REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Society of Anesthesiologists
Political Action Committee C00255752

ADDRESS (number and street) — Check if different than previously reported
520 N. Northwest Highway

CITY, STATE and ZIP CODE
Park Ridge, IL 60068

2. FEC IDENTIFICATION NUMBER
C00255752

3. X This committee qualified as a multicandidate committee DURING THIS Reporting Period on Prior to 1/1/94 (date).

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

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	X August 20	December 20
May 20	September 20	January 31

Twelfth day report preceding _____ (Type of Election) 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

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 7/1/94 through 7/31/94		
6. (a)	Cash on Hand January 1, 19 94		$ 420,698.49
(b)	Cash on Hand at Beginning of Reporting Period	$402,626.18	
(c)	Total Receipts (from Line 19)	$ 17,359.45	$ 258,308.54
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$419,985.63	$ 679,007.03
7.	Total Disbursements (from Line 30)	$ 34,013.19	$ 293,034.59
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$385,972.44	$ 385,972.44
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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
William D. Owens, M.D, Treasurer

Signature of Treasurer
William D. Owens MD

Date 8-15-94

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 1/1/91)

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

(revised 1/1/91)

NAME OF COMMITTEE American Society of Anesthesiologists Political Action Committee C00255752

REPORT COVERING PERIOD FROM 7/1/94 TO: 7/31/94

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	$ 6,850.00	$100,250.00
ii. Unitemized	9,875.00	153,182.00
iii. Total (add i and ii) ➤	16,725.00	253,432.00
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a iii, b and c) ➤	16,725.00	253,432.00
12. Transfers From Affiliated/Other Party Committees	-0-	-0-
13. All Loans Received	-0-	-0-
14. Loan Repayments Received	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	634.45	4,376.54
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	17,359.45	258,308.54
20. Total Federal Receipts (subtract line 18 from line 19) ➤	17,359.45	258,308.54
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	-0-	-0-
ii. Non-Federal Share	-0-	-0-
b. Other Federal Operating Expenditures	13.19	2,684.59
c. Total Operating Expenditures (Add a i, a ii, and b) ➤	-0-	-0-
22. Transfers to Affiliated/Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	34,000.00	290,350.00
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-
26. Loan Repayments Made	-0-	-0-
27. Loans Made	-0-	-0-
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	-0-	-0-
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contribution Refunds (Add a, b and c) ➤	-0-	-0-
29. Other Disbursements	-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	34,013.19	293,034.59
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	34,013.19	293,034.59
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	16,725.00	253,432.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	16,725.00	253,432.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	13.19	2,684.59
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	13.19	2,684.59

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule() for each category of the Detail Summary Page	Page 1 of 8
	For Line No. 11a

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 commerical 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 C00255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES ATTIG 3 WHITEHAVEN CT NEWARK DE 19711	ANESTH SERVICES Occupation ANESTHESIOLOGIST	07/12/94	
	Aggregate Year-to-Date >>>>>>>>> $	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VINCENT BOLTON RR 1 BOX 700 KENNEBUNKPORT ME 04046	COASTAL ANESTH SERVICES Occupation PHYSICIAN	07/12/94	
	Aggregate Year-to-Date >>>>>>>>> $	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J DAVID CRECCA 11609 N BARON DR FOUNTAIN HILLS AZ 85268	MAYO CLINIC Occupation ANESTHESIOLOGIST	07/07/94	
	Aggregate Year-to-Date >>>>>>>>> $	250.00	250.00

SUBTOTAL of Receipts This Page (optional) .....>>>>>>	750.00
TOTAL This Period (last page this line number only) .....>>>>>>	750.00

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SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detail Summary Page	Page 2 of 8
	For Line No. 11ai

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
POLITICAL ACTION COMMITTEE C00255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day,year)	Amount of Each Receipt this Period
SUSAN DOBBS 7830 LAKE MIST CT HUMBLE TX 77346	N HOUSTON ANESTH Occupation ANESTHESIOLOGIST	07/07/94	
	Aggregate Year-to-Date >>>>>>>>> $	500.00	500.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day,year)	Amount of Each Receipt this Period
JERRY EPPS 12025 BROADWOOD KNOXVILLE TN 37922	UNIV ANESTH Occupation ANESTHESIOLOGIST	07/07/94	
	Aggregate Year-to-Date >>>>>>>>> $	500.00	500.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day,year)	Amount of Each Receipt this Period
ROBERT FISHER 45 SHARPS CIRCLE RENO NV 89509	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	07/26/94	
	Aggregate Year-to-Date >>>>>>>>> $	350.00	100.00

