

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

OCT 19 11 31 AM '00

1. NAME OF COMMITTEE (in full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 520 N NORTHWEST HIGHWAY	2. FEC IDENTIFICATION NUMBER CD0255752
CITY, STATE, and ZIP CODE PARK RIDGE IL 60068	3. <input checked="" type="checkbox"/> 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
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input checked="" type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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 NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>08/01/2000</u> through <u>09/30/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		259321.38
(b) Cash on Hand at Beginning of Reporting Period	305908.40	
(c) Total Receipts (from line 19)	83984.20	890078.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	389492.60	1149398.34
7. Total Disbursements (from line 30)	125853.78	885758.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	263638.84	263638.84
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 800-424-9630
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: Susan M. Rogowski, Assistant Treasurer

Signature of Treasurer: *Susan M. Rogowski*

Date: October 18, 2000

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

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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		REPORT COVERING PERIOD FROM 09/01/2000 TO: 09/30/2000	
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)	71680.00	612260.00	11.a.i.
ii. Unitemized	12010.00	274497.00	11.a.ii.
iii. Total	83640.00	886757.00	11.a.iii.
b. Political Party Committees			
c. Other Political Committees (such as PACs)	0.00	0.00	11.b.
d. Total Contributions	0.00	0.00	11.c.
e. Total Contributions	83640.00	886757.00	11.d.
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers From Nonfederal Account for Joint Activity			
19. Total Receipts			
20. Total Federal Receipts			
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	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees	0.00	0.00	28.a.
c. Other Political Committees (such as PACs)	0.00	0.00	28.b.
d. Total Contributions Refunds	0.00	0.00	28.c.
e. Total Contributions Refunds			
29. Other Disbursements			
30. Total Disbursements			
31. Total Federal Disbursements			
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)			
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)			
35. Total Federal Operating Expenditures			
36. Offsets to Operating Expenditures (from line 16)			
37. Net Operating Expenditures			

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**

<p>Full Name, Mailing Address, and ZIP Code JOHN AKON 3300 CAHABA RD #302 BIRMINGHAM AL 35223</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Name of Employer ANESTH SERV OF BIRMINGHAM</p> <p>Occupation ANESTHESIOLOGIST</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 09/29/2000</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>Full Name, Mailing Address, and ZIP Code JAMES ALLINGER 1590 BLANCHARD BEND ROCK HILL SC 29732</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Name of Employer ANESTH ASSOC OF ROCK HILL</p> <p>Occupation ANESTHESIOLOGIST</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/15/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code WILLIAM BAETZ 3902 BOSWORTH DR SW ROANOKE VA 24014</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Name of Employer ANESTH ASSOC OF ROANOKE</p> <p>Occupation ANESTHESIOLOGIST</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 08/25/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code TOM BARLOW 22 SPICEBERRY PL THE WOODLANDS TX 77382</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Name of Employer NORTHWEST ANESTH & PAIN</p> <p>Occupation ANESTHESIOLOGIST</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 08/29/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code WM CHRISTIAN BAUER 11120 SW 58TH CT MIAMI FL 33156</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/29/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code KENNETH BELL 241 N VINE ST #902W SALT LAKE CITY UT 84103</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Name of Employer</p> <p>Occupation ANESTHESIOLOGIST</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/15/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code KENNETH BOCHENEK 2000 SPRUCE DR LAFAYETTE IN 47905</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Name of Employer ANESTH ASSOC</p> <p>Occupation PHYSICIAN</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 09/29/2000</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>SUBTOTALS of Receipts This Page (Optional)</p>			
<p>TOTALS This Period (last page this line number only)</p>			

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code TERRENCE BOGARD 5020 KNOB VIEW TRL WINSTON SALEM NC 27104	Name of Employer WAKE FOREST U SCHL OF MED Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code RALPH BOGGS 2165 HERSCHEL ST JACKSONVILLE FL 32204	Name of Employer N FLORIDA ANESTH CONSULT Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code LEE BOOKER 3300 CAHABA RD #302 BIRMINGHAM AL 35223	Name of Employer ANESTH SERV BIRMINGHAM Occupation PHYSICIAN	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code FRANCES BOYETTE 8225 MARSH POINTE DR MONTGOMERY AL 36117	Name of Employer MONTGOMERY ANESTH ASSOC Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code LAURIE BREWER 1000 JOHNSON FERRY RD NE ATLANTA GA 30342	Name of Employer NORTHSIDE ANESTH CONSULT Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code JOHN BULLINGTON 3300 CAHABA RD #302 BIRMINGHAM AL 35223	Name of Employer ANESTH SERV BIRMINGHAM Occupation PHYSICIAN	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code K B CARBONEAU 1818 CAREW ST SUITE 220 FT WAYNE IN 48806	Name of Employer PREFERRED ANESTH CONSULTANTS Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		

SUBTOTALS of Receipts This Page (Optional)

