REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 JAN 29 A 11:41

1. NAME OF COMMITTEE (in full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

ADDRESS (number and street) ☐ Check if different than previously reported
520 N NORTHWEST HIGHWAY

2. FEC IDENTIFICATION NUMBER
C00255752

CITY, STATE, and ZIP CODE
PARK RIDGE IL 60068

3. [X] This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

[X] January 31 Year End Report

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination report

Monthly Report Due On:

☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (election type)
election on _____ in the State of _____

☐ Thirtieth day report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment ☐ YES [X] NO

SUMMARY 5. Covering Period 11/28/2000 through 12/31/2000	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand, January 1, 2000		259321.36
(b) Cash on Hand at Beginning of Reporting Period	355873.59	
(c) Total Receipts (from line 19)	9084.09	1117948.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	364957.68	1377269.54
7. Total Disbursements (from line 30)	13303.59	1025615.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	351654.09	351654.09
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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 R. Brookens, M.D., Treasurer

Signature of Treasurer
Bruce R. Brookens, MD TREASURER

Date
1.22.01

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

FEC FORM 3X
(revised 9/93)

4-00173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

REPORT COVERING PERIOD
FROM 11/26/2000 TO: 12/31/2000

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	5700.00	798085.00	11.a.i.
ii. Unitemized	3045.00	310517.00	11.a.ii.
iii. Total ... (add i and ii)»	8745.00	1108602.00	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions ... (add a iii, b and c)»	8745.00	1108602.00	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	6500.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	339.09	3846.18	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts ... (add 11d, 12, 13, 14, 15, 16, 17, and 18)»	9084.09	1117948.18	19.
20. Total Federal Receipts ... (subtract line 18 from line 19)»	9084.09	1117948.18	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	0.00	21.b.
c. Total Operating Expenditures ... (add a i, a ii, and b)»	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	10000.00	908199.57	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds ... (add a, b, and c)»	0.00	0.00	28.d.
29. Other Disbursements	3303.59	117415.88	29.
30. Total Disbursements ... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)»	13303.59	1025615.45	30.
31. Total Federal Disbursements ... (subtract line 21 a ii from line 30)»	13303.59	1025615.45	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	8745.00	1108602.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	8745.00	1108602.00	34.
35. Total Federal Operating Expenditures ... (add 21 a i and 21 b)»	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures ... (subtract line 36 from 35)»	0.00	0.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 8 FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS ADKINS 1010 OVERTON LEA RD NASHVILLE TN 37220 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	AMG Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	12/08/2000	250.00
CASEY BLITT 2351 E CALLE SIN CONTROVERSIA TUCSON AZ 85718 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	OLD PUEBLO ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	12/08/2000	500.00
PAUL KORYTKOWSKI 610 PINE POINT DR AKRON OH 44333 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH ASSOC OF AKRON Occupation: PHYSICIAN Aggregate Year-to-Date > $ 350.00	12/08/2000	100.00
STEVEN KOVACH 175 BUSBEE MOUNTAIN RD ASHEVILLE NC 28803 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > $ 350.00	12/08/2000	350.00
MARY ELLEN RAUX 1053 ARBOR TRACE ATLANTA GA 30319 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	GA PERIOPERATIVE CONSULT Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 1000.00	12/08/2000	500.00
DAVID WHALLEY 2885 COURTLAND BLVD SHAKER HTS OH 44122 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	CLEVELAND CLINIC Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	12/08/2000	250.00
JAMES ZAIDAN 4988 CHEDWORTH DR STONE MOUNTAIN GA 30087 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > $ 500.00	12/08/2000	500.00

