

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** C00255752
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) 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 (12G)
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 06 01 2007 through 06 30 2007

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

Type or Print Name of Treasurer RICHARD BARWACZ

Signature of Treasurer Electronically Filed by RICHARD BARWACZ Date 07 18 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		631987.13
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	509591.68									
(c) Total Receipts (from Line 19)	42068.12	710690.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	551659.80	1342677.53								
7. Total Disbursements (from Line 31)	142245.60	933263.33								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	409414.20	409414.20								
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**

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	34385.00	393395.00
(i) Itemized (use Schedule A)	5330.00	97161.50
(ii) Unitemized	39715.00	490556.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	39715.00	490556.50
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.)	2353.12	220133.90
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))	42068.12	710690.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	42068.12	710690.40

DETAILED SUMMARY PAGE
of Disbursements

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	9000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	9000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	141500.00	396500.00
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.....	745.60	527763.33
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 Activity (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))..	142245.60	933263.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	142245.60	933263.33

DETAILED SUMMARY PAGE
of Disbursements

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)	39715.00	490556.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39715.00	490556.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	9000.00
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	9000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
SETH AKST

Mailing Address 4609 NORWOOD DR

City State Zip Code
CHEVY CHASE MD 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDICAL FACULTY ASSOC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.53126

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CHARLES ANDERSON

Mailing Address 60975 BILLADEAU RD

City State Zip Code
BEND OR 97702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BEND ANESTH GRP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2007

Transaction ID: SA11A1.52893

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MARK ARNALL

Mailing Address 2000 PEPPERELL PKWY

City State Zip Code
OPELIKA AL 36801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANES ASSOC OF EAST AL ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.53066

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. CHRISTOPHER ARNDT		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 12300 CAMINO ARBUSTOS NE		Transaction ID: SA11A1.52979	
City ALBUQUERQUE	State NM	Zip Code 87111	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer UNIV OF NEW MEXICO HOSP	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. BRUCE BALDECCHI		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 313 W ANN ST		Transaction ID: SA11A1.53069	
City CARSON CITY	State NV	Zip Code 89703	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. MICHAEL BARLOW		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 2151 OLD ROCKY RIDGE #106		Transaction ID: SA11A1.53081	
City BIRMINGHAM	State AL	Zip Code 35216	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANES SERV OF BIRMINGHAM	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
SUZANNE BLAYLOCK

Mailing Address 155 WILSON COURT

City State Zip Code
MUSCLE SHOALS AL 35661

FEC ID number of contributing federal political committee. **C**

Name of Employer ANESTHESIA MEDICAL CONSULTANTS
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2007

Transaction ID: SA11A1.52938

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
LEE BOOKER

Mailing Address 2151 OLD ROCKY RIDGE#106

City State Zip Code
BIRMINGHAM AL 35216

FEC ID number of contributing federal political committee. **C**

Name of Employer ANES SERV OF BIRMINGHAM
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.53083

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
FRANCES BOYETTE-KOURI

Mailing Address 8225 MARSH POINTE DR

City State Zip Code
MONTGOMERY AL 36117

FEC ID number of contributing federal political committee. **C**

Name of Employer MONTGOMERY ANES ASSOC
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2007

Transaction ID: SA11A1.52866

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. Full Name (Last, First, Middle Initial)
KEVIN BUCOL

Mailing Address 12615 TOWN AND COUNTRY ESTATES

City State Zip Code
ST. LOUIS MO 63141

FEC ID number of contributing federal political committee. **C**

Name of Employer WCCA Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 28 / 2007

Transaction ID: SA11A1.53054

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOHN BULLINGTON

Mailing Address 2151 OLD ROCKY RIDGE #106

City State Zip Code
BIRMINGHAM AL 35216

FEC ID number of contributing federal political committee. **C**

Name of Employer ANES SERV OF BIRMINGHAM Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.53085

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
WILLIAM BUNDSCHUH

Mailing Address 1305 LITCHFIELD CT

City State Zip Code
VIRGINIA BEACH VA 23452

FEC ID number of contributing federal political committee. **C**

Name of Employer ATLANTIC ANESTH Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.52950

Amount of Each Receipt this Period
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: (check only one)	PAGE 10 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. TIMOTHY BURKE		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 3655 BORDER CREEK CT		Transaction ID: SA11A1.53016
City DENVER	State NC	Zip Code 28037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SOUTHEAST ANESTHESIOLOGY CONSULTANTS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. LEE CARTER		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 2151 OLD ROCKY RIDGE #106		Transaction ID: SA11A1.53087
City BIRMINGHAM	State AL	Zip Code 35216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANES SERV OF BIRMINGHAM	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. JAMES CHANEY		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 800 MONTCLAIR RD		Transaction ID: SA11A1.53062
City BIRMINGHAM	State AL	Zip Code 35213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANESTH ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOHN CHATELAIN

Mailing Address 1319 S 9TH ST

City FARGO State ND Zip Code 58103

FEC ID number of contributing federal political committee. **C**

Name of Employer MERIT CARE MED GRP Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
06 / 05 / 2007