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code LEE CARTER 3300 CAHABA RD #302 BIRMINGHAM AL 35223 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ANESTH SERV BIRMINGHAM Occupation PHYSICIAN Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/29/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code JAMES CHAPMAN 2165 HERSCHEL ST JACKSONVILLE FL 32204 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer N FLORIDA ANESTH CONSULT Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/29/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code YVETTE CHO 8100 LUTZ AVE NW MASSILLON OH 44646 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer OHIO HOSP BASED PHYS Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code R. KIM CONNER 3300 CAHABA RD #302 BIRMINGHAM AL 35223 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ANESTH SERV BIRMINGHAM Occupation PHYSICIAN Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 08/29/2000	Amount of Each Receipt this Period 600.00
Full Name, Mailing Address, and ZIP Code ANTHONY COOK 3300 CAHABA RD #302 BIRMINGHAM AL 35223 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ANESTH SERV BIRMINGHAM Occupation PHYSICIAN Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 600.00
Full Name, Mailing Address, and ZIP Code RICHARD COOPER P.O. BOX 2127 ATHENS TX 75761 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ANESTH SERV FOR DOCTORS Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/29/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code TIMOTHY COOPER 2831 PARKWOOD DR GREEN BAY WI 54313 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GREEN BAY ANESTH ASSOC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/29/2000	Amount of Each Receipt this Period 500.00

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code ALAN CORDOVER 3300 CAHABA RD #302 BIRMINGHAM AL 35223	Name of Employer ANESTH SERV BIRMINGHAM Occupation PHYSICIAN	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code FRANK CRISONA 1049 COBB RD ARAB AL 35016	Name of Employer HUNTSVILLE ANESTH CONSULT Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code SAMUEL GROCKETT 3257 KNOXVILLE HWY WARTBURG TN 37887	Name of Employer METHODIST MED CTR Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code BRIAN GROSS P.O. BOX 3010 TUSTIN GA 92781	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code DANA GROVO 3 FOX HILL RD CAPE ELIZABETH ME 04117	Name of Employer SPECTRUM MED GRP Occupation PHYSICIAN	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code PAUL CRUM 2185 HERSCHEL ST JACKSONVILLE FL 32204	Name of Employer N FLORIDA ANESTH CONSULT Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code MILAMARI CUNNINGHAM 8202 S BENNETT DR COLUMBIA MO 65201	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		

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

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FOR LINE NUMBER
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

<p>Full Name, Mailing Address, and ZIP Code BARBARA DABB 22275 WESTCHESTER RD SHAKER HTS OH 44122</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UNIVERSITY ANESTH</p> <p>Occupation PHYSICIAN</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 09/28/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name, Mailing Address, and ZIP Code CAROL DEAN 148 BREAKWATER DR #10 SOUTH PORTLAND ME 04108</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SPECTRUM MEDICAL</p> <p>Occupation ANESTHESIOLOGIST</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 08/25/2000</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>Full Name, Mailing Address, and ZIP Code JAYANT DESHPANDE 714 MAB 1211 21ST AVE S NASHVILLE TN 37212</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer VANDERBILT UNIV</p> <p>Occupation ANESTHESIOLOGIST</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/15/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code LUIS DOMINGUEZ 10645 OLYMPIC ST NW ALBUQUERQUE NM 87114</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer ANESTH SPECIALISTS</p> <p>Occupation ANESTHESIOLOGIST</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 09/29/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name, Mailing Address, and ZIP Code KEVIN DONOVAN 2185 HERSCHEL ST JACKSONVILLE FL 32204</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N FLORIDA ANESTH CONSULT</p> <p>Occupation ANESTHESIOLOGIST</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 08/29/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name, Mailing Address, and ZIP Code JAMES DUCKETT 51 N 39TH STREET PHILADELPHIA PA 19104</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PRESBYTERIAN MED CTR</p> <p>Occupation ANESTHESIOLOGIST</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 08/28/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code ART DUNCAN 307 MOCKINGBIRD GARDENS DR LOUISVILLE KY 40207</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer ANESTH ASSOC OF LOUISVILLE</p> <p>Occupation ANESTHESIOLOGIST</p> <p>Aggregate Year-to-Date > \$ 350.00</p>	<p>Date (month, day, year) 08/25/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>SUBTOTALS of Receipts This Page (Optional)</p>			
<p>TOTALS This Period (last page this line number only)</p>			

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code PAUL ELLIOTT 3300 CAHABA RD #302 BIRMINGHAM AL 35223	Name of Employer ANESTH SERV BIRMINGHAM	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 600.00	
Full Name, Mailing Address, and ZIP Code JERRY EPPS 1422 KENSINGTON DR KNOXVILLE TN 37922	Name of Employer UNIVERSITY ANESTH	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 600.00	
Full Name, Mailing Address, and ZIP Code CYNTHIA FERRIS 1000 ELDORADO RD NORFOLK NE 68701	Name of Employer NORFOLK ANESTH	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 350.00	
Full Name, Mailing Address, and ZIP Code WILLIAM FITZPATRICK 3300 CAHABA RD #302 BIRMINGHAM AL 35223	Name of Employer ANESTH SERV BIRMINGHAM	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code POLLY FOREMAN 250 WOODBEND DR ELIZABETHTOWN KY 42701	Name of Employer HEARTLAND ANESTH	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code PAMELA FOX 3818 ABBEYWOOD DR PEARLAND TX 77584	Name of Employer BAYLOR COL OF MED	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 600.00	
Full Name, Mailing Address, and ZIP Code JOSEPH GAFFNEY 37 ACADEMY ST SKANEATELES NY 13152	Name of Employer CNY ANESTH	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 350.00	

