

**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	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	
State: MD District: 1		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement		Category/ Type	
Candidate Name		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: MD District: 1		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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	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	
State: NC District: 8		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)	