SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	10 / 21 FOR LINE NUMBER 11AI

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN STEFANI 8512 HORTON CIR URBANDALE IA 50322	UNIV OF IA	05/25/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK STEFFENSEN 5176 COTTONWOOD LN HOLLADAY UT 84117	SELF-EMPLOYED	05/20/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARTHA SZABO P.O. BOX 33579 CLEVELAND OH 44133	UNIV ANESTH	05/19/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOUIS TISOVEC P.O. BOX 2905 LOVES PARK IL 61132	ROCKFORD ANESTH ASSOC	05/18/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM TOWNE P.O. BOX 2905 LOVES PARK IL 61132	ROCKFORD ANESTH ASSOC	05/18/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOWARD WEISS P.O. BOX 2905 LOVES PARK IL 61132	ROCKFORD ANESTH ASSOC	05/18/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERIC WERNER 3804 ROYAL FOX DR ST CHARLES IL 60174	WCAG	05/20/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00		

SUBTOTALS of Receipts This Page (Optional) .....

TOTALS This Period (last page this line number only) .....