Transaction ID: SA11A1.52883

Amount of Each Receipt this Period
85.00

B. Full Name (Last, First, Middle Initial)
R KIM CONNER

Mailing Address 2151 OLD ROCKY RIDGE #106

City BIRMINGHAM State AL Zip Code 35216

FEC ID number of contributing federal political committee. **C**

Name of Employer ANES SERV OF BIRMINGHAM Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 29 / 2007

Transaction ID: SA11A1.53089

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ANTHONY COOK

Mailing Address 2151 OLD ROCKY RIDGE #106

City BIRMINGHAM State AL Zip Code 35216

FEC ID number of contributing federal political committee. **C**

Name of Employer ANES SERV OF BIRMINGHAM Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 29 / 2007

Transaction ID: SA11A1.53091

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1085.00
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: (check only one)	PAGE 12 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. STEVEN CROY		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 20 ENDICOTT LN		Transaction ID: SA11A1.52945	
City HIGHWOOD	State IL	Zip Code 60040	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH CONSULTANTS	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. MARIE CSETE		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2007	
Mailing Address 1892 MASON MILL RD		Transaction ID: SA11A1.52899	
City DECATUR	State GA	Zip Code 30033	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer EMORY UNIVERSITY SCHOOL OF MEDICINE	Occupation PHYSICIAN-SCIENTIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. AMRITLAL DALSANIA		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 30 OXFORD CT		Transaction ID: SA11A1.52992	
City CHESHIRE	State CT	Zip Code 06410	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer MWAG	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. DANIEL DEMEYTS		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 1820 GREENWOOD RD		Transaction ID: SA11A1.52948	
City ROANOKE	State VA	Zip Code 24015	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer ACV	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. MARK DESTACHE		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2007	
Mailing Address 633 FAIRMOUNT AVE		Transaction ID: SA11A1.53024	
City ST PAUL	State MN	Zip Code 55105	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer AAPA	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. VIJAYA DUGGIRALA		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 2250 DOGWOOD MEADOWS		Transaction ID: SA11A1.52990	
City GERMANTOWN	State TN	Zip Code 38139	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer METROPOLITAN ANES ALLIAN	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 14 / 57
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
GEORGE DUMAS

Mailing Address 2151 OLD ROCKY RIDGE #106

City State Zip Code
BIRMINGHAM AL 35216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANES SERV OF BIRMINGHAM ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 29 / 2007

Transaction ID: SA11A1.53093

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
IAN EHRlich

Mailing Address 4412 SW COUNCIL CREST

City State Zip Code
PORTLAND OR 97239

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OAG ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 28 / 2007

Transaction ID: SA11A1.53022

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PAUL ELLIOTT

Mailing Address 2151 OLD ROCKY RIDGE #106

City State Zip Code
BIRMINGHAM AL 35216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANES SERV OF BIRMINGHAM ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 29 / 2007

Transaction ID: SA11A1.53095

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. Full Name (Last, First, Middle Initial)
CARLOS ESTRADA

Mailing Address 300 AVE LA SIERRA
APT 110

City State Zip Code
SAN JUAN PR 00926

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HIMA SAN PABLO GROUP ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 13 / 2007

Transaction ID: SA11A1.52941

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MICHAEL FARLEY

Mailing Address 6355 WRENHAVEN RD

City State Zip Code
SALT LAKE CITY UT 84121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MTN WEST ANESTH ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.52953

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM FITZPATRICK

Mailing Address 2151 OLD ROCKY RIDGE #106

City State Zip Code
BIRMINGHAM AL 35216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANES SERV OF BIRMINGHAM ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.53097

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 57
	<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

A. Full Name (Last, First, Middle Initial)
DONALD GANIM

Mailing Address 155 WOODLAND NEAD

City State Zip Code
HAMILTON MA 01982

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BEVERLY ANESTH ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2007

Transaction ID: SA11A1.52994

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
GLENN GOLLOBIN

Mailing Address 3514 BAYARD DRIVE

City State Zip Code
CINCINNATI OH 45208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANES ASSOCIATES OF CINCINNATI ANESTHESIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2007

Transaction ID: SA11A1.53006

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CHARLES GRAHAM

Mailing Address 800 MONTCLAIR RD

City State Zip Code
BIRMINGHAM AL 35213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANESTH ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2007

Transaction ID: SA11A1.53060

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
JAMES HALE

Mailing Address 2151 OLD ROCKY RIDGE #106

City BIRMINGHAM State AL Zip Code 35216

FEC ID number of contributing federal political committee. **C**

Name of Employer ANES SERV OF BIRMINGHAM Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2007

Transaction ID: SA11A1.53099

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
NANCY HARING

Mailing Address P.O. BOX 235019

City MONTGOMERY State AL Zip Code 36123

FEC ID number of contributing federal political committee. **C**

Name of Employer MONTGOMERY ANES ASSOC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2007

Transaction ID: SA11A1.52864

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
SCOTT HARPER

Mailing Address 1065 LAKE COLONY LANE

City VESTAVIA HILLS State AL Zip Code 35242

FEC ID number of contributing federal political committee. **C**

Name of Employer A.R.M. Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2007

Transaction ID: SA11A1.52939

Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 57
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
JOSEPH HOUSER

Mailing Address 800 MONTCLAIR RD

City State Zip Code
BIRMINGHAM AL 35213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANESTH ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.53064

