

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS		RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM APR 20 2000
ADDRESS (number and street) 520 N NORTHWEST HIGHWAY	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE, and ZIP CODE PARK RIDGE IL 60068		
		2. FEC IDENTIFICATION NUMBER C00255752
		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 type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input checked="" 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>03/01/2000</u> through <u>03/31/2000</u>		259321.36
6. (a) Cash on Hand, January 1, <u>2000</u>		
(b) Cash on Hand at Beginning of Reporting Period	180579.30	
(c) Total Receipts (from line 19)	73011.00	109853.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	253590.30	368274.48
7. Total Disbursements (from line 30)	117598.28	233282.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	135992.04	135992.04
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

Type or Print Name of Treasurer
Bruce R. Brookens, M.D., Treasurer

Signature of Treasurer

Bruce R. Brookens, M.D., TREASURER

Date

4.6.2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

FEC FORM 3X
(revised 9/93)

**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 03/01/2000 TO: 03/31/2000	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		51870.00	78370.00
ii. Unitemized		20975.00	30270.00
iii. Total	(add i and ii)*	72245.00	108640.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions		72245.00	108640.00
12. Transfers From Affiliated/Other Party Committees		0.00	0.00
13. All Loans Received		0.00	0.00
14. Loan Repayments Received		0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..		500.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.)		268.00	813.12
18. Transfers From Nonfederal Account for Joint Activity		0.00	0.00
19. Total Receipts		73011.00	109953.12
20. Total Federal Receipts		73011.00	109953.12
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		0.00	0.00
ii. Non-Federal Share		0.00	0.00
b. Other Federal Operating Expenditures		0.00	0.00
c. Total Operating Expenditures		0.00	0.00
22. Transfers to Affiliated/Other Party Committees		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		111414.49	228914.49
24. Independent Expenditures (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)		0.00	0.00
26. Loan Repayments Made		0.00	0.00
27. Loans Made		0.00	0.00
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		0.00	0.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions Refunds		0.00	0.00
29. Other Disbursements		6183.77	6367.95
30. Total Disbursements		117598.26	233282.44
31. Total Federal Disbursements		117598.26	233282.44
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		72245.00	108640.00
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)		72245.00	108640.00
35. Total Federal Operating Expenditures		0.00	0.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures		0.00	0.00

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER
11A1

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

Full Name, Mailing Address, and ZIP Code A NISAR AKBAR 7 REDWOOD CT RACINE WI 58402	Name of Employer SELF-EMPLOYED	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code JAMES AMBROSE 4712 BEARS PAW SPRINGFIELD IL 62707	Name of Employer ASSOC ANESTH OF SPRINGFIELD	Date (month, day, year) 03/23/2000	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 TERRY ANDERSON 1223 W 63RD ST KANSAS CITY MO 64113	Name of Employer WESTPORT ANESTH SERVICES	Date (month, day, year) 03/28/2000	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 OBINNA ASOBYE 838 S LAFLIN ST CHICAGO IL 60607	Name of Employer SE ANESTH CORP	Date (month, day, year) 03/31/2000	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 SALVATORE ASTARITA 133 E FREDERICK ST LANCASTER PA 17584	Name of Employer ANESTH ASSOC OF LANCASTER	Date (month, day, year) 03/15/2000	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 EDWIN BARTINE 4416 OLD FORGE DR GASTONIA NC 28056	Name of Employer GASTON ANESTH ASSOC	Date (month, day, year) 03/30/2000	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 DONALD BLACKLEY 2001 VAIL AVE CHARLOTTE NC 28207	Name of Employer SOUTHEAST ANESTH CONSULT	Date (month, day, year) 03/14/2000	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	

SUBTOTALS of Receipts This Page (Optional)