SUBTOTAL of Receipts This Page (optional) .....>>>>>>	1100.00
TOTAL This Period (last page this line number only) .....>>>>>>	1850.00

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SCHEDULE A ITEMIZED RECEIPTS

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

Page 3 of 8

For Line No. 11ai

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
POLITICAL ACTION COMMITTEE C00255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH GERARD RD 1 BOX 207 LANDENBERG PA 19350	ANESTH SERVICES Occupation ANESTHESIOLOGIST	07/07/94	
	Aggregate Year-to-Date >>>>>>>>> $	500.00	500.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GREGORY GOBLA 255 TROTWOOD DR PITTSBURGH PA 15241	PITTSBURGH ANESTH ASSOC Occupation PHYSICIAN	07/12/94	
	Aggregate Year-to-Date >>>>>>>>> $	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M R HARRISON 2980 JOYCE WAY GOLDEN CO 80401	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	07/26/94	
	Aggregate Year-to-Date >>>>>>>>> $	500.00	250.00

SUBTOTAL of Receipts This Page (optional) .....>>>>>>	1000.00
TOTAL This Period (last page this line number only) .....>>>>>>	2850.00

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SCHEDULE A ITEMIZED RECEIPTS

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

Page 4 of 8

For Line No. E1a1

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
POLITICAL ACTION COMMITTEE C00255752

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE HEAR 6490 VISTA DEL MAR #1 PLAYA DEL REY CA 90293		07/26/94	
	Aggregate Year-to-Date >>>>>>>>> $	350.00	100.00

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
EDWARD KENT P.O. BOX 3568 WAKEFIELD RI 02880	SELF-EMPLOYED Occupation PHYSICIAN	07/01/94	
	Aggregate Year-to-Date >>>>>>>>> $	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JOSE LOPEZ 940 BRIARSTONE DR MASON CITY IA 50401	MASON CITY CLINIC Occupation ANESTHESIOLOGIST	07/18/94	
	Aggregate Year-to-Date >>>>>>>>> $	350.00	250.00

SUBTOTAL of Receipts This Page (optional) .....>>>>>>	600.00
TOTAL This Period (last page this line number only) .....>>>>>>	3450.00

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SCHEDULE A ITEMIZED RECEIPTS

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

Page 5 of 8

For Line No. 11ai

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
POLITICAL ACTION COMMITTEE C00255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
YACOUB NASSUDA 105 N WILDROSE CT VALPARAISO IN 46383	PORTER COUNTY ANESTH ASSOC Occupation ANESTHESIOLOGIST	07/26/94	
	Aggregate Year-to-Date >>>>>>>>> $	350.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARATI PANDYA 1720 LOUISIANA NE #401 ALBUQUERQUE NM 87110	ANESTH MEDICAL CONSULTANTS Occupation ANESTHESIOLOGIST	07/07/94	
	Aggregate Year-to-Date >>>>>>>>> $	600.00	600.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALICE FIMENTEL 2731 MACKUBIN #29 ROSEVILLE MN 55113	ST PAUL ANESTH Occupation ANESTHESIOLOGIST	07/02/94	
	Aggregate Year-to-Date >>>>>>>>> $	250.00	250.00

SUBTOTAL of Receipts This Page (optional) .....>>>>>>	1100.00
TOTAL This Period (last page this line number only) .....>>>>>>	4550.00

SCHEDULE A ITEMIZED RECEIPTS

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

Page 6 of 8

For Line No. 11ai

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
POLITICAL ACTION COMMITTEE C00255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOUGLAS REINHART 2571 S 1825 EAST OGDEN UT 84401	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	07/26/94	
	Aggregate Year-to-Date >>>>>>>>> $	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD SHAFER 5244 LARUE CT SUMMERFIELD NC 27358	GUILFORD ANESTH Occupation ANESTHESIOLOGIST	07/07/94	
	Aggregate Year-to-Date >>>>>>>>> $	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH SILVERSTEIN 645 PARRISH RD SWARTHMORE PA 19081	ANESTH SERVICES Occupation ANESTHESIOLOGIST	07/07/94	
	Aggregate Year-to-Date >>>>>>>>> $	250.00	250.00