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DANIEL JANIK

Mailing Address 15605 E PRENTICE DR

City State Zip Code
CENTENNIAL CO 80015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIV OF COLORADO ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.52996

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
WILLIAM JORDAN

Mailing Address 1859 RIDGE AVE

City State Zip Code
MONTGOMERY AL 36106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MONTGOMERY ANES ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2007

Transaction ID: SA11A1.52868

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 57
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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. EDWIN KEZAR		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 2151 OLD ROCKY RIDGE #106		Transaction ID: SA11A1.53101	
City BIRMINGHAM	State AL	Zip Code 35216	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANES SERV OF BIRMINGHAM	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. KEVIN KNOP		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 2525 GLENN HENDREN DR		Transaction ID: SA11A1.52987	
City LIBERTY	State MO	Zip Code 64068	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer PAC	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. SUSAN KREHER		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2007	
Mailing Address 7719 WYNLAKES BLVD		Transaction ID: SA11A1.52867	
City MONTGOMERY	State AL	Zip Code 36117	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer MONTGOMERY ANES ASSOC	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
ABRAHAM LAYON

Mailing Address 1600 SW ARCHER RD

City Gainesville State FL Zip Code 32610

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIV OF FLORIDA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2007

Transaction ID: SA11A1.53134

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
NATHAN LEWIS

Mailing Address 2151 OLD ROCKY RIDGE #106

City Birmingham State AL Zip Code 35216

FEC ID number of contributing federal political committee. **C**

Name of Employer ANES SERV OF BIRMINGHAM Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2007

Transaction ID: SA11A1.53105

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
WAYNE LEWIS

Mailing Address 2151 OLD ROCKY RIDGE #106

City Birmingham State AL Zip Code 35216

FEC ID number of contributing federal political committee. **C**

Name of Employer ANES SERV OF BIRMINGHAM Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2007

Transaction ID: SA11A1.53103

Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
RENE LLERA

Mailing Address 810 DURDEN RD

City State Zip Code
PRATTVILLE AL 36067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MONTGOMERY ANES ASSOC ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2007

Transaction ID: SA11A1.52869

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
LAJUANA LOGAN

Mailing Address 2151 OLD ROCKY RIDGE #106

City State Zip Code
BIRMINGHAM AL 35216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANES SERV OF BIRMINGHAM ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.53107

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
NEIL MACDONALD

Mailing Address 3246 LINKS MANOR DR

City State Zip Code
SALEM VA 24153

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANESTH CONSULT OF VA ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.52946

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. TIBOR MOHACSI		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007
Mailing Address 11008 W 125 STREET		Transaction ID: SA11A1.53121
City OVERLAND PARK	State KS	Zip Code 66213
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer ANESTH, CHARTERED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. THOMAS MOORE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 05 / 2007
Mailing Address 1748 VESTWOOD HILLS DR		Transaction ID: SA11A1.52856
City VESTAVIA HILLS	State AL	Zip Code 35216
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 750.00
Name of Employer UNIV OF ALABAMA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. LAWRENCE MORGESE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007
Mailing Address 2730 SHANANDOAH CT W		Transaction ID: SA11A1.53073
City MOBILE	State AL	Zip Code 36695
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer ANESTH SERVICES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
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: (check only one)	PAGE 23 / 57
	<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. DENNIS MORRIS		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 6330 E 116		Transaction ID: SA11A1.52988	
City State Zip Code TULSA OK 74137	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ASSOC ANESTH	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. PAUL NAGRODZKI		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 2151 OLD ROCKY RIDGE #106		Transaction ID: SA11A1.53109	
City State Zip Code BIRMINGHAM AL 35216	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ANES SERV OF BIRMINGHAM	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. BLAKE NEAL		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2007	
Mailing Address P.O. BOX 1025		Transaction ID: SA11A1.52857	
City State Zip Code FAIRHOPE AL 36533	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer EASTERN SHORE ANESTH	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. BABATUNJI OMOTOSO		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 25 DYNE RD		Transaction ID: SA11A1.52961	
City State Zip Code OCEAN TOWNSHIP NJ 07712		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MANMOUTH ANES ASSOC ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. KEVIN PACE		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2007	
Mailing Address 231 CHARLESTON CT S		Transaction ID: SA11A1.52870	
City State Zip Code MONTGOMERY AL 36117		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MONTGOMERY ANES ASSOC ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. JEREMIE PERRY		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2007	
Mailing Address 517 FAIRFIELD CT		Transaction ID: SA11A1.53026	
City State Zip Code TEMPLE TX 76502		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation CENTRAL TX VETERENS HLTH ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: (check only one)	PAGE 25 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. RICK RAMSEY		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2007	
Mailing Address 13774 HENRY POND CT		Transaction ID: SA11A1.53020	
City State Zip Code CHANTILLY VA 20151		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation FAIR OAKS ANESTH ASSOC ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. PULI REDDY		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address #1 FOXCHASE DR		Transaction ID: SA11A1.52959	
City State Zip Code DOTHAN AL 36305		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation ACMG ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. BABAK ROBOUBI		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 4515 WILLARD AVE #2204		Transaction ID: SA11A1.52977	
City State Zip Code CHEVY CHASE MD 20815		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation UHC ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 57
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. FRED ROCK		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 2151 OLD ROCKY RIDGE #106		Transaction ID: SA11A1.53111	
City State Zip Code BIRMINGHAM AL 35216	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ANES SERV OF BIRMINGHAM	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. MICHAEL ROUTMAN		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 2151 OLD ROCKY RIDGE #106		Transaction ID: SA11A1.53113	
City State Zip Code BIRMINGHAM AL 35216	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ANES SERV OF BIRMINGHAM	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. JAMES RUDULPH		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 2151 OLD ROCKY RIDGE #106		Transaction ID: SA11A1.53115	
City State Zip Code BIRMINGHAM AL 35216	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ANES SERV OF BIRMINGHAM	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
JAMES SCHLIMMER

