

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

SOUTHEAST ANESTHESIA ASSOCIATES, P.A. POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

PO BOX 36351

(Check if address is changed)

CHARLOTTE

NC

28236

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

RichardRauh@seanesthesiology.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

7043774092

2. DATE

05 / 17 / 2006

3. FEC IDENTIFICATION NUMBER

C C00306878

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

Dr. Harlan A McCulloch

Signature of Treasurer

Electronically Filed by Dr. Harlan A McCulloch

Date

05 / 19 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Southeast Anesthesia Associates, P.A.

Mailing Address **PO Box 36351** _____

Charlotte **NC** **28236** - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Connected Org** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

SOUTHEAST ANESTHESIA ASSOCIATES, P.A. POLITICAL ACTION COMMITTEE

- 7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Mr. Richard C. Rauh

Mailing Address 927 East Blvd

Charlotte NC 28203 - -

Title or Position ▼ **Executive Director** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 704 - 377 - 5772

- 8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Dr. Harlan A McCulloch

Mailing Address 927 East Blvd

Charlotte NC 28203 - -

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 704 - 377 - 5772

Full Name of Designated Agent _____

Mailing Address _____

_____ - -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ - _____ - _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SunTrust Bank

Mailing Address

PO Box 36351

Charlotte

NC

28236

6351

CITY ▲

STATE ▲

ZIP CODE ▲