

RECEIVED
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ELECTION CENTER
2002 OCT 15 A 11:24
Office Use Only

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: if typing, type over the lines

[Redacted]

American Academy of Sleep Medicine Political Action Committee

ADDRESS (number and street)

One Westbrook Corporate Center

Suite 920

Check if different than previously reported. (ACC)

Westchester

IL

60154

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00381462

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(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 (M13)

(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:

Priority (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

07

01

2002

through

09

30

2002

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 Jerome A. Barst

Signature of Treasurer

Jerome A. Barst

Date

10

14

2002

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 (Revised 1/2001)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
American Academy of Sleep Medicine Political Action Committee

Report Covering the Period: From:

MM	DD	YYYY
07	01	2002

 To:

MM	DD	YYYY
09	30	2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5 (a) Cash on Hand January 1 2002		20624.36
(b) Cash on Hand at Beginning of Reporting Period	25390.44	
(c) Total Receipts (from Line 1B)	409.25	6921.65
(d) Subtotal (add lines 5(b) and 5(c) for Column A and Lines 5(a) and 5(c) for Column B)	25799.69	27546.04
7 Total Disbursements (from Line 3D)	14617.08	16363.43
8 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 5(d))	11182.61	11182.61
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 20469

Toll Free 800-426-9630
Local 202-434-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

American Academy of Sleep Medicine Political Action Committee

Report Covering the Period: From:

MM	DD	YYYY
07	01	2002

 To:

MM	DD	YYYY
09	30	2002

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	0.00	
(i) Itemized (use Schedule A)	300.00	
(ii) Unitemized	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	300.00	6555.00
(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 32, page 4)	300.00	6555.00
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 36, page 4)	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.)	109.25	366.68
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	409.25	6921.68
20. Total Federal Receipts (subtract Line 18 from Line 19)	409.25	6921.68

11030000 07 01 2002 09 30 2002

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

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)	0.00	0.00	
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1617.08	3363.43	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1617.08	3363.43	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	13000.00	
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.....	0.00	0.00	
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29).....	14617.08	16363.43	
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30).....	14617.08	16363.43	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) from Line 11(d), page 3).....	300.00	6555.00	
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00	
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	300.00	6555.00	
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1617.08	3363.43	
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00	
37. Net Operating Expenditures (subtract Line 36 from Line 35).....	1617.08	3363.43	

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

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

FOR LINE NUMBER: PAGE 5 / 11

(check only one)

<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

NAME OF COMMITTEE (in Full)

American Academy of Sleep Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Starting State Bank

Mailing Address
5600 Highway 52 North

City
Rochester

State Zip Code
MN 55901

Date of Receipt

09 30 2002

FEC ID number of contributing
federal political committee.

[Empty box for FEC ID number]

Amount of Each Receipt this Period

109.25

Name of Employer

Occupation

Quarterly Interest

Receipt For:

Primary General
 Other (specify) _____

Election Year-to-Date

366.68

Transaction ID: SA17.4611

B.

C.

SUBTOTAL of Receipts This Page (optional)

109.25

TOTAL This Period (last page this line number only)

109.25

**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)

<input checked="" 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 type="checkbox"/>	29
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NAME OF COMMITTEE (in Full)

American Academy of Sleep Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. AASM

Mailing Address

8301 Bandel Road NW

Suite 101

City
Rochester

State
MN

Zip Code
55901

Purpose of Disbursement

AASM PAC Fundraising Event / APSS 2002

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

08 / 31 / 2002

Amount of Each Disbursement This Period

1538.50

Transaction ID: SB21B.4804

B.

C.

SUBTOTAL of Receipts This Page (optional)

1538.50

TOTAL This Period (last page this line number only)

1538.50

**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)									
	<input type="checkbox"/> 21a	<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

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NAME OF COMMITTEE (in full)
American Academy of Sleep Medicine Political Action Committee

A. Ben Cardin for Congress

Full Name (Last, First, Middle Initial)
Ben Cardin for Congress

Mailing Address
39 Ivy Street SE
City: Washington State: DC Zip Code: 20003

Purpose of Disbursement
Campaign Contribution

Candidate Name

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

State: MD District: 3

Date of Disbursement
09 / 19 / 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4573

B. Bill Thomas Campaign Committee

Full Name (Last, First, Middle Initial)
Bill Thomas Campaign Committee

Mailing Address

City State Zip Code

Purpose of Disbursement
Campaign Contribution

Candidate Name

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

State: CA District: 21

Date of Disbursement
09 / 19 / 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4588