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**NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code ALEXANDRU GEORGESCU 3300 CAHABA RD #302 BIRMINGHAM AL 35223	Name of Employer ANESTH SERV BIRMINGHAM Occupation PHYSICIAN	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code ANTHONY GODBOLET 2165 HERSCHEL ST JACKSONVILLE FL 32204	Name of Employer N FLORIDA ANESTH CONSULT Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code SHARON GORDON 300 HOMELAND RD NW ALBUQUERQUE NM 87114	Name of Employer ANESTH ASSOC OF NEW MEXICO Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code CHRISTOPHER GRANDE P.O. BOX 4826 BALTIMORE MD 21216	Name of Employer Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code ROGER GREENE 2165 HERSCHEL ST JACKSONVILLE FL 32204	Name of Employer N FLORIDA ANESTH CONSULT Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code STEFAN GRENVIK 321 MIDWAY MEDICAL PARK ST #1 BRISTOL TN 37620	Name of Employer BRISTOL ANESTH SERV Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code WILLIAM HAFER 14 CASTLE HARBOR RD HUNTINGTON NY 11743	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
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**NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code DOUGLAS HAGEN 2749 W 131ST TERR LEAWOOD KS 66209 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ANESTH ASSOC OF KC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code JAMES ALAN HALE 3300 CAHABA RD #302 BIRMINGHAM AL 35223 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ANESTH SERV BIRMINGHAM Occupation PHYSICIAN Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code KATHERINE HARDING 2165 HERSCHEL ST JACKSONVILLE FL 32204 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer N FLORIDA ANESTH CONSULT Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code JAMES HARPER 1009 HIDDEN RD FT WORTH TX 76102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code SALLY HELTON 1905 WILLIAM HOWARD TAFT RD CINCINNATI OH 45206 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ANESTH ASSOC OF CINCINNATI Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 580.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 330.00
Full Name, Mailing Address, and ZIP Code ROBERT HENDRICK 3968 DEBORAH DR MONROE LA 71201 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ANESTH ASSOC OF MONROE Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code HENRY-JIM HERNANDEZ 2165 HERSCHEL ST JACKSONVILLE FL 32204 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer N FLORIDA ANESTH CONSULT Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00

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**NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code CHAUNCEY HERRINGTON 19883 WALTER SHIRLEY RD BERRY AL 35546 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code CHARLES HICKOK 12200 FARM RD UPPER MARLBORO MD 20772 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer S MARYLAND ANESTH ASSOC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code HOWARD HUDSON 2535 W ALLEN ST ALLENTOWN PA 18104 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ALLENTOWN ANESTH ASSOC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code SAMUEL HUGHES 380 EUREKA ST SAN FRANCISCO CA 94114 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UNIV CALIFORNIA Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code REX HYER 8401 CAHIBA DR FT WORTH TX 76135 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code KEITH INGRAM PO BOX 7520 PORT ST LUCIE FL 34985 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ATLANTIC COAST ANESTH ASSOC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 200.00
Full Name, Mailing Address, and ZIP Code MOKARRAM JAFFRI 377 SOUTHSIDE DR BENNINGTON VT 05201 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BENNINGTON ANESTH ASSOC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period 250.00

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**NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code LI JOLLY 3900 CLIFTON AVE CINCINNATI OH 45220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AAC Occupation PHYSICIAN Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code J KNOX KERR 2165 HERSCHEL ST JACKSONVILLE FL 32204 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N FLORIDA ANESTH CONSULT Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code EDWIN KEZAR 3300 CAHABA RD #302 BIRMINGHAM AL 35223 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ANESTH SERV BIRMINGHAM Occupation PHYSICIAN Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code CHARLES KOTTMEIER 300 JEFFORDS ST SUITE B CLEARWATER FL 33756 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AAPC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code IRA KUPFERBERG 225 DEER RUN PRATTVILLE AL 36067 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code MARK KYKES 10810 QNYX DR CARMEL IN 46032 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AIA Occupation PHYSICIAN Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code EDWARD LEE 2165 HERSCHEL ST JACKSONVILLE FL 32204 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N FLORIDA ANESTH CONSULT Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 500.00

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**NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code BARBARA LEIGHTON 1901 WALNUT ST APT 1004 PHILADELPHIA PA 19103	Name of Employer WEILL CORNELL MEDICAL COLLEGE	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code DAVID LENSCH 2205 GILLETTE DR WILMINGTON NC 28403	Name of Employer COASTAL ANESTH	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 750.00	
Full Name, Mailing Address, and ZIP Code EDWARD LEONE 1042 O ILIMA DR HONOLULU HI 96817	Name of Employer TAMGI	Date (month, day, year) 08/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 750.00	
Full Name, Mailing Address, and ZIP Code GLORIA LEWIS 3800 MALONEY RD KNOXVILLE TN 37920	Name of Employer	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code WAYNE LEWIS 3300 CAHABA RD #302 BIRMINGHAM AL 35223	Name of Employer ANESTH SERV BIRMINGHAM	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code JEFF LINDSAY 7812 S GRANITE AVE TULSA OK 74138	Name of Employer ASSOC ANESTH	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code PAUL LINEBERRY 2155 HERSCHEL ST JACKSONVILLE FL 32204	Name of Employer N FLORIDA ANESTH CONSULT	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 500.00	