SUBTOTAL of Receipts This Page (optional) .....>>>>>>	750.00
TOTAL This Period (last page this line number only) .....>>>>>>	5300.00

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SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detail Summary Page	Page 7 of 8 For Line No. 11ai

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
POLITICAL ACTION COMMITTEE C00255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G KEITH SMITH 1111 N LEE #343 OKLAHOMA CITY OK 73103	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	07/02/94	
	Aggregate Year-to-Date >>>>>>>>> $	350.00	50.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD SNYDER 13746 35TH AVE NE SEATTLE WA 98125	GROUP HEALTH Occupation ANESTHESIOLOGIST	07/02/94	
	Aggregate Year-to-Date >>>>>>>>> $	350.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN SOULE 7152 RIDGECREST CT VENTURA CA 93003	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	07/02/94	
	Aggregate Year-to-Date >>>>>>>>> $	250.00	250.00

SUBTOTAL of Receipts This Page (optional) .....>>>>>>	550.00
TOTAL This Period (last page this line number only) .....>>>>>>	5850.00

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SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule() for each category of the Detail Summary Page	Page 8 of 8
	For Line No. 11si

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
POLITICAL ACTION COMMITTEE C00258752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER TURNER 7 CHELMSFORD MEDFORD NJ 08055	BURLINGTON ANESTH ASSOC Occupation PHYSICIAN	07/07/94	
	Aggregate Year-to-Date >>>>>>>>> $	500.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARBARA WATANABE 25121 8TH PL S DES MOINES WA 98198	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	07/07/94	
	Aggregate Year-to-Date >>>>>>>>> $	750.00	500.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANILE WEBT 1261 HUNSICKER RD LANCASTER PA 17601	COMMUNITY ANESTH ASSOC Occupation ANESTHESIOLOGIST	07/18/94	
	Aggregate Year-to-Date >>>>>>>>> $	250.00	250.00

SUBTOTAL of Receipts This Page (optional) .....>>>>>>	1000.00
TOTAL This Period (last page this line number only) .....>>>>>>	6850.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
American Society of Anesthesiologists
Political Action Committee C00255752

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Levin for Congress Committe P.O. Box 990 Washington, DC 20044	Contr. to S. Levin for H of Rep 12th Dist MI Disbursement for: [ ] Primary [x] General [ ] Other (specify)	7/25/94	$500.00
B. Levin for Congress Committee P.O. Box 990 Washington, DC 20044	Contr. to S. Levin for H of Rep 12th Dist MI Disbursement for: [ ] Primary [x] General [ ] Other (specify)	7/25/94	$500.00
C. Rangel for Congress Committee 1625 K St., NW, Suite 200 Washington, DC 20006	Contr. to C. Rangel for H of Rep 15th Dist NY Disbursement for: [ ] Primary [x] General [ ] Other (specify)	7/25/95	$1,000.00
D. Gephardt for Congress Committee 7435 Watson Rd., Suite 107 St. Louis, MO 63119	Contr. to R. Gephardt for H of Rep 3rd Dist MO Disbursement for: [x] Primary [ ] General [ ] Other (specify)	7/25/94	$1,000.00
E. Democratic Congressional Campaign Committee 430 S. Capitol St., SE Washington, DC 20003	Contr. to 1994 Speaker's Club Membership-2nd instalmt Disbursement for: [ ] Primary [ ] General [x] Other (specify) membership fee	7/25/94	$5,000.00
F. David McIntosh for Congress Committee P.O. Box 2424 Muncie, IN 47307	Contr. to D. McIntosh for H of Rep 2nd Dist IN Disbursement for: [ ] Primary [x] General [ ] Other (specify)	7/25/94	$500.00
G. Friends of Newt Gingrich 1085 Holocomb BridgeRd. Suite 109-A Roswell, GA 30076	Contr. to N. Gingrich for H of Rep 6th Dist GA Disbursement for: [x] Primary [ ] General [ ] Other (specify)	7/14/94	$1,000.00
H. Hatch Electon Committee 425 Second St., NE Washington, DC 20002	Conti to O. Hatch for Senate from UT Disbursement for: [ ] Primary [x] General [ ] Other (specify)	7/14/94	$1,000.00
I. Friends for McGuire Box 710 Boone, IA 50036	Contr. to S.McGuire for H of Rep 5th Dist IA Disbursement for: [ ] Primary [x] General [ ] Other (specify)	7/14/94	$500.00