Mailing Address 15321 TIMBER RIDGE DR

City State Zip Code
BURNSVILLE MN 55306

FEC ID number of contributing federal political committee. **C**

Name of Employer HENNEPIN FACULTY ASSOC
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.53079

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ABRAHAM SCHUSTER

Mailing Address 2151 OLD ROCKY RIDGE #106

City State Zip Code
BIRMINGHAM AL 35216

FEC ID number of contributing federal political committee. **C**

Name of Employer ANES SERV OF BIRMINGHAM
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.53117

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
STEVEN SCHWALBE

Mailing Address 79-01 BROADWAY E2-69

City State Zip Code
ELMHURST NY 11373

FEC ID number of contributing federal political committee. **C**

Name of Employer MOUNT SINAI MEDICAL SERVICES
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2007

Transaction ID: SA11A1.53008

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. LARRY SEGERS		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 215 ASPHODEL DR		Transaction ID: SA11A1.52955	
City DOTHAN	State AL	Zip Code 36303	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer DAA	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. JAMES SHANKS		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 620 GLEN WILLOW DR		Transaction ID: SA11A1.52981	
City FARRAGUT	State TN	Zip Code 37922	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer MUC ANESTH	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. SANDRA SIPE		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 2151 OLD ROCKY RIDGE #106		Transaction ID: SA11A1.53119	
City BIRMINGHAM	State AL	Zip Code 35216	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANES SERV OF BIRMINGHAM	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <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 type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 29 / 57
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
SCOTT SPRINGMAN

Mailing Address 5721 SUMMERHILL CT

City State Zip Code
FITCHBURG WI 53711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UW MEDICAL FOUNDATION ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2007

Transaction ID: SA11A1.52944

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOSEPH STOECKL

Mailing Address 19845 FOXKIRK CT

City State Zip Code
BROOKFIELD WI 53045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BROOKFIELD ANESTH ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.52970

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
TREVOR SUTTON

Mailing Address 24 W CUSHING ST

City State Zip Code
PROVIDENCE RI 02906

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PROVIDENCE ANESTH ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.52965

Amount of Each Receipt this Period
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: (check only one)	PAGE 30 / 57
	<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. PAUL THOMPSON		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 4056 HAMPSHIRE LN		Transaction ID: SA11A1.52957
City State Zip Code EUGENE OR 97404	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer SACRED HEART MED CTR	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. JOAN THORNTON		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 4034 E LANGERWOOD LN		Transaction ID: SA11A1.53124
City State Zip Code SYRACUSE NY 13215	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ANESTH GRP ONONDAGA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. MICHAEL TIELBORG		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 790 DONNER HILL CIRCLE		Transaction ID: SA11A1.53012
City State Zip Code SALT LAKE CITY UT 84108	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF UTAH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: (check only one)	PAGE 31 / 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. WILLIAM WARE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007
Mailing Address 2151 OLD ROCKY RIDGE #106		Transaction ID: SA11A1.53123
City BIRMINGHAM	State AL	Zip Code 35216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANES SERV OF BIRMINGHAM	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. ALBERT WATKINS		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007
Mailing Address 2035 ABBEY LN		Transaction ID: SA11A1.52963
City IOWA CITY	State IA	Zip Code 52246
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PHYS ANES CARE IOWA CITY	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. ERVIN YEN		Date of Receipt M M / D D / Y Y Y Y Y 06 / 25 / 2007
Mailing Address 1700 ELMHURST AVENUE		Transaction ID: SA11A1.53014
City OKLAHOMA CITY	State OK	Zip Code 73120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	34385.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 32 / 57	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City	State	Zip Code
CHICAGO	IL	60675

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220133.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	7

Transaction ID: SA17.53290

Amount of Each Receipt this Period
2353.12

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)	▶	2353.12
TOTAL This Period (last page this line number only)	▶	2353.12

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 / 57

<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. BERKLEY FOR CONGRESS		Transaction ID: SB23.53217 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 3069 CONQUISTA CT		Amount of Each Disbursement this Period 1000.00
City LAS VEGAS	State NV	
Zip Code 89121		
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV District: 1		

Full Name (Last, First, Middle Initial) B. BISHOP FOR CONGRESS		Transaction ID: SB23.53139 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address 6 E STREET SE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC	
Zip Code 20003		
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 1		