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**NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code LAJUANA LOGAN 3300 CAHABA RD #302 BIRMINGHAM AL 35223	Name of Employer ANESTH SERV BIRMINGHAM Occupation PHYSICIAN	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code MARISA LOMANTO 10632 HONEY TREE RD RICHMOND VA 23235	Name of Employer RICHMOND VETERANS AFFS MED Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code WARD LONGBOTTOM 17910 SPENCER RD ODESSA FL 33566	Name of Employer UNICOM ANESTH ASSOC Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1500.00		
Full Name, Mailing Address, and ZIP Code MICHAEL LOPEZ 5700 E PIMA ST E TUCSON AZ 85749	Name of Employer OLD PUEBLO ANESTH Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code ALAN MARCO 7129 JAMESFORD DR TOLEDO OH 43617	Name of Employer ASSOC PHYSICIANS Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code JOHN MARTUCCI 8100 S GARFIELD BURR RIDGE IL 60521	Name of Employer Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code GREG MCCABE 7512 WYNFORD CIR MONTGOMERY AL 36117	Name of Employer SOUTH CENTRAL ANESTH Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
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**NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code CAROLYN MCCANN 3300 CAHABA RD #302 BIRMINGHAM AL 35223 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ANESTH SERV BIRMINGHAM Occupation PHYSICIAN Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code JOSEPH MCGEE 1290 DANA AVE PALO ALTO CA 94301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer FAG Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 260.00
Full Name, Mailing Address, and ZIP Code DONALD MCLEOD 1670 NORTH CLIFF TRACE ROSWELL GA 30078 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer PHYS SPECIALISTS ANESTH Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 5000.00
Full Name, Mailing Address, and ZIP Code GREG MERLIANIAN 2704 DOWNING ST SE HUNTSVILLE AL 35801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code RONALD MEYER 610 8TH STREET WILMETTE IL 60091 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ANESTH CONSULTANTS Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code RANDALL MIDDAGH 9 CARMEL LN LITTLE ROCK AR 72212 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code DANIEL MITCHELL 3428 W 164TH TERR STILWELL KS 66028 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer MIDWEST ANESTH ASSOC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 250.00

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**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
ROBERT MOSS 2017 BERKELEY DR WICHITA FALLS TX 76308 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NORTH TEXAS ANESTH GRP Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 1000.00	09/29/2000	1000.00
PAUL NAGRODZKI 3300 CAHABA RD #302 BIRMINGHAM AL 35223 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANESTH SERV BIRMINGHAM Occupation PHYSICIAN Aggregate Year-to-Date > \$ 500.00	09/29/2000	500.00
JOSEPH NAPLES 7703 FLOYD CURL DR SAN ANTONIO TX 78284 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UNIV OF TX Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	09/25/2000	250.00
VICTOR NEAL 4651 E 57TH PL TULSA OK 74135 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 350.00	09/29/2000	200.00
DANIEL NGUYEN 544 PINEVIEW DR BOONE NC 28607 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	WAA Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 1000.00	09/28/2000	500.00
CRAIG NORDHUES 5156 ALESHIRE CT SPRINGFIELD MD 21154 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	QZARK ANESTH ASSOC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	09/15/2000	250.00
PERRY NYSTROM 468 DUNNIGAN DR VANDALIA OH 43077 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANESTH SERV NETWORK Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 3500.00	09/27/2000	1000.00
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**NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code JAMES O'NEILL 1060 LIVE OAK PLANTATION RD TALLAHASSEE FL 32312	Name of Employer ANESTH ASSOC TALLAHASSEE	Date (month, day, year) 08/29/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code SARAH PATTERSON 2165 HERSCHEL ST JACKSONVILLE FL 32204	Name of Employer N FLORIDA ANESTH CONSULT	Date (month, day, year) 08/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code RICHARD PENNY 111 KNOLLWOOD BRISTOL TN 37620	Name of Employer BRISTOL ANESTH SERV	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code STANLEY PERKINS 5807 CHURCHILL TYLER TX 75703	Name of Employer EAST TEXAS ANESTH ASSOC	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code PHIL PERRY 2165 HERSCHEL ST JACKSONVILLE FL 32204	Name of Employer N FLORIDA ANESTH CONSULT	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code SUZANNE PETERSON PO BOX 817 FOREST LAKE MN 55023	Name of Employer HFA	Date (month, day, year) 08/29/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 350.00	
Full Name, Mailing Address, and ZIP Code DAVID PIPPINS 620 PRUDENTIAL DR SUITE 606 JACKSONVILLE FL 32207	Name of Employer FL ANESTH ASSOC	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 250.00	

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**NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

