02/25/2002 15 : 20

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)

CITY ▲ PARK RIDGE | STATE ▲ IL | ZIPCODE ▲ 60068 –

2. **FEC IDENTIFICATION NUMBER** ▼ C00255752

3. IS THIS REPORT — NEW (N) **OR** X 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)	X May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) | General (12G) | Runoff (12R) | Convention (12C) | Special (12S)

Election on _____ in the State of _____

(d) 30-Day **P**ost -Election Report for the: General (30G) | Runoff (30R) | Special (30S)

Election on _____ in the State of _____

5. Covering Period 04 01 2001 through 04 30 2001

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 BRUCE BROOKENS, M.D.

Signature of Treasurer Electronically Filed by BRUCE BROOKENS, M.D. Date 02 25 2002

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

Office Use Only			**FEC FORM 3X** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04 01 2001 To: 04 30 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		351654.09
(b) Cash on Hand at Begining of Reporting Period	590969.40	
(c) Total Receipts (from Line 19)	43935.50	485390.66
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	634904.90	837044.75
7. Total Disbursements (from Line 30)	83061.39	285201.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	551843.51	551843.51
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	

X 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

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04 01 2001 To: 04 30 2001

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		
(i) Itemized (use Schedule A)	28900.00	
(ii) Unitemized	12520.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	41420.00	481706.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ..... ▶	41420.00	481706.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2000.00	2000.00
17. Other Federal Receipts Dividends, Interest, etc.)	515.50	1684.66
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	43935.50	485390.66
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	43935.50	485390.66

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	75500.00	248443.20
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	7561.39	36758.04
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	83061.39	285201.24
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	83061.39	285201.24
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	41420.00	481706.00
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	41420.00	481706.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	0.00	0.00

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 5 / 52

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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)
PATRICK ALLAIRE

Mailing Address
58991 290TH ST

City: CAMBRIDGE State: IA Zip Code: 50046

FEC ID number of contributing federal political committee.

Name of Employer: MCFARLAND CLINIC
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 09 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9187

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

Mailing Address
827 LAKE CATHERINE CT

City: MAITLAND State: FL Zip Code: 32751

FEC ID number of contributing federal political committee.

Name of Employer: JLR MED GRP
Occupation: PHYSICIAN

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9395

C. Full Name (Last, First, Middle Initial)
THOMAS ANDREWS

Mailing Address
291 SOUTHHALL LN

City: MAITLAND State: FL Zip Code: 32751

FEC ID number of contributing federal political committee.

Name of Employer: JLR MED GRP
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9313

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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 6 / 52

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

A. Full Name (Last, First, Middle Initial): KEVIN ANGERT
Mailing Address: 291 SOUTHHALL LN
City: MAITLAND State: FL Zip Code: 32751
FEC ID number of contributing federal political committee.
Name of Employer: JLR MED GRP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 17 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9317

B. Full Name (Last, First, Middle Initial): THOMAS ARCARIO
Mailing Address: 291 SOUTHHALL LN
City: MAITLAND State: FL Zip Code: 32751
FEC ID number of contributing federal political committee.
Name of Employer: JLR MED CTR
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 17 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9337

C. Full Name (Last, First, Middle Initial): KAYVAN ARIANI
Mailing Address: 291 SOUTHHALL LN
City: MAITLAND State: FL Zip Code: 32751
FEC ID number of contributing federal political committee.
Name of Employer: JLR MED GRP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 17 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9323

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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 / 52

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

A. Full Name (Last, First, Middle Initial)
DEAN ARPAG

Mailing Address
15 ABBEY WOODS

City: PITTSFORD State: NY Zip Code: 14534

FEC ID number of contributing federal political committee.

Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 04 09 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9216

B. Full Name (Last, First, Middle Initial)
STEPHEN BAILEY

Mailing Address
1815 WEST BLVD

City: RAPID CITY State: SD Zip Code: 57701

FEC ID number of contributing federal political committee.

Name of Employer: WEST RIVER ANESTH
Occupation: PHYSICIAN

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 04 18 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.9442

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

Mailing Address
8004 HIGH DR

City: LEAWOOD State: KS Zip Code: 66206

FEC ID number of contributing federal political committee.

Name of Employer: ANESTH ASSOC KANSAS CITY
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 04 24 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9523

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 8 / 52

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

A. Full Name (Last, First, Middle Initial)
LAN-ANH BUI

Mailing Address
300 E HAMPDEN AVE #202

City: ENGLEWOOD State: CO Zip Code: 80110

FEC ID number of contributing federal political committee.

Name of Employer: OB-GYN ANESTHESIA
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9409

B. Full Name (Last, First, Middle Initial)
JEFF BURGAN

Mailing Address
11115 S FREYA RD

City: SPOKANE State: WA Zip Code: 99223

FEC ID number of contributing federal political committee.

Name of Employer: PHYSICIAN ANESTH GROUP
Occupation: PHYSICIAN

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 04 20 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9516

C. Full Name (Last, First, Middle Initial)
ELIZABETH BUSSARD

Mailing Address
127 OLD YORK RD

City: RINGOES State: NJ Zip Code: 08551

FEC ID number of contributing federal political committee.

Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 04 09 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.9268

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 9 / 52

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): JOHN CAMBARERI
Mailing Address: 2011 E ROCKWOOD BLVD
City: SPOKANE State: WA Zip Code: 99203
FEC ID number of contributing federal political committee.
Name of Employer: PHYSICIAN ANESTH GROUP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.9615

B. Full Name (Last, First, Middle Initial): CURTIS CARL
Mailing Address: 6110 CARRIAGE HILL CT
City: EAST LANSING State: MI Zip Code: 48823
FEC ID number of contributing federal political committee.
Name of Employer: PHYS ANESTH SERV
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 09 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.9226

C. Full Name (Last, First, Middle Initial): JAMES CARLSEN
Mailing Address: 291 SOUTHHALL LN
City: MAITLAND State: FL Zip Code: 32751
FEC ID number of contributing federal political committee.
Name of Employer: JLR MED CTR
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 17 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9347

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 / 52

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): WILLIAM CLAY
Mailing Address: 468 CADIEUX RD
City: GROSSE POINTE State: MI Zip Code: 48230
FEC ID number of contributing federal political committee.
Name of Employer: BON SECOURS HOSPTIAL
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 17 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9381

B. Full Name (Last, First, Middle Initial): MELISSA CONTE
Mailing Address: 291 SOUTHHALL LN
City: MAITLAND State: FL Zip Code: 32751
FEC ID number of contributing federal political committee.
Name of Employer: JLR MED GRP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 17 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9311

C. Full Name (Last, First, Middle Initial): MARK DENTZ
Mailing Address: 1422 WILLOWBROOKE CIR
City: FRANKLIN State: TN Zip Code: 37069
FEC ID number of contributing federal political committee.
Name of Employer: ANESTH MED GRP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 17 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9411

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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 / 52

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): STEVEN DENTZ
Mailing Address: 5707 HIGHWAY 7 #6
City: ST LOUIS PARK State: MN Zip Code: 55416
FEC ID number of contributing federal political committee.
Name of Employer: NORTHWEST ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 17 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.9407

B.
Full Name (Last, First, Middle Initial): DAVID DESERTSPRING
Mailing Address: 2202 HARLEM RD #200D
City: LOVES PARK State: IL Zip Code: 61111
FEC ID number of contributing federal political committee.
Name of Employer: ROCKFORD ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 24 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9529

C.
Full Name (Last, First, Middle Initial): WILLIAM DEVORE
Mailing Address: 363 TWIN OAKS DR
City: SPARTANBURG State: SC Zip Code: 29306
FEC ID number of contributing federal political committee.
Name of Employer: FOOTHILLS ANESTH CONSULTS
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 09 2001
Amount of Each Receipt this Period: 1000.00
Transaction ID: SA11A1.9224

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 12 / 52

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

Mailing Address
3388 17TH ST #201

City: SAN FRANCISCO State: CA Zip Code: 94110

FEC ID number of contributing federal political committee.

Name of Employer: ACAMG
Occupation: PHYSICIAN

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9387

B. Full Name (Last, First, Middle Initial)
DAVID EGLI

Mailing Address
204 ESSEX RD

City: MANKATO State: MN Zip Code: 56001

FEC ID number of contributing federal political committee.

Name of Employer: MANKATO ANESTH ASSOC
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 350.00

Transaction ID: SA11A1.9391

C. Full Name (Last, First, Middle Initial)
RON ELLIS

Mailing Address
1 DEXTER ST

City: DENVER State: CO Zip Code: 80220

FEC ID number of contributing federal political committee.

Name of Employer: SOUTH DENVER ANESTH
Occupation: PHYSICIAN

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 20 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9481

SUBTOTAL of Receipts This Page (optional) ..... ▶ **850.00**

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 / 52

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

Mailing Address
1730 E PORTLAND ST

City: SPRINGFIELD State: MO Zip Code: 65804

FEC ID number of contributing federal political committee.

Name of Employer: ST JOHNS PHYS & CLINICS
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9305

B. Full Name (Last, First, Middle Initial)
RANDALL FELDER

Mailing Address
1901 MEDI PARK DR #1D59

City: AMARILLO State: TX Zip Code: 79106

FEC ID number of contributing federal political committee.

Name of Employer: AMARILLO ANESTH CONSULTS
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 30 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.9801

C. Full Name (Last, First, Middle Initial)
LISA FERGUSON

Mailing Address
100 CUMBERLAND DR

City: DOTHAN State: AL Zip Code: 36301

FEC ID number of contributing federal political committee.

Name of Employer: ANESTH CONSULTS MED GRP
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.9431

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
GREG FOLEY

Mailing Address
291 SOUTHHALL LN

City: MAITLAND State: FL Zip Code: 32751

FEC ID number of contributing federal political committee.

Name of Employer: JLR MED GRP
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9309

B. Full Name (Last, First, Middle Initial)
RICHARD GALLAGHER

Mailing Address
1 DAVIS DR

City: ARMONK State: NY Zip Code: 10504

FEC ID number of contributing federal political committee.

Name of Employer: WESTCHESTER ANESTH
Occupation: PHYSICIAN

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 30 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9825

C. Full Name (Last, First, Middle Initial)
JOSEPH GALLO

Mailing Address
291 SOUTHHALL LN

City: MAITLAND State: FL Zip Code: 32751

FEC ID number of contributing federal political committee.

Name of Employer: JLR MED CTR
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9355

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

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

A. Full Name (Last, First, Middle Initial)
RANDALL GOSKOWICZ

Mailing Address
5024 CHELTERHAM TERR

City: SAN DIEGO | State: CA | Zip Code: 92130

FEC ID number of contributing federal political committee.

Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 30 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9621

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER GRANDE

Mailing Address
P.O. BOX 4826

City: BALTIMORE | State: MD | Zip Code: 21211

FEC ID number of contributing federal political committee.

Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 20 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.9514

C. Full Name (Last, First, Middle Initial)
DOUGLAS HAGAN

Mailing Address
2134 TERRACE DR

City: HIGHLANDS RANCH | State: CO | Zip Code: 80126

FEC ID number of contributing federal political committee.

Name of Employer: SOUTH DENVER ANESTH
Occupation: PHYSICIAN

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 20 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9479

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

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

A. Full Name (Last, First, Middle Initial)
PETER HILD

Mailing Address
2467 BELL MEM HOSP 3901 RAINBOW BL

City: KANSAS CITY State: KS Zip Code: 66160

FEC ID number of contributing federal political committee.

Name of Employer: KU ANESTH FOUND
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M 04 D 20 Y 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9505

B. Full Name (Last, First, Middle Initial)
JOYCE HOATSON

Mailing Address
291 SOUTHHALL LN

City: MAITLAND State: FL Zip Code: 32751

FEC ID number of contributing federal political committee.

Name of Employer: JLR MED CTR
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M 04 D 17 Y 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9345

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

Mailing Address
291 SOUTHHALL LN

City: MAITLAND State: FL Zip Code: 32751

FEC ID number of contributing federal political committee.

Name of Employer: JLR MED CTR
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M 04 D 17 Y 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.9335

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

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

A. Full Name (Last, First, Middle Initial)
LEWIS HUNT

Mailing Address
21 WOODMERE DR

City: DOTHAN State: AL Zip Code: 36305

FEC ID number of contributing federal political committee.

Name of Employer: ANESTH CONSULT MED GRP
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 04 30 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.9629

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

Mailing Address
291 SOUTHHALL LN

City: MAITLAND State: FL Zip Code: 32751

FEC ID number of contributing federal political committee.

Name of Employer: JLR MED GRP
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9319

C. Full Name (Last, First, Middle Initial)
JAMES JAWORSKI

Mailing Address
1435 MARILYN WAY

City: SANTA MARIA State: CA Zip Code: 93454

FEC ID number of contributing federal political committee.

Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9299

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
ERIC KALHOEFER

Mailing Address
333 W HAMPDEN AVE #600

City: ENGLEWOOD State: CO Zip Code: 80110

FEC ID number of contributing federal political committee.

Name of Employer: SOUTH DENVER ANESTH
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 04 18 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.9460

B. Full Name (Last, First, Middle Initial)
PRAVIN KARIA

Mailing Address
6918 WINDHAM PKWY

City: PROSPECT State: KY Zip Code: 40059

FEC ID number of contributing federal political committee.

Name of Employer: ANESTH ASSOC CLARK COUNTY
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9361

C. Full Name (Last, First, Middle Initial)
JEFFREY KING

Mailing Address
291 SOUTHHALL LN

City: MAITLAND State: FL Zip Code: 32751

FEC ID number of contributing federal political committee.

Name of Employer: JLR MED CTR
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9327

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): JOHN KINSINGER
Mailing Address: 4200 W MEMORIAL RD #703
City: OKLAHOMA CITY State: OK Zip Code: 73120
FEC ID number of contributing federal political committee.
Name of Employer: AFFIL ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 17 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9295

B. Full Name (Last, First, Middle Initial): ERIC KUNICHIKA
Mailing Address: 291 SOUTHHALL LN
City: MAITLAND State: FL Zip Code: 32751
FEC ID number of contributing federal political committee.
Name of Employer: JLR MED GRP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 17 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9315

C. Full Name (Last, First, Middle Initial): GEORGE KWITKA
Mailing Address: P.O. BOX 483
City: MANDAN State: ND Zip Code: 58554
FEC ID number of contributing federal political committee.
Name of Employer: MEDCENTER ONE
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 09 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9184

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
PHILLIP LABOVE

Mailing Address
15 COTTONWOOD RD

City: MORRISTOWN State: NJ Zip Code: 07960

FEC ID number of contributing federal political committee.

Name of Employer: ANESTH ASSOC MORRISTOWN
Occupation: PHYSICIAN

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9365

B. Full Name (Last, First, Middle Initial)
MARIA LAPORTA

Mailing Address
P.O. BOX 2905

City: LOVES PARK State: IL Zip Code: 61111

FEC ID number of contributing federal political committee.

Name of Employer: ROCKFORD ANESTH ASSOC
Occupation: PHYSICIAN

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 09 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9260

C. Full Name (Last, First, Middle Initial)
MARY LOGAN

Mailing Address
840 PINE ST #770

City: MACON State: GA Zip Code: 31201

FEC ID number of contributing federal political committee.