Full Name (Last, First, Middle Initial) C. CAMPBELL FOR CONGRESS		Transaction ID: SB23.53153 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address P.O. BOX 1605		Amount of Each Disbursement this Period 1000.00
City ALEXANDRIA	State VA	
Zip Code 22313		
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 48		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. CANDICE MILLER FOR CONGRESS		Transaction ID: SB23.53163 Date of Disbursement
Mailing Address P.O. BOX 182152		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
City SHELBY TWP	State MS	Zip Code 48317
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 10	

Full Name (Last, First, Middle Initial) B. CANTOR FOR CONGRESS		Transaction ID: SB23.53273 Date of Disbursement
Mailing Address P.O. BOX 17813		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
City RICHMOND	State VA	Zip Code 23226
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 7	

Full Name (Last, First, Middle Initial) C. CARNAHAN IN CONGRESS		Transaction ID: SB23.53245 Date of Disbursement
Mailing Address 7370 MANCHESTER RD STE 20		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City ST LOUIS	State MO	Zip Code 63143
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District: 3	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 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. CIRO D RODRIGUEZ FOR CONGRESS		Transaction ID: SB23.53196 Date of Disbursement
Mailing Address P.O. BOX 14528		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City SAN ANTONIO	State TX	Zip Code 78214
Purpose of Disbursement	<input type="text" value="2500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 23		

Full Name (Last, First, Middle Initial) B. CITIZENS FOR ALTMIRE		Transaction ID: SB23.53161 Date of Disbursement
Mailing Address 499 S CAPITOL ST SW #404		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 4		

Full Name (Last, First, Middle Initial) C. CITIZENS FOR GILLMOR		Transaction ID: SB23.53268 Date of Disbursement
Mailing Address 217 THIRD ST SE		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement	<input type="text" value="1500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 5		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 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. CITIZENS TO ELECT RICK LARSEN		Transaction ID: SB23.53256
Mailing Address P.O. BOX 326		Date of Disbursement 06 / 28 / 2007
City EVERETT	State WA	Zip Code 98206
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District: 2	

Full Name (Last, First, Middle Initial) B. COMM TO ELECT CHRIS MURPHY		Transaction ID: SB23.53194
Mailing Address P.O. BOX 127		Date of Disbursement 06 / 21 / 2007
City CHESHIRE	State CT	Zip Code 06410
Purpose of Disbursement		Amount of Each Disbursement this Period 3000.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 5	

Full Name (Last, First, Middle Initial) C. CONGRESSMAN WAXMAN CAMPAIGN COMM		Transaction ID: SB23.53262
Mailing Address 6380 WILSHIRE BLVD #1612		Date of Disbursement 06 / 28 / 2007
City LOS ANGELES	State CA	Zip Code 90048
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 30	

SUBTOTAL of Disbursements This Page (optional)	9000.00
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)

<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. CUBIN FOR CONGRESS INC		Transaction ID: SB23.53208 Date of Disbursement 06 / 21 / 2007
Mailing Address P.O. BOX 4657		Amount of Each Disbursement this Period 1000.00
City CASPER State WY Zip Code 82604	Purpose of Disbursement AT-LARGE Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. DAVID SCOTT FOR CONGRESS		Transaction ID: SB23.53227 Date of Disbursement 06 / 21 / 2007
Mailing Address 499 S CAPITOL ST SW #404		Amount of Each Disbursement this Period 2500.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. DEMOCRATIC SENATE CAMPAIGN COMM		Transaction ID: SB23.53260 Date of Disbursement 06 / 28 / 2007
Mailing Address 120 MARYLAND AVE NE		Amount of Each Disbursement this Period 5000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement 2007 CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
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)

<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. DEMOCRATS WIN SEATS PAC		Transaction ID: SB23.53264 Date of Disbursement
Mailing Address 1071 TWIN BRANCH LN		<input type="text" value="06"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City WESTON	State FL	Zip Code 33326
Purpose of Disbursement 2007 CONTRIBUTION		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DENT FOR CONGRESS		Transaction ID: SB23.53157 Date of Disbursement
Mailing Address P.O. BOX 442		<input type="text" value="06"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City ALLENTOWN	State PA	Zip Code 18105
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 15		

Full Name (Last, First, Middle Initial) C. FRIENDS FOR JIM MCDERMOTT		Transaction ID: SB23.53258 Date of Disbursement
Mailing Address P.O. BOX 21783		<input type="text" value="06"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City SEATTLE	State WA	Zip Code 98111
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 7		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 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. FRIENDS OF DAVE WELDON		Transaction ID: SB23.53212	
Mailing Address 2525 AURORA RD SUITE 2		Date of Disbursement MM / DD / YYYY 06 / 21 / 2007	
City MELBOURNE	State FL	Zip Code 32935	Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL	District: 15		

Full Name (Last, First, Middle Initial) B. FRIENDS OF DAVE WELDON		Transaction ID: SB23.53214	
Mailing Address 2525 AURORA RD SUITE 2		Date of Disbursement MM / DD / YYYY 06 / 21 / 2007	
City MELBOURNE	State FL	Zip Code 32935	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL	District: 15		

Full Name (Last, First, Middle Initial) C. FRIENDS OF DENNIS CARDOZA		Transaction ID: SB23.53169	
Mailing Address P.O. BOX 2749		Date of Disbursement MM / DD / YYYY 06 / 07 / 2007	
City MERCED	State CA	Zip Code 95340	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 16		

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)