<p>Full Name, Mailing Address, and ZIP Code FRANCES PLUCINSKY 403 ARROWHEAD TRAIL SINKING SPRING PA 19008</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer READING ANESTH ASSOC</p> <p>Occupation ANESTHESIOLOGIST</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/26/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code TOMMY POLK 16 RAIN FERN CT THE WOODLANDS TX 77380</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SELF-EMPLOYED</p> <p>Occupation PHYSICIAN</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 09/25/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code ROBERT PONTE 2165 HERSCHEL ST JACKSONVILLE FL 32204</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N FLORIDA ANESTH CONSULT</p> <p>Occupation ANESTHESIOLOGIST</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 09/29/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name, Mailing Address, and ZIP Code LUIS RAMIREZ 336 PACIFIC RD KEY BISCAYNE FL 33149</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 08/29/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code MICHAEL RICHARDSON 82 KINGLET DR S CRANBURY NJ 08512</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer ANESTH CONSULT OF NJ</p> <p>Occupation PHYSICIAN</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/29/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code MICHAEL ROBLEY 13210 SE JORDAN CT GLACKAMAS OR 97015</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer OREGON ANESTH GRP</p> <p>Occupation ANESTHESIOLOGIST</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 08/28/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code ARMANDO ROCES 2165 HERSCHEL ST JACKSONVILLE FL 32204</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N FLORIDA ANESTH CONSULT</p> <p>Occupation ANESTHESIOLOGIST</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 09/29/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
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**NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code FRED ROCK 3300 CAHABA RD #302 BIRMINGHAM AL 35223	Name of Employer ANESTH SERV BIRMINGHAM Occupation PHYSICIAN	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code LEE ROSENBERG 2165 HERSCHEL ST JACKSONVILLE FL 32204	Name of Employer N FLORIDA ANESTH CONSULT Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code MICHAEL ROSENKRANZ P.O. BOX 2874 DURANGO CO 81302	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code MICHAEL ROLITMAN 3300 CAHABA RD #302 BIRMINGHAM AL 35223	Name of Employer ANESTH SERV BIRMINGHAM Occupation PHYSICIAN	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code JAMES RUDOLPH 3300 CAHABA RD #302 BIRMINGHAM AL 35223	Name of Employer ANESTH SERV BIRMINGHAM Occupation PHYSICIAN	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code GREGG SALATHE 4798 S BELLHURST AVE SPRINGFIELD MO 65804	Name of Employer OZARK ANESTH ASSOC Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
Full Name, Mailing Address, and ZIP Code HUNTER SAVAGE 34 NORMAN DR BIRMINGHAM AL 35213	Name of Employer ANESTH GROUP EAST Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
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**NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code DAVID SCHERWINSKI 4011 BROOKHAVEN TRACE WISCONSIN RAPIDS WI 54484	Name of Employer ANESTH ASSOC WISCONSIN RAPIDS	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code WILLIAM SCHIMPKE 289 GRAY WOODS LANE LAKE ANGELUS MI 48328	Name of Employer SDAA	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code ARMIN SCHUBERT 3021 ATTLEBORO RD SHAKER HEIGHTS OH 44120	Name of Employer CLEVELAND CLINIC	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code ABRAHAM SCHUSTER 3300 CAHABA RD #302 BIRMINGHAM AL 35223	Name of Employer ANESTH SERV BIRMINGHAM	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 400.00	
Full Name, Mailing Address, and ZIP Code JOHN SCOTT 2165 HERSCHEL ST JACKSONVILLE FL 32204	Name of Employer N FLORIDA ANESTH CONSULT	Date (month, day, year) 08/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code PAUL SEITZ 2837 POLO CLUB RD NASHVILLE TN 37221	Name of Employer ANESTH MEDICAL GROUP	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code BRENCE SELL 2445 LANGELOTT DR TALLAHASSEE FL 32308	Name of Employer AA OF T	Date (month, day, year) 08/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 1000.00	
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**NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code LOYD SHAW 201 S BEATY ST ATHENS AL 35611	Name of Employer ANESTH SERV OF DECATUR Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code M LYNN SIMONS 3300 CANABA RD #302 BIRMINGHAM AL 35223	Name of Employer ANESTH SERV BIRMINGHAM Occupation PHYSICIAN	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code THOMAS SINCLAIR P.O. BOX 4858 LAGUNA BEACH CA 92662	Name of Employer NEWPORT HARBOR ANES CON Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code ROBERT SMALL 1681 MORELAND DR COLUMBUS OH 43220	Name of Employer OHIO STATE UNIV Occupation ANESTHESIOLOGIST	Date (month, day, year) 08/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code WILLIAM SMITH 321 MIDWAY MEDICAL PARK #1 BRISTOL TN 37620	Name of Employer BRISTOL ANESTH SERV Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code WILLIAM SMITH 2155 HERSCHEL ST JACKSONVILLE FL 32204	Name of Employer N FLORIDA ANESTH CONSULT Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code WALTER SOHA 2155 HERSCHEL ST JACKSONVILLE FL 32204	Name of Employer N FLORIDA ANESTH CONSULT Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
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**NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code DAVID SPRAGUE 608 SOUTHGATE DR BLACKSBURG VA 24060	Name of Employer ANESTH ASSOC OF ROANOKE Occupation PHYSICIAN	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
Full Name, Mailing Address, and ZIP Code JAMES STALLWORTH 445 FIELDSTONE DR BURLINGTON NC 27215	Name of Employer BURLINGTON ANESTH Occupation PHYSICIAN	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code RICHARD STARK 8379 PHOEBE KALAMAZOO MI 49009	Name of Employer KALAMAZOO ANESTH Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code LAUREL STARR 697 SOMERSET DR GOLDEN CO 80401	Name of Employer OB/GYN ANESTH Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
Full Name, Mailing Address, and ZIP Code KAREN STECKNER 487 WORDSWORTH CT RICHMOND HILLS OH 44149	Name of Employer CLEVELAND CLINIC Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code BARRY STEELE 1105 BROCK WICHITA FALLS TX 76302	Name of Employer NAAC Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code MICHAEL LUTTER 300 CHURCHILL CT NASHVILLE TN 37205	Name of Employer ANESTH MED GRP Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