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

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

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONALD BURT 5 WENTWORTH PARK FARMINGTON CT 06032 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	WOODLAND ANESTH ASSOC Occupation: PHYSICIAN Aggregate Year-to-Date > $ 350.00	12/20/2000	100.00
THOMAS MARTIN 13 GREAT OAK LN UNIONVILLE CT 06085 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HARTFORD ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	12/20/2000	250.00
BRAD MOCK 2206 WILLOW PL ANDERSON SC 29621 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH SERV OF ANDERSON Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	12/20/2000	250.00
HENRY WALTHER 6845 RANCHO LOS PAVOS GRANITE BAY CA 95746 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	CASE MEDICAL GRP Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 700.00	12/20/2000	50.00
JP ABENSTEIN 10978 ELEVENTH AVE NW ORONOCO MN 55960 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	MAYO CLINIC Occupation: PHYSICIAN Aggregate Year-to-Date > $ 450.00	12/22/2000	250.00
SIRAJ ALSERI 3495 RIVERBEND ANN ARBOR MI 48105 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH ASSOC OF ANN ARBOR Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	12/22/2000	250.00
MICHAEL CROCKER 8021 W 115TH TERR OVERLAND PARK KS 66210 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH ASSOC KANSAS CITY Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 600.00	12/22/2000	500.00

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

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

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VICTOR FERGUSON 100 CUMBERLAND DR DOTHAN AL 36301 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ACMG Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	12/22/2000	500.00
LAWRENCE FRANK P.O. BOX 9779 CORAL SPRINGS FL 33075 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	SELF-EMPLOYED Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 350.00	12/22/2000	100.00
STEVE GOLDFIEN 60 MARCELA AVE SAN FRANCISCO CA 94116 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	NCAP Occupation: PHYSICIAN Aggregate Year-to-Date > $ 750.00	12/22/2000	500.00
DOUGLAS REDFIELD 580 COURT ST KEENE NH 03431 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	CHESHIRE ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	12/22/2000	500.00

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	**5700.00**

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	8 / 8 FOR LINE NUMBER 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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NORTHERN TRUST CO. 50 S LASALLE CHICAGO IL 60675	-	12/31/2000	339.09 INTEREST INCOME
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 3846.18		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	**339.09**

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ISSA FOR CONGRESS P.O. BOX 2776 ARLINGTON VA 22202	(House - CA - 15) 2000 GENERAL DEBT RETIREMENT Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	12/04/2000	1000.00
KELLER FOR CONGRESS P.O. BOX 1453 ORLANDO FL 32802	(House - FL - 8) 2000 GENERAL DEBT RETIREMENT Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	12/04/2000	1000.00
SMITH FOR SENATE 27 LOGAN CIR NW #9 WASHINGTON DC 20005	(Senate - OR -) 2002 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	12/04/2000	1000.00
STEVENS FOR SENATE P.O. BOX 1766 WASHINGTON DC 20013	(Senate - AK -) 2002 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	12/04/2000	1000.00
NICK LAMPSON FOR CONGRESS 38 IVY ST SE WASHINGTON DC 20003	(House - TX - 9) 2000 GENERAL DEBT RETIREMENT Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	12/07/2000	1000.00
PEOPLE FOR ENTERPRISE TRADE & ECON 3686 KING ST #146 ALEXANDRIA VA 22302	2000 CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify) : 2000 CONTRIBUTION	12/14/2000	5000.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	10000.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	8 / 8 FOR LINE NUMBER 29

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HOLT POST-ELECTION FUND INC 729 15TH STREET NW 3RD FL WASHINGTON DC 20005	(House - NJ - 12) RECOUNT FUND Disbursement for: [ ] Primary [ ] General [X] Other (specify) :	12/04/2000	2500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NORTHERN TRUST CO. 50 S LASALLE CHICAGO IL 60675	VISA BANK CHARGES Disbursement for: [ ] Primary [ ] General [X] Other (specify) :	12/31/2000	803.59

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	3303.59

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☒	Registered/Certified Mail	POSTMARKED (R/C) 1/24/01
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

CR — PREPARER

1/29/01 — DATE PREPARED

(6/2000)