SUBTOTAL of Disbursements This Page (optional)	$11,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
American Society of Anesthesiologists
Political Action Committee C00255752

A. Full Name, Mailing Address and ZIP Code Friends of MMM 216 7th St., SE Washington, DC 20003	Purpose of Disbursement Contri. to M. Margolies-Mezvinsky For HofRep 13th Dist PA Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 7/14/94	Amount of Each Disbursement This Period $2,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Alan Wheat 8612 E. 63rd St Kansas City, KS 64133	Purpose of Disbursement Contr. to A. Wheat for Senate from MO Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 7/14/94	Amount of Each Disbursement This Period $2,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Jim McDermott P.O. Box 21786 Seattle, WA 94811	Purpose of Disbursement Contri. to J. McDermott for H of Rep 7th Dist WA Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 7/14/94	Amount of Each Disbursement This Period $1,000.00
D. Full Name, Mailing Address and ZIP Code Friends of Slade Gorton 1200 N. Veitch, #628 Arlington, VA 22201	Purpose of Disbursement Contr. to S. Gorton for Senate from WA Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 7/14/94	Amount of Each Disbursement This Period $2,000.00
E. Full Name, Mailing Address and ZIP Code Fazio for Congress P.O. Box 2244 W. Sacramento, CA 95691	Purpose of Disbursement Contr. to V. Fazio for H of Rep 3rd Dist CA Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 7/14/94	Amount of Each Disbursement This Period $500.00
F. Full Name, Mailing Address and ZIP Code The Lautenberg Committee 236 Massachusetts Ave., NW,306 Washington, DC 20002	Purpose of Disbursement Contr. to F. Lautenberg for Senate from NJ Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 7/14/94	Amount of Each Disbursement This Period $1,000.00
G. Full Name, Mailing Address and ZIP Code Julian Dixon Democrat for Congress Committee 1581 Roxbury Lane Los Angeles, CA 90035	Purpose of Disbursement Contr. to J. Dixon for H of Rep 32nd Dist CA Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 7/14/94	Amount of Each Disbursement This Period $500.00
H. Full Name, Mailing Address and ZIP Code The Moynihan Committee 21 E. 40th St., Suite 1300 New York, NY 10016	Purpose of Disbursement Contr. to D. Moynihan for Senate from NY Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 7/14/94	Amount of Each Disbursement This Period $2,500.00
I. Full Name, Mailing Address and ZIP Code Hoagland for Congress Committee 8441 W. Center Rd. Omaha, NE 68124	Purpose of Disbursement Contr. to P. Hoagland for H of Rep 2nd Dist NE Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 7/14/94	Amount of Each Disbursement This Period $4,000.00

SUBTOTAL of Disbursements This Page (optional)	$15,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
American Society of Anesthesiologists
Political Action Committee C00255752

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Studds for Congress Committee P.O. Box 513 Scituate, MA 02066	Contr. to G. Studds for H of Rep 10th Dist MA Disbursement for: [x] Primary [ ] General [ ] Other (specify)	7/14/94	$1,000.00
B. Friends & Neighbors of Steve Gunderson %Montgomery & Assoc. 2418 Davis Ave. Alexandria, VA	Contr. to S. Gunderson for H of Rep 3rd Dist WI Disbursement for: [x] Primary [ ] General [ ] Other (specify)	7/14/94	$500.00
C. The Hastert for Congress Committee P.O. Box 625 Batavia, IL 60510	Contr. to J. Hasert for H of Rep 14th Dist IL Disbursement for: [ ] Primary [x] General [ ] Other (specify)	7/14/94	$1,000.00
D. Friends for Bryan 320 4th St., NE Washington, DC 20002	Contr. to R. Bryan for Senate from NV Disbursement for: [x] Primary [ ] General [ ] Other (specify)	7/14/94	$1,000.00
E. Tom Coburn for Congress P.O.Box 504 Muskogee, OK 74404	Contr. to T. Coburn for H of Rep 2nd Dist OK Disbursement for: [x] Primary [ ] General [ ] Other (specify)	7/6/94	$1,000.00
F. Brewster for Congress P.O. Box 990 Washington, DC 20044	Contr. to Brewster for H of Rep 3rd Dist OK Disbursement for: [ ] Primary [x] General [ ] Other (specify)	7/6/94	$3,000.00
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$7,500.00
TOTAL This Period (last page this line number only)	$34,000.00

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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.

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☐	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

JMH
PREPARER

8-22-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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