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**NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code WILLIAM SWAGMAN 9393 EVERGREEN DR NE GRAND RAPIDS MI 49525 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ANESTH MED CONSULTS Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code DAVID SWASTEK 5640 LOHR LAKE DR ANN ARBOR MI 48108 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ANESTH ASSOC OF ANN ARBOR Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code PETER SYBERT 1111 SONOMA AVE SUITE 308 SANTA ROSA CA 95405 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer HAMGI Occupation PHYSICIAN Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code ROY TALLEY P.O. BOX 2189 COVINGTON GA 30015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer COVINGTON ANESTH Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code MARK TAVAKOLI 3300 CAHABA RD #302 BIRMINGHAM AL 35223 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ANESTH SERV BIRMINGHAM Occupation PHYSICIAN Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code NEAL TEMPLETON 739 HOLLOWDALE EDMOND OK 73063 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer OKLAHOMA ANESTH CONSULT Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code GLENN TILLERY 3114 COVE LAKE RD OWENS CROSS ROADS AL 35763 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer HUNTSVILLE ANESTH CONSULT Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 250.00

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**NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code HAIG TOZBIKIAN 1 CHILDREN'S PLAZA DAYTON OH 45404	Name of Employer PEDIATRIC ANESTH ASSOC Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code SCOTT TREZZA 2490 BELLE CHRISTIANE CIR PENSACOLA FL 32503	Name of Employer US NAVY Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code STEPHEN TUNSTILL 2166 HERSCHEL ST JACKSONVILLE FL 32204	Name of Employer NORTH FLORIDA ANESTH CONS Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code ERIC UMALI 6020 THORNAPPLE RIVER DR ALTO MI 48302	Name of Employer ANESTH MEDICAL CONSULTANTS Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code ROBERT VILES 80 CRESTWOOD CIRCLE SUGAR LAND TX 77478	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code BEN WALKER 204 LAKIN DR HUNTSVILLE AL 35801	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 600.00		
Full Name, Mailing Address, and ZIP Code MICHAEL WALSH 2007 MCINTIRE DR BLOOMINGTON IN 47401	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
SUBTOTALS of Receipts This Page (Optional)			
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**NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code HENRY WALTHER 6645 RANCHO LOS PAVOS GRANITE BAY CA 95746 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer CASE MEDICAL GRP Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 550.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 50.00
Full Name, Mailing Address, and ZIP Code WILLIAM WARE 9849 WYNNCHASE CIR MONTGOMERY AL 36117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer MED ASSOC OF STATE ALABAMA Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code MARGARET WEGLENSKI 1210 SW 7TH ST ROCHESTER MN 55902 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer MAYO CLINIC Occupation PHYSICIAN Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code ALAN WEISS 980 ROYAL ARMS DR GIRARD OH 44420 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BEL-PARK ANESTH ASSOC Occupation PHYSICIAN Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code REBECCA WELCH 2101 FOREST CLUB DR ORLANDO FL 32804 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer NEMOURS CHILDRENS CLINIC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code J LEE WHITE 2575 FALLEN LEAF LN CHARLOTTESVILLE VA 22901 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer UVA Occupation PHYSICIAN Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code ANNE WILHITE 3011 HARRINGTON MANOR MIDLOTHIAN VA 23113 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer HARRIS COLE & ASSOC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 250.00

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code RANDALL WILHOIT 527 MILLS AVE #102 GREENVILLE SC 29606	Name of Employer GREENVILLE ANESTH Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/16/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code MARK WILLIAMS 201 HUNTERS CIR LONGVIEW TX 75605	Name of Employer HORIZON ANESTH Occupation PHYSICIAN	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 350.00		
Full Name, Mailing Address, and ZIP Code MICHAEL WILLIAMS P.O. BOX 233 FREDERICKSBURG TX 78824	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code DAVID WILSON 228 CRESTVIEW DR NAMPALD ID 83686	Name of Employer ANESTH CONSULTANTS OF ID Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code NORMAN WILSON 11 ROCK CREST DR CAPE ELIZABETH ME 04107	Name of Employer SPECTRUM MEDICAL GROUP Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code DAVID YASMINEH 2634 CROSBY RD WAYZATA MN 55381	Name of Employer MEDICAL ANESTH Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code FREDERICK YILLING 4140 RIVER CLIFF CHASE MARIETTA GA 30067	Name of Employer PHYS SPEC IN ANESTH Occupation ANESTHESIOLOGIST	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A**ITEMIZED RECEIPTS**Use separate schedule(s)
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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**Full Name, Mailing Address, and ZIP Code**ANDREW ZVARA
8185 THACKERAY CT

BROADVIEW HTS OH 44147

Name of Employer

CLEVELAND CLINIC

**Date (month,
day, year)**

09/25/2000

**Amount of Each
Receipt this Period**

250.00

Occupation

ANESTHESIOLOGIST

Receipt For: Primary General Other (specify):**Aggregate Year-to-Date** > \$ 250.00**SUBTOTALS** of Receipts This Page (Optional)**TOTALS** This Period (last page this line number only)

71630.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code

NORTHERN TRUST CO.
50 S LASALLE

CHICAGO IL 60675

Name of Employer

Occupation

Date (month,
day, year)

09/30/2000

Amount of Each
Receipt this Period

344.20

Receipt For: Primary General

Other (specify): INTEREST INCOME

Aggregate Year-to-Date > \$ 2819.98

SUBTOTALS of Receipts This Page (Optional)