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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF GAYLE HARRELL		Transaction ID: SB23.53200	
Mailing Address 1885 NW EAGLE POINT		Date of Disbursement 06 / 21 / 2007	
City STUART	State FL	Zip Code 34994	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement		Category/Type	
Candidate Name		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: FL District: 16		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FRIENDS OF JEB HENSARLING		Transaction ID: SB23.53173	
Mailing Address P.O. BOX 820504		Date of Disbursement 06 / 07 / 2007	
City DALLAS	State TX	Zip Code 75382	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		Category/Type	
Candidate Name		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: TX District: 5		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FRIENDS OF JIM SAXTON		Transaction ID: SB23.53143	
Mailing Address P.O. BOX 795		Date of Disbursement 06 / 07 / 2007	
City MT HOLLY	State NJ	Zip Code 08060	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement		Category/Type	
Candidate Name		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: NJ District: 3		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<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. FRIENDS OF JOE BACA		Transaction ID: SB23.53171 Date of Disbursement
Mailing Address 800 4TH ST SW, SOUTH 720		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
City WASHINGTON	State DC	Zip Code 20024
Purpose of Disbursement	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 43		

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOE BACA		Transaction ID: SB23.53281 Date of Disbursement
Mailing Address 555 CAPITOL MALL #1425		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
City SACRAMENTO	State CA	Zip Code 95814
Purpose of Disbursement	<input type="text" value="1500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 43		

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE PITTS		Transaction ID: SB23.53239 Date of Disbursement
Mailing Address P.O. BOX 775		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City UNIONVILLE	State PA	Zip Code 19375
Purpose of Disbursement	<input type="text" value="2000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 16		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 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. FRIENDS OF ROY BLUNT		Transaction ID: SB23.53225
Mailing Address P.O. BOX 50100		Date of Disbursement 06 / 21 / 2007
City SPRINGFIELD	State MO	Zip Code 65805
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District: 7	

Full Name (Last, First, Middle Initial) B. FRIENDS OF SESSIONS SENATE COMM INC		Transaction ID: SB23.53219
Mailing Address P.O. BOX 4278		Date of Disbursement 06 / 21 / 2007
City MONTGOMERY	State AL	Zip Code 36103
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL	District:	

Full Name (Last, First, Middle Initial) C. GINGREY FOR CONGRESS		Transaction ID: SB23.53275
Mailing Address P.O. BOX U		Date of Disbursement 06 / 28 / 2007
City MARIETTA	State GA	Zip Code 30060
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 11	

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. GRASSLEY COMMITTEE INC		Transaction ID: SB23.53175 Date of Disbursement 06 / 07 / 2007	
Mailing Address P.O. BOX 1000		Amount of Each Disbursement this Period 5000.00	
City DES MOINES	State IA		Zip Code 50304
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: IA District:	

Full Name (Last, First, Middle Initial) B. HAGEL FOR SENATE		Transaction ID: SB23.53178 Date of Disbursement 06 / 07 / 2007	
Mailing Address P.O. BOX 241497		Amount of Each Disbursement this Period 2500.00	
City OMAHA	State NE		Zip Code 68124
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NE District:	

Full Name (Last, First, Middle Initial) C. HALL FOR CONGRESS		Transaction ID: SB23.53204 Date of Disbursement 06 / 21 / 2007	
Mailing Address 310 E CAPITOL ST NE #A		Amount of Each Disbursement this Period 1000.00	
City WASHINGTON	State DC		Zip Code 20003
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: TX District: 4	

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<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. HARRIS FOR CONGRESS		Transaction ID: SB23.53250
Mailing Address P.O. BOX 1527		Date of Disbursement 06 / 28 / 2007
City ANNAPOLIS	State MD	Zip Code 21404
Purpose of Disbursement	Amount of Each Disbursement this Period 500.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 1		

Full Name (Last, First, Middle Initial) B. HARRIS FOR CONGRESS		Transaction ID: SB23.53252
Mailing Address P.O. BOX 1527		Date of Disbursement 06 / 28 / 2007
City ANNAPOLIS	State MD	Zip Code 21404
Purpose of Disbursement	Amount of Each Disbursement this Period 5000.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 1		

Full Name (Last, First, Middle Initial) C. HAYES FOR CONGRESS		Transaction ID: SB23.53141
Mailing Address P.O. BOX 2000		Date of Disbursement 06 / 07 / 2007
City CONCORD	State NC	Zip Code 28026
Purpose of Disbursement	Amount of Each Disbursement this Period 1500.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 8		

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. HAYES FOR CONGRESS		Transaction ID: SB23.53235 Date of Disbursement
Mailing Address P.O. BOX 2000		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City CONCORDE	State NC	Zip Code 28026
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1500.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 8	

Full Name (Last, First, Middle Initial) B. HELLER FOR CONGRESS		Transaction ID: SB23.53248 Date of Disbursement
Mailing Address 7840 RED LEAF DR		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>
City LAS VEGAS	State NV	Zip Code 89131
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District: 1	