Name of Employer: CENTRAL GEORGIA ANESTH
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 04 09 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.9259

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): JASON LLUAN
Mailing Address: 3626 RUFFIN RD
City: SAN DIEGO State: CA Zip Code: 92123
FEC ID number of contributing federal political committee.
Name of Employer: ANESTH SVC MED GRP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 20 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9501

B. Full Name (Last, First, Middle Initial): DAVID MADDOX
Mailing Address: P.O. BOX 989
City: ROCKPORT State: ME Zip Code: 04856
FEC ID number of contributing federal political committee.
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 09 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9255

C. Full Name (Last, First, Middle Initial): GINGER MAGUIRE
Mailing Address: 501 CANNONS LN
City: LOUISVILLE State: KY Zip Code: 40207
FEC ID number of contributing federal political committee.
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 20 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9495

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): STEVEN MANDEL
Mailing Address: 247 S ROXBURY DR
City: BEVERLY HILLS State: CA Zip Code: 90212
FEC ID number of contributing federal political committee.
Name of Employer:
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 17 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9383

B.
Full Name (Last, First, Middle Initial): SHAWN MARSH
Mailing Address: 333 W HAMPDEN AVE #600
City: ENGLEWOOD State: CO Zip Code: 80110
FEC ID number of contributing federal political committee.
Name of Employer: SOUTH DENVER ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 17 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9417

C.
Full Name (Last, First, Middle Initial): G MORRIS MATTHEWS
Mailing Address: 1517 CHAPEL OAKS CIR
City: SANDY State: UT Zip Code: 84093
FEC ID number of contributing federal political committee.
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 20 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9485

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
BILL MAUPIN

Mailing Address
804 NW 145TH CIR

City: EDMOND State: OK Zip Code: 73013

FEC ID number of contributing federal political committee.

Name of Employer: AFFIL ANESTH
Occupation: PHYSICIAN

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9385

B. Full Name (Last, First, Middle Initial)
GEORGE MOMANY

Mailing Address
105 W 8TH ST #450E

City: SPOKANE State: WA Zip Code: 99204

FEC ID number of contributing federal political committee.

Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.9440

C. Full Name (Last, First, Middle Initial)
FRANCIS NAZARENO

Mailing Address
24378 RIVARD CT

City: GROSSE ILE State: MI Zip Code: 48138

FEC ID number of contributing federal political committee.

Name of Employer: METROPOLITAN ANESTH CONSULTS
Occupation: PHYSICIAN

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9373

SUBTOTAL of Receipts This Page (optional) ..... ▶ **800.00**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): MARK NELSON
Mailing Address: 14175 GOLF PKWY
City: BROOKFIELD State: WI Zip Code: 53005
FEC ID number of contributing federal political committee.
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 18 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.9446

B. Full Name (Last, First, Middle Initial): USHARANI NIMMAGADDA
Mailing Address: 400 E RANDOLPH ST #3029
City: CHICAGO State: IL Zip Code: 60601
FEC ID number of contributing federal political committee.
Name of Employer: M RAMEZ SALEM & ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 20 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9487

C. Full Name (Last, First, Middle Initial): PERRY NYSTROM
Mailing Address: 468 DUNNIGAN DR
City: VANDALIA State: OH Zip Code: 45377
FEC ID number of contributing federal political committee.
Name of Employer: ANESTH SERVS NETWORK
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 09 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9186

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
PERRY NYSTROM

Mailing Address
468 DUNNIGAN DR

City: VANDALIA State: OH Zip Code: 45377

FEC ID number of contributing federal political committee.

Name of Employer: ANESTH SERVS NETWORK
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 750.00

Date of Receipt: 04 20 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9511

B. Full Name (Last, First, Middle Initial)
RONALD PACE

Mailing Address
1964 PEACHTREE RD NW #515

City: ATLANTA State: GA Zip Code: 30309

FEC ID number of contributing federal political committee.

Name of Employer: GEORGIA PERIOPERATIVE
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9401

C. Full Name (Last, First, Middle Initial)
JOEL PAVELONIS

Mailing Address
845 W 52ND TER

City: KANSAS CITY State: MO Zip Code: 64112

FEC ID number of contributing federal political committee.

Name of Employer: ANESTH ASSOC KANSAS CITY
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 04 09 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9228

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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 26 / 52

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): KATHY PERRYMAN
Mailing Address: 11412 CANTERBURY CIR
City: LEAWOOD State: KS Zip Code: 66211
FEC ID number of contributing federal political committee.
Name of Employer: ANESTH ASSOC OF KC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 17 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9389

B. Full Name (Last, First, Middle Initial): PAUL PICKARD
Mailing Address: 284 OAKMONT TRL
City: RIDGELAND State: MS Zip Code: 39157
FEC ID number of contributing federal political committee.
Name of Employer: ANESTH CONSULTANTS
Occupation: PHYSICIAN
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 20 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.9520

C. Full Name (Last, First, Middle Initial): WILFRED PRADOS
Mailing Address: 2809 PADEN WAY
City: BIRMINGHAM State: AL Zip Code: 35226
FEC ID number of contributing federal political committee.
Name of Employer: ANESTH & PAIN MEDICINE
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 17 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9389

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 27 / 52

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
WILLIAM PRESTON

Mailing Address
205 ALAMEDA DR

City: MERRITT ISLAND State: FL Zip Code: 32952

FEC ID number of contributing federal political committee.

Name of Employer: CENTRAL SPACE COAST ANESTH
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 30 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9592

B. Full Name (Last, First, Middle Initial)
JEFFREY REED

Mailing Address
4200 W MEMORIAL RD #907

City: OKLAHOMA CITY State: OK Zip Code: 73120

FEC ID number of contributing federal political committee.

Name of Employer: AFFILIATED ANESTH
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 20 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9477

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

Mailing Address
910 CREIGHTON ST

City: CHEYENNE State: WY Zip Code: 82009

FEC ID number of contributing federal political committee.

Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9427

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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 / 52

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
SAM RIZK

Mailing Address
1300 WINDTREE CT

City: NEW ALBANY State: OH Zip Code: 43054

FEC ID number of contributing federal political committee.