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344.20

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (Senate - MI -) 2000 GENERAL	Date (month, day, year)	Amount of Each Disbursement This Period
ABRAHAM SENATE 2000 P.O. BOX 1957 ROYAL OAK MI 48068	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/21/2000	1000.00
ABRAHAM SENATE 2000 P.O. BOX 1957 ROYAL OAK MI 48068	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/21/2000	4000.00
ADERHOLT FOR CONGRESS 940 HIGHWAY 13 P.O. BOX 1158 HALEYVILLE AL 35655	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/21/2000	2000.00
BERKLEY FOR CONGRESS P.O. BOX 2884 WASHINGTON DC 20013	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/07/2000	1000.00
BIGGERT FOR CONGRESS P.O. BOX 16021 ALEXANDRIA VA 22302	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/07/2000	1000.00
BONIOR FOR CONGRESS 3270 GRANDVIEW CT SHELBY TOWNSHIP MI 48316	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/07/2000	1000.00
BONIOR FOR CONGRESS 3270 GRANDVIEW CT SHELBY TOWNSHIP MI 48316	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/25/2000	4000.00
BRADY FOR CONGRESS P.O. BOX 1670 ARLINGTON VA 22210	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/21/2000	2000.00
GA AGGRESSIVE LEADERSHIP PAC P.O. BOX 382 SAN BERNARDINO CA 92408	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) :	09/25/2000	1600.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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**NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - WV - 2) 2000 GENERAL	Date (month, day, year)	Amount of Each Disbursement This Period
CAPITO FOR CONGRESS P.O. 11519 CHARLESTON WV 25339	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/07/2000	3500.00
CONGRESSMAN BOB BARR P.O. BOX 4323 MARIETTA GA 30061	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/26/2000	1000.00
CRANE FOR CONGRESS COMMITTEE P.O. BOX 8534 ROLLING MEADOWS IL 60008	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/21/2000	1000.00
DEMOCRATIC LEADER'S VICTORY FUND 7435 WATSON ROAD SUITE 107 ST LOUIS MO 63119	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/25/2000	5000.00
DEREK SMITH FOR CONGRESS P.O. BOX 1536 SALT LAKE CITY UT 84119	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/07/2000	2500.00
DIAZ-BALART FOR CONGRESS 4451 BROOKFIELD CORPORATE DRIVE SUITE 200 CHANTILLY VA 20151	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/07/2000	500.00
DOOLITTLE FOR CONGRESS P.O. BOX 413 FAIR OAKS CA 95628	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/25/2000	2000.00
ENSGN FOR SENATE P.O. BOX 28588 LAS VEGAS NV 89126	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/18/2000	1000.00
ESCHOO FOR CONGRESS 565 BRYANT STREET BOX 335 PALO ALTO CA 94301	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/11/2000	500.00

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ITEMIZED DISBURSEMENTS

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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
FEDERAL VICTORY FUND P.O. BOX 483 DUN LORING VA 22027	2000 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	09/25/2000	2000.00
FERGUSON FOR CONGRESS P.O. BOX 4205 WARREN NJ 07059	(House - NJ - 7) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/07/2000	2500.00
FRIENDS OF CLAY SHAW 4451 BROOKFIELD CORPORATE PLAZA #200 CHANTILLY VA 20151	(House - FL - 22) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/07/2000	1000.00
FRIENDS OF JENNIFER DUNN P.O. BOX 40110 BELLEVUE WA 98015	(House - WA - 8) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/18/2000	1000.00
FRIENDS OF JOE BACA P.O. BOX 362 SAN BERNARDINO CA 92402	(House - CA - 42) 2000 PRIMARY DEBT RETIREMENT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/11/2000	1500.00
FRIENDS OF JOE BACA P.O. BOX 362 SAN BERNARDINO CA 92402	(House - CA - 42) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/11/2000	1500.00
FUTURE LEADER'S PAC 4451 BROOKFIELD CORP DR #200 CHANTILLY VA 20151	2000 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	09/18/2000	500.00
GONZALES FOR CONGRESS P.O. BOX 12612 SAN ANTONIO TX 78212	(House - TX - 20) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/18/2000	500.00
GRAMS FOR SENATE 507 CAPITOL CT NE #100 WASHINGTON DC 20002	(Senate - MN -) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/25/2000	1500.00

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**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
GLITNECHT FOR US CONGRESS COMMITTEE P.O. BOX 6428 ROCHESTER MN 55903	(House - MN - 1) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/18/2000	1000.00
HATCH ELECTION COMMITTEE 310 S MAIN STREET SUITE 1420 SALT LAKE CITY UT 84101	(Senate - UT -) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/18/2000	1000.00
HAYES FOR CONGRESS P.O. BOX 2000 CONCORD NC 28026	(House - NC - 8) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/07/2000	1000.00
HOOLEY FOR CONGRESS 38 IVY ST WASHINGTON DC 20003	(House - OR - 5) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/25/2000	3000.00
JEFFORDS FOR VERMONT 507 CAPITOL COURT NE #100 WASHINGTON DC 20002	(Senate - VT -) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/21/2000	5000.00
JIM DAVIS FOR CONGRESS P.O. BOX 2884 WASHINGTON DC 20013	(House - FL - 11) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/25/2000	500.00
KIRK FOR CONGRESS 1910 WAUKEGAN ROAD GLENVIEW IL 60025	(House - IL - 10) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/07/2000	2500.00
KIRK FOR CONGRESS 1910 WAUKEGAN ROAD GLENVIEW IL 60025	(House - IL - 10) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/11/2000	2500.00
LARGENT FOR CONGRESS 2000 4312 E 51ST TULSA OK 74135	(House - OK - 1) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/21/2000	1000.00