Full Name (Last, First, Middle Initial) C. HOOLEY FOR CONGRESS		Transaction ID: SB23.53198 Date of Disbursement
Mailing Address P.O. BOX 2050		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City SALEM	State OR	Zip Code 97308
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="3000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District: 5	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. HOYER FOR CONGRESS		Transaction ID: SB23.53285 Date of Disbursement																					
Mailing Address 7905 MALCOLM RD SUITE 102		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	8		2	0	0	7														
City CLINTON	State MD	Zip Code 20735	Amount of Each Disbursement this Period																				
Purpose of Disbursement		5000.00																					
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MD	District: 5																						

Full Name (Last, First, Middle Initial) B. HOYER FOR CONGRESS		Transaction ID: SB23.53288 Date of Disbursement																					
Mailing Address 7905 MALCOLM ROAD SUITE 102		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	8		2	0	0	7														
City CLINTON	State MD	Zip Code 20735	Amount of Each Disbursement this Period																				
Purpose of Disbursement CK VOIDED ORIG ISSUED 3/26/07		-2500.00																					
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MD	District: 5																						

Full Name (Last, First, Middle Initial) C. HOYER FOR CONGRESS		Transaction ID: SB23.53289 Date of Disbursement																					
Mailing Address 7905 MALCOLM ROAD SUITE 102		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	8		2	0	0	7														
City CLINTON	State MD	Zip Code 20735	Amount of Each Disbursement this Period																				
Purpose of Disbursement CK VOIDED ORIG ISSUED 4/23/07		-2500.00																					
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MD	District: 5																						

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<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. JEFF FORTENBERRY FOR UNITED STATES CONGRESS		Transaction ID: SB23.53180
Mailing Address 1610 N STREET		Date of Disbursement MM / DD / YYYY 06 / 07 / 2007
City LINCOLN	State NE	Zip Code 68508
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE	District: 1	

Full Name (Last, First, Middle Initial) B. JENNY OROPEZA FOR CONGRESS		Transaction ID: SB23.53188
Mailing Address 1005 12TH ST, SUITE H		Date of Disbursement MM / DD / YYYY 06 / 14 / 2007
City SACRAMENTO	State CA	Zip Code 95814
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: CA	District: 37	
		Special-Primary

Full Name (Last, First, Middle Initial) C. JOHN D DINGELL FOR CONGRESS COMM		Transaction ID: SB23.53241
Mailing Address 607 14TH ST NW, SUITE 800		Date of Disbursement MM / DD / YYYY 06 / 21 / 2007
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 15	

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. KELLER FOR CONGRESS		Transaction ID: SB23.53230 Date of Disbursement 06 / 21 / 2007
Mailing Address P.O. BOX 1453		Amount of Each Disbursement this Period 2000.00
City ORLANDO	State FL Zip Code 32802	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 8		

Full Name (Last, First, Middle Initial) B. LINCOLN DIAZ-BALART FOR CONGRESS		Transaction ID: SB23.53149 Date of Disbursement 06 / 07 / 2007
Mailing Address P.O. BOX 1605		Amount of Each Disbursement this Period 1000.00
City ALEXANDRIA	State VA Zip Code 22313	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 21		

Full Name (Last, First, Middle Initial) C. LOUISIANA REFORM PAC		Transaction ID: SB23.53191 Date of Disbursement 06 / 14 / 2007
Mailing Address P.O. BOX 1542		Amount of Each Disbursement this Period 1000.00
City SHREVEPORT	State LA Zip Code 71165	
Purpose of Disbursement 2007 CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MADISON PAC		Transaction ID: SB23.53279 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address P.O. BOX 15906		Amount of Each Disbursement this Period 5000.00
City CHEVY CHASE State MD Zip Code 20825	Category/ Type	
Purpose of Disbursement 2007 CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MARIO DIAZ-BALART FOR CONGRESS		Transaction ID: SB23.53151 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address P.O. BOX 1605		Amount of Each Disbursement this Period 1000.00
City ALEXANDRIA State VA Zip Code 22313	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MARTINEZ FOR SENATE		Transaction ID: SB23.53182 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address 610 S BOULEVARD		Amount of Each Disbursement this Period 1000.00
City TAMPA State FL Zip Code 33606	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MATHESON FOR CONGRESS		Transaction ID: SB23.53277 Date of Disbursement 06 / 28 / 2007
Mailing Address P.O. BOX 636		Amount of Each Disbursement this Period 2000.00
City ANNANDALE State VA Zip Code 22003	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 1	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

Full Name (Last, First, Middle Initial) B. MCCOLLUM FOR CONGRESS		Transaction ID: SB23.53202 Date of Disbursement 06 / 21 / 2007
Mailing Address P.O. BOX 14131		Amount of Each Disbursement this Period 1000.00
City ST PAUL State MN Zip Code 55114	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 4	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

Full Name (Last, First, Middle Initial) C. MCHENRY FOR CONGRESS		Transaction ID: SB23.53270 Date of Disbursement 06 / 28 / 2007
Mailing Address P.O. BOX 1406		Amount of Each Disbursement this Period 2000.00
City HICKORY State NC Zip Code 28603	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MICHAUD FOR CONGRESS		Transaction ID: SB23.53165 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address 499 S CAPITOL ST SW #404		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 2	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/ Type		

Full Name (Last, First, Middle Initial) B. PASCRELL FOR CONGRESS		Transaction ID: SB23.53147 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address 38 IVY STREET SE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 8	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/ Type		