Name of Employer: CONSULTANT ANESTH
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9297

B. Full Name (Last, First, Middle Initial)
DAVID ROBINSON

Mailing Address
1195 THOMAS RD

City: WAYNE State: PA Zip Code: 19087

FEC ID number of contributing federal political committee.

Name of Employer: UNITED ANESTH SERVICES
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9307

C. Full Name (Last, First, Middle Initial)
KENNETH ROMERO

Mailing Address
6180 TERRYHILL DR

City: LA JOLLA State: CA Zip Code: 92037

FEC ID number of contributing federal political committee.

Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 09 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9249

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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 29 / 52

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
RONALDO ROVETO

Mailing Address
43 HOFSTR DR

City: PLAINVIEW State: NY Zip Code: 11803

FEC ID number of contributing federal political committee.

Name of Employer: N AMERICAN PARTNERS IN ANESTH
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.9419

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

Mailing Address
291 SOUTHHALL LN

City: MAITLAND State: FL Zip Code: 32751

FEC ID number of contributing federal political committee.

Name of Employer: JLR MED CTR
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 04 17 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.9331

C. Full Name (Last, First, Middle Initial)
JOHN SAUTER

Mailing Address
1369 WISTERIA DR

City: MALVERN State: PA Zip Code: 19355

FEC ID number of contributing federal political committee.

Name of Employer: UNITED ANESTH SERVICES
Occupation: ANESTHESIOLOGIST

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 04 30 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.9627

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 30 / 52

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): BRENCE SELL
Mailing Address: 2445 LANCELOT DR
City: TALLAHASSEE State: FL Zip Code: 32308
FEC ID number of contributing federal political committee.
Name of Employer: ANESTH ASSOC TALLAHASSEE
Occupation: PHYSICIAN
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 17 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.9371

B.
Full Name (Last, First, Middle Initial): ALVIN SEWELL
Mailing Address: 840 PINE ST #77D
City: MACON State: GA Zip Code: 31201
FEC ID number of contributing federal political committee.
Name of Employer: CENTRAL GEORGIA ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 04 09 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.9257

C.
Full Name (Last, First, Middle Initial): LISA SHOCKLEY
Mailing Address: 1029 STAGSHAW LN
City: KINGSPORT State: TN Zip Code: 37660
FEC ID number of contributing federal political committee.
Name of Employer: HOLSTON ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 09 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9251

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): DEREK SONNENBURG
Mailing Address: P.O. BOX 2905
City: LOVES PARK State: IL Zip Code: 61132
FEC ID number of contributing federal political committee.
Name of Employer: ROCKFORD ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 09 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9266

B.
Full Name (Last, First, Middle Initial): GRACE STEWART
Mailing Address: 291 SOUTHHALL LN
City: MAITLAND State: FL Zip Code: 32751
FEC ID number of contributing federal political committee.
Name of Employer: JLR MED CTR
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 17 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9351

C.
Full Name (Last, First, Middle Initial): JEANNE STICHT
Mailing Address: 490 E PARADISE DR
City: OREM State: UT Zip Code: 84097
FEC ID number of contributing federal political committee.
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 17 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9287

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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 32 / 52

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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 SULLIVAN
Mailing Address: 291 SOUTHHALL LN
City: MAITLAND State: FL Zip Code: 32751
FEC ID number of contributing federal political committee.
Name of Employer: JLR MED GRP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 17 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9321

B.
Full Name (Last, First, Middle Initial): MICHAEL SULLIVAN
Mailing Address: 1410 BLANDING ST #1
City: COLUMBIA State: SC Zip Code: 29201
FEC ID number of contributing federal political committee.
Name of Employer: CRITICAL HEALTH SYSTEMS OF SC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 09 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9241

C.
Full Name (Last, First, Middle Initial): DAVID TAO
Mailing Address: 291 SOUTHHALL LN
City: MAITLAND State: FL Zip Code: 32751
FEC ID number of contributing federal political committee.
Name of Employer: JLR MED CTR
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 17 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9353

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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 33 / 52

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): HUNG-SHING TSANG
Mailing Address: 26 BUCKINGHAM DR
City: AURORA State: IL Zip Code: 60506
FEC ID number of contributing federal political committee.
Name of Employer: AURORA ANESTH ASSOC
Occupation: PHYSICIAN
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9617

B.
Full Name (Last, First, Middle Initial): GREG VANZANT
Mailing Address: P.O. BOX 102
City: CLEBURNE State: TX Zip Code: 76033
FEC ID number of contributing federal political committee.
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9598

C.
Full Name (Last, First, Middle Initial): MICHAEL VERNON
Mailing Address: 2650 OVERLOOK DR
City: GERMANTOWN State: TN Zip Code: 38138
FEC ID number of contributing federal political committee.
Name of Employer: MEDICAL ANESTH GROUP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9605

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): JEFFREY WEINSTEIN
Mailing Address: 11 ANTHONY AVE
City: EDISON State: NJ Zip Code: 08820
FEC ID number of contributing federal political committee.
Name of Employer: EDISON ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 09 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.9210

B. Full Name (Last, First, Middle Initial): HOWARD WEISS
Mailing Address: 2202 HARLEM RD
City: LOVES PARK State: IL Zip Code: 61111
FEC ID number of contributing federal political committee.
Name of Employer: ROCKFORD ANESTH
Occupation: PHYSICIAN
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 09 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.9262

C. Full Name (Last, First, Middle Initial): JAMES WOLD
Mailing Address: 567 32ND AVE DR NW
City: HICKORY State: NC Zip Code: 28601
FEC ID number of contributing federal political committee.
Name of Employer: UNIFOUR ANESTH ASSOC
Occupation: PHYSICIAN
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 18 2001
Amount of Each Receipt this Period: 1000.00
Transaction ID: SA11A1.9462

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1750.00**

TOTAL This Period (last page this line number only) ..... ▶ **28900.00**

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 35 / 52

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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

A.
Full Name (Last, First, Middle Initial)
BRADY FOR CONGRESS

Mailing Address
P.O. BOX 8277

City: WOODLANDS State: TX Zip Code: 77387

FEC ID number of contributing federal political committee.