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**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
UNDER FOR CONGRESS P.O. BOX 942060 ATLANTA GA 31141	(House - GA - 11) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/07/2000	1000.00
LUCILLE ROYBAL-ALLARD FOR CONGRESS P.O. BOX 2684 WASHINGTON DC 20013	(House - CA - 33) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	08/19/2000	1000.00
MASCARA FOR CONGRESS P.O. BOX 75214 WASHINGTON DC 20013	(House - PA - 20) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/25/2000	500.00
MATTINGLY FOR SENATE 443 E PAGES FERRY ROAD ATLANTA GA 30350	(Senate - GA -) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/16/2000	1000.00
MCCOLLUM FOR SENATE 1212 NY AVENUE #350 WASHINGTON DC 20005	(Senate - FL -) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/07/2000	1000.00
McDONALD FOR CONGRESS 8522 122ND AVE NE P.O. BOX 275 KIRKLAND WA 98093	(House - WA - 1) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/11/2000	2500.00
MCKEON FOR CONGRESS 4431 BROOKFIELD CORP PLAZA DR SUITE 200 CHANTILLY VA 20151	(House - CA - 25) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/25/2000	500.00
NEAL FOR CONGRESS P.O. BOX 2884 WASHINGTON DC 20515	(House - MA - 2) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/25/2000	2000.00
NEW REPUBLICAN MAJORITY FUND PAC 900 SECOND ST NE SUITE 114 WASHINGTON DC 20002	2000 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) :	09/07/2000	2000.00

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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
PASCHELL FOR CONGRESS 63 QUARTZ LN PATERSON NJ 07501	(House - NJ - 8) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/07/2000	1000.00
PETE STARK RE-ELECTION COMMITTEE P.O. BOX 8331 FREMONT GA 94537	(House - CA - 13) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/18/2000	2000.00
PRYCE FOR CONGRESS 1200 TRINITY DR ALEXANDRIA VA 22314	(House - VA - 15) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/21/2000	1000.00
REPUBLICAN PARTY OF KENTUCKY P.O. BOX 1068 FRANKFORT KY 40601	2000 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) :	09/07/2000	5000.00
REYNOLDS FOR CONGRESS P.O. BOX 478 VICTOR NY 11464	(House - NY - 27) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/21/2000	1000.00
REYNOLDS FOR CONGRESS 171 SUKKY'S TRAIL PITTSFORD NEW YORK NY 14534	(House - NY - 27) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/25/2000	2000.00
RODRIGUEZ FOR CONGRESS P.O. BOX 14528 SAN ANTONIO TX 78214	(House - TX - 28) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/25/2000	1000.00
SAXTON FOR CONGRESS 434 NEW JERSEY AVENUE SE WASHINGTON DC 20003	(House - NJ - 3) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/25/2000	1000.00
SCHWEITZER FOR SENATE P.O. BOX 4814 WHITEFISH MT 59637	(Senate - MT -) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/25/2000	5000.00

SUBTOTALS of Disbursements This Page (Optional)

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SCHEDULE B

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**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SHERROD BROWN FOR CONGRESS 607 14TH STREET NW SUITE 20005 WASHINGTON DC 20005	(House - OH - 13) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/11/2000	500.00
SIMMONS FOR CONGRESS 12 ROOSEVELT AVE BOX 4 MYSING LT 06255	(House - CT - 2) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/11/2000	2500.00
STENY HOYER FOR CONGRESS P.O. BOX 2884 WASHINGTON DC 20013	(House - MD - 5) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/11/2000	1500.00
STEVE ISRAEL FOR CONGRESS COMMITTEE 15 ORMOND ST DIX HILLS NY 11746	(House - NY - 2) 2000 PRIMARY DEBT RETIREMENT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/25/2000	5000.00
STEVE ISRAEL FOR CONGRESS COMMITTEE 15 ORMOND ST DIX HILLS NY 11746	(House NY 2) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/25/2000	5000.00
STEVE ROTHMAN FOR CONGRESS P.O. BOX 714 HACKENSACK NJ 07802	(House - NJ - 8) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	08/11/2000	500.00
STOKER FOR CONGRESS 828 E MAIN STREET SUITE C SANTA MARIA CA 93454	(House - CA - 22) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	08/11/2000	5000.00
THURMAN FOR CONGRESS 3610 34TH STREET NW F270 WASHINGTON DC 20018	(House - FL - 5) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/10/2000	1000.00
TIM JOHNSON FOR CONGRESS 905 S NEIL ST CHAMPAIGN IL 61820	(House - IL - 15) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	08/07/2000	2500.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - MC - 2) 2000 GENERAL	Date (month, day, year)	Amount of Each Disbursement This Period
TODD AKIN FOR CONGRESS P.O. BOX 31222 ST LOUIS MO 63131	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/18/2000	2000.00
TOM SAWYER COMMITTEE P.O. BOX 756214 WASHINGTON DC 20018	Purpose of Disbursement (House - OK - 14) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 09/07/2000	Amount of Each Disbursement This Period 1000.00
VAN HORNE FOR CONGRESS P.O. BOX 444 NEW KENSINGTON PA 15068	Purpose of Disbursement (House - PA - 4) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 2500.00

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12350.00

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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
LATTER DAY SAINTS 2234 GREAT FALLS STREET GREAT FALLS VA 22043	2000 CHARITABLE CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	08/18/2000	2000.00
NORTHERN TRUST CO. 50 S LASALLE CHICAGO IL 60675	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): VISA BANK CHARGE	08/30/2000	353.76

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2353.76

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10-19-00</i>
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<i>J.G.</i> PREPARER	<i>10-19-00</i> DATE PREPARED