Full Name (Last, First, Middle Initial) C. PASCRELL FOR CONGRESS INC		Transaction ID: SB23.53206 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address P.O. BOX 640		Amount of Each Disbursement this Period 3000.00
City TOTOWA State NJ Zip Code 07511	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 8	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<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. PEOPLE FOR PATTY MURRAY		Transaction ID: SB23.53155 Date of Disbursement																					
Mailing Address 1602 BELLE VIEW BLVD #510		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	7		2	0	0	7														
City ALEXANDRIA	State VA	Zip Code 22307	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="text"/>	1000.00																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WA	District:																						

Full Name (Last, First, Middle Initial) B. PEOPLE FOR PETE DOMENICI		Transaction ID: SB23.53221 Date of Disbursement																					
Mailing Address P.O. BOX 93656		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	1		2	0	0	7														
City ALBUQUERQUE	State NM	Zip Code 87199	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="text"/>	2000.00																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NM	District:																						

Full Name (Last, First, Middle Initial) C. PETEPAC		Transaction ID: SB23.53223 Date of Disbursement																					
Mailing Address 7804 EVENING LN		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	1		2	0	0	7														
City ALEXANDRIA	State VA	Zip Code 22306	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2007 CONTRIBUTION		<input type="text"/>	5000.00																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																						
State:	District:																						

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)

<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. PETE SESSIONS FOR CONGRESS 2008		Transaction ID: SB23.53210 Date of Disbursement
Mailing Address P.O. BOX 38585		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City DALLAS	State TX	Zip Code 75238
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 32	

Full Name (Last, First, Middle Initial) B. REYES COMMITTEE INC		Transaction ID: SB23.53184 Date of Disbursement
Mailing Address 1011 MONTANA AVE		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
City EL PASO	State TX	Zip Code 79901
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 16	

Full Name (Last, First, Middle Initial) C. REYNOLDS FOR CONGRESS		Transaction ID: SB23.53186 Date of Disbursement
Mailing Address P.O. BOX 15388		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
City ROCHESTER	State NY	Zip Code 14615
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1500.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 26	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 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. ROGERS FOR CONGRESS		Transaction ID: SB23.53145 Date of Disbursement 06 / 07 / 2007
Mailing Address P.O. BOX 581		Amount of Each Disbursement this Period 1000.00
City BRIGHTON	State MI	
Zip Code 48116		
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 8		

Full Name (Last, First, Middle Initial) B. ROTHMAN FOR NEW JERSEY		Transaction ID: SB23.53243 Date of Disbursement 06 / 21 / 2007
Mailing Address 209 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 1500.00
City WASHINGTON	State DC	
Zip Code 20003		
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 9		

Full Name (Last, First, Middle Initial) C. RYAN FOR CONGRESS		Transaction ID: SB23.53159 Date of Disbursement 06 / 07 / 2007
Mailing Address P.O. BOX 1919		Amount of Each Disbursement this Period 3000.00
City JANESVILLE	State WI	
Zip Code 53547		
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 1		

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) 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 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. TEXANS FOR HENRY CUELLAR CONG CAMPAIGN

Mailing Address 1519 WASHINGTON ST 2ND FL #200

City LAREDO State TX Zip Code 78042

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 28

Transaction ID: SB23.53254

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TODD AKIN FOR CONGRESS

Mailing Address P.O. BOX 31222

City ST LOUIS State MO Zip Code 63131

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MO District: 2

Transaction ID: SB23.53233

Date of Disbursement

06 / 21 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. UDALL FOR COLORADO INC

Mailing Address 8690 WOLFF CT #200

City WESTMINSTER State CO Zip Code 80031

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CO District:

Transaction ID: SB23.53167

Date of Disbursement

06 / 07 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<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. WALZ FOR CONGRESS		Transaction ID: SB23.53283	
Mailing Address 301 4TH ST NE		Date of Disbursement 06 / 28 / 2007	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN	District: 1		

Full Name (Last, First, Middle Initial) B. WESTMORELAND FOR CONGRESS		Transaction ID: SB23.53237	
Mailing Address P.O. BOX 458		Date of Disbursement 06 / 21 / 2007	
City SHARPSBURG	State GA	Zip Code 30277	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA	District: 3		

Full Name (Last, First, Middle Initial) C. WEXLER FOR CONGRESS		Transaction ID: SB23.53266	
Mailing Address 236 MASSACHUSETTS AVE NE #508		Date of Disbursement 06 / 28 / 2007	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL	District: 19		

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	141500.00

**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. NORTHERN TRUST CO		Transaction ID: SB29.53291	
Mailing Address 50 S LASALLE		Date of Disbursement 06 / 30 / 2007	
City CHICAGO	State IL	Zip Code 60675	Amount of Each Disbursement this Period 685.60
Purpose of Disbursement VISA BANK CHARGE	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. NORTHERN TRUST CO		Transaction ID: SB29.53292	
Mailing Address 50 S LASALLE		Date of Disbursement 06 / 30 / 2007	
City CHICAGO	State IL	Zip Code 60675	Amount of Each Disbursement this Period 60.00
Purpose of Disbursement STOP PAYMENT CHARGES	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

745.60

TOTAL This Period (last page this line number only)

745.60