Name of Employer | Occupation

Receipt For: 2000
X Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 30 2001

Amount of Each Receipt this Period: 1000.00

2000 PRIMARY CHECK REFUNDED

Transaction ID: SA16.9633

B.
Full Name (Last, First, Middle Initial)
HOYER FOR CONGRESS

Mailing Address
7905 MALCOLM ROAD SUITE 102

City: CLINTON State: MD Zip Code: 20735

FEC ID number of contributing federal political committee.

Name of Employer | Occupation

Receipt For: 2000
X Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 30 2001

Amount of Each Receipt this Period: 1000.00

2000 PRIMARY CHECK REFUND

Transaction ID: SA16.9634

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2000.00**

TOTAL This Period (last page this line number only) ..... ▶ **2000.00**

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 36 / 52

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 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: CHICAGO
State: IL
Zip Code: 60675

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Date of Receipt
M M D D Y Y Y Y
04 30 2001

Amount of Each Receipt this Period
515.50

INTEREST INCOME

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
1664.66

Transaction ID: SA17.9631

B.

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶	**515.50**
TOTAL This Period (last page this line number only) ..... ▶	**515.50**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial): ADERHOLT FOR CONGRESS
Mailing Address: P.O. BOX 1158 940 HIGHWAY 13
City: HALEYVILLE State: AL Zip Code: 35565
Purpose of Disbursement: 2002
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: AL District: 4
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 04 / 16 / 2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: SB23.9137

B.
Full Name (Last, First, Middle Initial): BLUE DOG PAC
Mailing Address: P.O. BOX 7668
City: WASHINGTON State: DC Zip Code: 20044
Purpose of Disbursement: 2001 CONTRIBUTION
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 04 / 19 / 2001
Amount of Each Disbursement this Period: 5000.00
Transaction ID: SB23.9162

C.
Full Name (Last, First, Middle Initial): BUILDING OUR LEADERSHIP DIVERSITY PAC
Mailing Address: P.O. BOX 310
City: WASHINGTON State: DC Zip Code: 20003
Purpose of Disbursement: 2001 CONTRIBUTION
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 04 / 16 / 2001
Amount of Each Disbursement this Period: 5000.00
Transaction ID: SB23.9159

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **11000.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial): CITIZENS FOR HARKIN
Mailing Address: P.O. BOX 811
City: DES MOINES State: IA Zip Code: 50304
Purpose of Disbursement: 2002
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: IA District:
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 04 16 2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: SB23.9176

B.
Full Name (Last, First, Middle Initial): CITIZENS FOR RUSH
Mailing Address: C/O ASSELTA & CO222 W ONTARIO #503
City: CHICAGO State: IL Zip Code: 60610
Purpose of Disbursement: 2002
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: IL District: 1
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 04 16 2001
Amount of Each Disbursement this Period: 1500.00
Transaction ID: SB23.9161

C.
Full Name (Last, First, Middle Initial): CITIZENS TO ELECT RICK LARSEN
Mailing Address: P.O. BOX 236
City: EVERETT State: WA Zip Code: 98206
Purpose of Disbursement: 2002
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: WA District: 2
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 04 16 2001
Amount of Each Disbursement this Period: 2500.00
Transaction ID: SB23.9178

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

A.
Full Name (Last, First, Middle Initial)
CLAY SHAW FOR CONGRESS

Mailing Address
4451 BROOKFIELD CORPORATE DR #200

City: CHANTILLY
State: VA
Zip Code: 20151

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: FL District: 22

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement
04 02 2001

Amount of Each Disbursement this Period
2000.00

Transaction ID: SB23.9117

B.
Full Name (Last, First, Middle Initial)
COMM FOR THE PRESERVATION OF CAPITALISM PAC

Mailing Address
P.O. BOX 22614

City: ALEXANDRIA
State: VA
Zip Code: 22304

Purpose of Disbursement
2001 CONTRIBUTION

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
04 16 2001

Amount of Each Disbursement this Period
5000.00

Transaction ID: SB23.9143

C.
Full Name (Last, First, Middle Initial)
COOKSEY FOR SENATE

Mailing Address
P.O. BOX 15020

City: MONROE
State: LA
Zip Code: 71207

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: LA District:

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement
04 16 2001

Amount of Each Disbursement this Period
2000.00

Transaction ID: SB23.9149

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

A.
Full Name (Last, First, Middle Initial)
EHRLICH FOR CONGRESS

Mailing Address
8600 LASALLE RD #103
City: BALTIMORE State: MD Zip Code: 21286

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: MD District: 2

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 04 16 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.9135