C. Citizens for Markin

Full Name (Last, First, Middle Initial)
Citizens for Markin

Mailing Address
426 C Street NE
City: Washington State: DC Zip Code: 20002

Purpose of Disbursement
Campaign Contribution

Candidate Name

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

State: CA District: 11

Date of Disbursement
09 / 19 / 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4578

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER (check only one)		PAGE 3 / 11	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
American Academy of Sleep Medicine Political Action Committee

A. Congressman Waxman Campaign Committee

Full Name (Last, First, Middle Initial) _____
Mailing Address
3665 Wilshire Boulevard
City: Beverly Hills State: CA Zip Code: 90211

Purpose of Disbursement: Campaign Contribution
Candidate Name: _____
Category/Type: _____

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

State: CA District: 25

Date of Disbursement: 09 / 19 / 2002
Amount of Each Disbursement this Period: 1000.00
Transaction ID: SB23.4592

B. Dingell for Congress

Full Name (Last, First, Middle Initial) _____
Mailing Address
PO Box 75214
City: Washington State: DC Zip Code: 20013

Purpose of Disbursement: Campaign Contribution
Candidate Name: _____
Category/Type: _____

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

State: _____ District: _____

Date of Disbursement: 09 / 19 / 2002
Amount of Each Disbursement this Period: 1000.00
Transaction ID: SB23.4575

C. Friends of Clay Shaw

Full Name (Last, First, Middle Initial) _____
Mailing Address
75 SE 3rd Street
City: Boca Raton State: FL Zip Code: 33432

Purpose of Disbursement: Campaign Contribution
Candidate Name: _____
Category/Type: _____

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

State: FL District: 22

Date of Disbursement: 09 / 19 / 2002
Amount of Each Disbursement this Period: 1000.00
Transaction ID: SB23.4600

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9/11

<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

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NAME OF COMMITTEE (In Full)
American Academy of Sleep Medicine Political Action Committee

A. Friends of Mary Landrieu

Full Name (Last, First, Middle Initial)
Friends of Mary Landrieu

Date of Disbursement
09 / 19 / 2002

Mailing Address
503 Capital Court NE
City: Washington State: DC Zip Code: 20002

Amount of Each Disbursement this Period
1000.00

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/Type

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

State: LA District:

Transaction ID: S923.4602

B. Kay Granger Campaign

Full Name (Last, First, Middle Initial)
Kay Granger Campaign

Date of Disbursement
09 / 19 / 2002

Mailing Address
910 Houston Street Suite 105C
City: Fort Worth State: TX Zip Code: 76102

Amount of Each Disbursement this Period
1000.00

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/Type

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

State: TX District: 12

Transaction ID: SB23.4596

C. LoSgren for Congress

Full Name (Last, First, Middle Initial)
LoSgren for Congress

Date of Disbursement
09 / 19 / 2002

Mailing Address
50 West Sanfernando Street
City: San Jose State: CA Zip Code: 95110

Amount of Each Disbursement this Period
1000.00

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/Type

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

State: CA District: 16

Transaction ID: SB23.4588

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page has 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)

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

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NAME OF COMMITTEE (In Full)
American Academy of Sleep Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mika Honda for Congress

Mailing Address
721 Boundary Avenue
City Silver Springs State CA Zip Code 20910

Purpose of Disbursement
Campaign Contribution
Candidate Name

Category/Type

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

State: CA District: 15

Date of Disbursement

09 / 19 / 2002

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.4584

Full Name (Last, First, Middle Initial)

B. Rangel for Congress

Mailing Address
PO Box 5577
City Manhattanville State NY Zip Code 10027

Purpose of Disbursement
Campaign Contribution
Candidate Name

Category/Type

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

State: NY District: 15

Date of Disbursement

09 / 19 / 2002

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.4588

Full Name (Last, First, Middle Initial)

C. Re-Elect Nancy Johnson to Congress

Mailing Address
PO Box 1958
City New Britain State CT Zip Code 06050

Purpose of Disbursement
Campaign Contribution
Candidate Name

Category/Type

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

State: CT District: 6

Date of Disbursement

09 / 19 / 2002

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.4584

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (test 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 11 / 11	
	<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

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NAME OF COMMITTEE (In Full)
American Academy of Sleep Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Thurman for Congress

Mailing Address
PO Box 5058
City Inverness State FL Zip Code 34450

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House Senate President
State: FL District: 5

Disbursement For: Primary General Other (specify) _____

Category/Type

Date of Disbursement
09 / 19 / 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4590

B.

C.

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	13000.00

09/19/2002 11:23 AM

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10/19/02</i> POSTMARKED
<input type="checkbox"/> First Class Mail	
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JA</i> PREPARER	<i>10/19/02</i> DATE PREPARED