</b>		Transaction ID: SB23.40015 Date of Disbursement 12 / 05 / 2005	
Mailing Address P.O. BOX 15388		Amount of Each Disbursement this Period 2000.00	
City ROCHESTER State NY Zip Code 14615	Purpose of Disbursement	Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY      District 26	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 34

<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. SANTORUM 2008

Mailing Address 1203 PORTNER RD

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

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

Category/  
Type

Transaction ID: SB23.40045

Date of Disbursement

12 / 15 / 2005

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) ▶

26000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 34

<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) <b>A. NATIONAL JOURNAL GROUP</b>		Transaction ID: SB29.40038	
Mailing Address    600 NEW HAMPSHIRE AVE NW		Date of Disbursement 12 / 15 / 2005	
City WASHINGTON	State DC	Zip Code 20037	Amount of Each Disbursement this Period  6757.43
Purpose of Disbursement HOTLINE SUBSCRIPTION		Category/ Type	
Candidate Name			
Office Sought:    House Senate President	Disbursement For: Primary            General Other (specify) ▼		
State:            District			

Full Name (Last, First, Middle Initial) <b>B. NORTHERN TRUST CO</b>		Transaction ID: SB29.40052	
Mailing Address    50 S LASALLE		Date of Disbursement 12 / 31 / 2005	
City CHICAGO	State IL	Zip Code 60675	Amount of Each Disbursement this Period  585.13
Purpose of Disbursement VISA BANK CHARGE		Category/ Type	
Candidate Name			
Office Sought:    House Senate President	Disbursement For: Primary            General Other (specify) ▼		
State:            District			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>7342.56</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>7342.56</b>