B.
Full Name (Last, First, Middle Initial)
ESHOO FOR CONGRESS

Mailing Address
P.O. BOX 636
City: ANNANDALE State: VA Zip Code: 22003

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: CA District: 14

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 04 02 2001

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB23.911D

C.
Full Name (Last, First, Middle Initial)
ESHOO FOR CONGRESS

Mailing Address
P.O. BOX 636
City: ANNANDALE State: VA Zip Code: 22003

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: CA District: 14

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 04 16 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.9153

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2500.00**

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

A.
Full Name (Last, First, Middle Initial)
FRIENDS OF BENNIE THOMPSON

Mailing Address
P.O. BOX 100
City: BOLTON State: MS Zip Code: 39041

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: MS District: 2

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 04 16 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.9141

B.
Full Name (Last, First, Middle Initial)
FRIENDS OF JIM SAXTON

Mailing Address
P.O. BOX 796
City: MT HOLLY State: NJ Zip Code: 08060

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: NJ District: 3

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 04 30 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.9638

C.
Full Name (Last, First, Middle Initial)
FRIENDS OF JOE BACA

Mailing Address
110 D STREET SE #110
City: WASHINGTON State: DC Zip Code: 20003

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: CA District: 42

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 04 16 2001

Amount of Each Disbursement this Period: 2000.00

Transaction ID: SB23.9147

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) for each category of the Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
FRIENDS OF SENATOR ROCKEFELLER

Mailing Address
236 MASSACHUSETTS AVE NE #310

City: WASHINGTON | State: DC | Zip Code: 20002

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: WV District:

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 04 16 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.9133

B. Full Name (Last, First, Middle Initial)
GANSKE FOR SENATE COMMITTEE

Mailing Address
4110 FRANCONIA RD

City: ALEXANDRIA | State: VA | Zip Code: 22310

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: IA District:

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 04 16 2001

Amount of Each Disbursement this Period: 2000.00

Transaction ID: SB23.9139

C. Full Name (Last, First, Middle Initial)
GEORGIANS FOR ISAKSON

Mailing Address
P.O. BOX 71955

City: MARIETTA | State: GA | Zip Code: 30007

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: GA District: 6

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 04 02 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.9108

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): HAYWORTH FOR CONGRESS
Mailing Address: 4451 BROOKFIELD CORPORATE DR #200
City: CHANTILLY State: VA Zip Code: 20151
Purpose of Disbursement: 2002
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: AZ District: 6
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 04 02 2001
Amount of Each Disbursement this Period: 2000.00
Transaction ID: SB23.9106

B.
Full Name (Last, First, Middle Initial): HERGER FOR CONGRESS
Mailing Address: P.O. BOX 16021
City: ALEXANDRIA State: VA Zip Code: 22302
Purpose of Disbursement: 2002
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: CA District: 2
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 04 16 2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: SB23.9155

C.
Full Name (Last, First, Middle Initial): JEFFERSON COMMITTEE
Mailing Address: 650 POYDRAS ST #2245
City: NEW ORLEANS State: LA Zip Code: 70130
Purpose of Disbursement: 2002
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: LA District: 2
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 04 16 2001
Amount of Each Disbursement this Period: 2000.00
Transaction ID: SB23.9165

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

A.
Full Name (Last, First, Middle Initial)
JIM RAMSTAD VOLUNTEER COMMITTEE

Mailing Address
1809 S PLYMOUTH RD #310
City: MINNETONKA State: MN Zip Code: 55305

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: MN District: 3

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 04 / 16 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.9167

B.
Full Name (Last, First, Middle Initial)
JIM RAMSTAD VOLUNTEER COMMITTEE

Mailing Address
1809 S PLYMOUTH RD #310
City: MINNETONKA State: MN Zip Code: 55305

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: MN District: 3

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 04 / 19 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.9160

C.
Full Name (Last, First, Middle Initial)
KAREN MCCARTHY FOR CONGRESS

Mailing Address
1111 VALENTINE RD
City: KANSAS CITY State: MO Zip Code: 64111

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: MO District: 5

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 04 / 02 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.9121

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

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
LINCOLN DIAZ BALART FOR CONGRESS

Mailing Address
4451 BROOKFIELD CORPORATE PLAZA

City: CHANTILLY State: VA Zip Code: 20151

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: FL District: 21

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 04 16 2001

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB23.9131

B.
Full Name (Last, First, Middle Initial)
LOBIONDO FOR CONGRESS

Mailing Address
P.O. BOX 2776

City: ARLINGTON State: VA Zip Code: 22202

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: NJ District: 2

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 04 16 2001

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB23.9129

C.
Full Name (Last, First, Middle Initial)
MCCOLLUM FOR CONGRESS

Mailing Address
P.O. BOX 14131

City: ST PAUL State: MN Zip Code: 55114

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: MN District: 4

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 04 02 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.9115

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2000.00**

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

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

A.
Full Name (Last, First, Middle Initial): NATHAN DEAL FOR CONGRESS
Mailing Address: P.O. BOX 16021
City: ALEXANDRIA State: VA Zip Code: 22302
Purpose of Disbursement: 2002
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: GA District: 9
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 04 02 2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: SB23.9125

B.
Full Name (Last, First, Middle Initial): NC REPUBLICAN PARTY
Mailing Address: 1410 HILLSBOROUGH ST
City: RALEIGH State: NC Zip Code: 27605
Purpose of Disbursement: 2001 CONTRIBUTION
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 04 30 2001
Amount of Each Disbursement this Period: 5000.00
Transaction ID: SB23.9642

C.
Full Name (Last, First, Middle Initial): NEW REPUBLICAN MAJORITY FUND PAC
Mailing Address: 900 SECOND ST NE #114
City: WASHINGTON State: DC Zip Code: 20002
Purpose of Disbursement: 2001 CONTRIBUTION
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 04 16 2001
Amount of Each Disbursement this Period: 5000.00
Transaction ID: SB23.9169

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **11000.00**

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

A.
Full Name (Last, First, Middle Initial): PALLONE FOR CONGRESS
Mailing Address: P.O. BOX 3176
City: LONG BRANCH State: NJ Zip Code: 07740
Purpose of Disbursement: 2002
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: NJ District: 6
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 04 30 2001
Amount of Each Disbursement this Period: 2000.00
Transaction ID: SB23.9640

B.
Full Name (Last, First, Middle Initial): RYAN FOR CONGRESS
Mailing Address: P.O. BOX 2776
City: ARLINGTON State: VA Zip Code: 22202
Purpose of Disbursement: 2002
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: WI District: 1
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 04 16 2001
Amount of Each Disbursement this Period: 2000.00
Transaction ID: SB23.9163

C.
Full Name (Last, First, Middle Initial): SEARCHLIGHT PAC
Mailing Address: 818 CONNECTICUT AVE NW #1100
City: WASHINGTON State: DC Zip Code: 20009
Purpose of Disbursement: 2001 CONTRIBUTION
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 04 02 2001
Amount of Each Disbursement this Period: 5000.00
Transaction ID: SB23.9127

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)
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☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial): SIMMONS FOR CONGRESS
Mailing Address: P.O. BOX 2776
City: ARLINGTON State: VA Zip Code: 22202
Purpose of Disbursement: 2002
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: CT District: 2
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 04 16 2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: SB23.9145

B.
Full Name (Last, First, Middle Initial): STABENOW FOR U.S. SENATE
Mailing Address: P.O. BOX 4945
City: EAST LANSING State: MI Zip Code: 48826
Purpose of Disbursement: 2000 GENERAL DEBT RETIREMENT
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: MI District:
Disbursement For: Primary / X General / Other (specify)
Date of Disbursement: 04 02 2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: SB23.9119

C.
Full Name (Last, First, Middle Initial): STARK RE-ELECTION COMMITTEE
Mailing Address: P.O. BOX 8331
City: FREMONT State: CA Zip Code: 94537
Purpose of Disbursement: 2002
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: CA District: 13
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 04 16 2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: SB23.9157

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

A.
Full Name (Last, First, Middle Initial)
STEARNS FOR CONGRESS

Mailing Address
4451 BROOKFIELD CORPORATE DR #200

City: CHANTILLY | State: VA | Zip Code: 20151

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: FL District: 6

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 04 / 02 / 2001

Amount of Each Disbursement this Period: 2000.00

Transaction ID: SB23.9112

B.
Full Name (Last, First, Middle Initial)
STEVE ROTHMAN FOR CONGRESS

Mailing Address
38 IVY ST SE

City: WASHINGTON | State: DC | Zip Code: 20003

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: NJ District: 9

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 04 / 02 / 2001

Amount of Each Disbursement this Period: 2000.00

Transaction ID: SB23.9123

C.
Full Name (Last, First, Middle Initial)
WOMENS CAMPAIGN FUND PAC

Mailing Address
734 15TH STREET NW #500

City: WASHINGTON | State: DC | Zip Code: 20005

Purpose of Disbursement
2001 CONTRIBUTION

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 04 / 16 / 2001

Amount of Each Disbursement this Period: 1500.00

Transaction ID: SB23.9151

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	
☐ 26	☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29

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

A.

Full Name (Last, First, Middle Initial)
WYNN FOR CONGRESS

Mailing Address
P.O. BOX 5323

City: CAPITOL HEIGHTS
State: MD
Zip Code: 20515

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: MD District: 4

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement
04 16 2001

Amount of Each Disbursement this Period
1500.00

Transaction ID: SB23.9174

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**1500.00**
TOTAL This Period (last page this line number only) ..... ▶	**75500.00**

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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

A.
Full Name (Last, First, Middle Initial)
AMER SOCIETY OF ANESTHESIOLOGISTS

Mailing Address
520 N NORTHWEST HWY
City: PARK RIDGE State: IL Zip Code: 60068

Purpose of Disbursement
CORRECTION OF 2/7/01 MISDEPOSIT INTO PAC

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 04 / 06 / 2001

Amount of Each Disbursement this Period: 150.00

Transaction ID: SB29.9646

B.
Full Name (Last, First, Middle Initial)
DCCC

Mailing Address
430 S CAPITOL ST SE
City: WASHINGTON State: DC Zip Code: 20003

Purpose of Disbursement
2001 NON-FEDERAL CONTRIBUTION

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 04 / 16 / 2001

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB29.9172

C.
Full Name (Last, First, Middle Initial)
DCCC

Mailing Address
430 S CAPITOL ST
City: WASHINGTON State: DC Zip Code: 20003

Purpose of Disbursement
2001 NON FEDERAL CONTRIBUTION

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 04 / 30 / 2001

Amount of Each Disbursement this Period: 1500.00

Transaction ID: SB29.9836

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6650.00**

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)

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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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: CHICAGO
State: IL
Zip Code: 60675

Purpose of Disbursement
VISA BANK CHARGES

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
04 30 2001

Amount of Each Disbursement this Period
911.39

Transaction ID: SB29.9632

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**911.39**
TOTAL This Period (last page this line number only) ..... ▶	**7561.39**