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL BRAUNEGG 1208 CRESTFIELD DR WILLIAMSPORT PA 17701	ANESTH ASSOC OF WILLIAMSPORT	03/24/2000	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	
MARCIA BROCK 100 RIVERFRONT DR #1711 DETROIT MI 48226	ASPC	03/30/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 250.00	
DAVID BROWN 2181 BROWN DEER RD CORALVILLE IA 52241	UNIV IOWA	03/24/2000	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	
NORBERT BROWN 12436 CRAIG OVERLAND PARK KS 66213	ST JOSEPH HOSPITAL	03/29/2000	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	
CRAIG CARLSON 5500 S SPYGLASS CIR SIOUX FALLS SD 57108	ANESTH ASSOC	03/14/2000	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	
STEVEN GARR 10424 TREMONT LN FISHERS IN 46038	SOUTHEAST ANESTH	03/29/2000	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	
JEFF CESCHI N87 W29557 RICHTER RD HARTLAND WI 53029	SELF-EMPLOYED	03/23/2000	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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AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code GEORGE CHALHOUB 9344B JAMISON AVE PHILADELPHIA PA 19115 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ALBERT EINSTEIN MED CTR Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/30/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code RICHARD CHERWENKA 19650 PUTNEYS CT BROOKFIELD CT 06045 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 > \$ 250.00	Date (month, day, year) 03/24/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code THOMAS CHRISTOPHERSON 301 E 31ST SIOUX FALLS SD 57105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ANESTH PHYSICIANS Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/15/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code DONALD CHRZAN 9354 SPINDLE TOP CT FRANKLIN WI 53132 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ANESTH ASSOC OF WISCONSIN Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code JEFF CLAYTON 3305 WHITE OAK CT SACRAMENTO CA 95864 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CASE MEDICAL GROUP Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code JOHN COOPER PO BOX 20486 HOUSTON TX 77225 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer A S KEATS MD & ASSOC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code PHILIPPE COOPER 11325 CEDAR POINT DR N MINNETONKA MN 55305 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TWIN CITIES ANESTH Occupation PHYSICIAN Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 300.00
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 JOSEPH COYLE 248 SUNNYWOOD LN CHARLOTTE NC 28270	Name of Employer SOUTHEAST ANESTH CONSULT	Date (month, day, year) 03/14/2000	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 TIMOTHY CROSS 1 HAWTHORN MASON CITY IA 50401	Name of Employer NORTH IOWA ANESTH ASSOC	Date (month, day, year) 03/24/2000	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 STEVE CROY 3788 DYNASTY LN ROCKFORD IL 61114	Name of Employer ROCKFORD ANESTH ASSOC	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code EDWIN CUNNINGHAM 3039 STEEPLGATE COVE GERMANTOWN TN 38138	Name of Employer MED ANESTH GRP	Date (month, day, year) 03/28/2000	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 JOSEPH CURLETTA 3305 N 2ND ST BLDG B PHOENIX AZ 85012	Name of Employer VALLEY ANESTH CONSULT	Date (month, day, year) 03/15/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code VI DANG 535 S EAST AVE OAK PARK IL 60304	Name of Employer LOYOLA UNIV MEDICAL CTR	Date (month, day, year) 03/28/2000	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 JOHN DANNER 3100 N GOTHIC CIR GREEN BAY WI 54313	Name of Employer BELLIN ANESTH ASSOC	Date (month, day, year) 03/24/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	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 GLENN DAVIS 2906 GREEN HAZE AVE RACINE WI 53406	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/23/2000	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 SARYU DESAI 44 THORN ST SEWICKLEY PA 15143	Name of Employer ALLEGHENY ANESTH ASSOC Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/20/2000	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 LEISA DEVENNY 3090 YORKTOWN DR TUSCALOOSA AL 35408	Name of Employer APMC Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/23/2000	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 PATRICK DOLAN PO BOX 410914 ST LOUIS MO 63141	Name of Employer WESTERN ANESTH Occupation PHYSICIAN	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 750.00
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 DENISE DRVOL 3330 N 129TH CIRCLE OMAHA NE 68164	Name of Employer PEDIATRIC ANESTH CONSULTANTS Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/28/2000	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 RAY DZELZKALNS 1715 E CUMBERLAND BLVD MILWAUKEE WI 53211	Name of Employer NAP Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/28/2000	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 JOHN ERDEWYK 1801 N GALE RD MITCHELL SD 57301	Name of Employer MITCHELL ANESTH Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/14/2000	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		

SUBTOTALS of Receipts This Page (Optional)

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code RICHARD FARAH PO BOX 230269 ANCHORAGE AK 99523 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAAMG Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/29/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code JAMES FAUST 1029 59TH STREET WEST DES MOINES IA 50265 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ASSOCIATED ANESTH Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/24/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code THOMAS FELTON 2801 W KINNICKINNIC RIVER PKWY #L085 MILWAUKEE WI 53215 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ANESTH ASSOC OF WISCONSIN Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code RALPH FILLMORE 21 HARRINGTON LN DOTHAN AL 36305 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ANESTH CONSULT MEDICAL GROUP Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 03/24/2000	Amount of Each Receipt this Period 2000.00
Full Name, Mailing Address, and ZIP Code JENNIFER GAGE 3439 TANGLEBROOK TRL CLEMMONS NC 27012 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTHEAST ANESTH CONSULT Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 350.00
Full Name, Mailing Address, and ZIP Code ZACHARIAH GERGER 2205 BRENT HILL CT CHARLOTTE NC 28270 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTHEAST ANESTH CONSULT Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 300.00
Full Name, Mailing Address, and ZIP Code VIJAY GHOLKAR 11309 JEFFRESON KANSAS CITY MO 64114 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 > \$ 250.00	Date (month, day, year) 03/28/2000	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 JEFFREY GIESE 4302 MOOSE HOLLOW RD PARK CITY UT 84098	Name of Employer MILLCREEK ANESTH Occupation PHYSICIAN	Date (month, day, year) 03/15/2000	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 MICHAEL GILLETTE 14440 W S LEE CT CHARLOTTE NC 28277	Name of Employer SOUTHEAST ANESTH CONSULT Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 300.00
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 JERRY GONZALES 101 YARMOUTH LN MEDIA PA 19063	Name of Employer UNITED ANESTH ASSOC Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/24/2000	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 GREEN 1651 VIEWCREST DR BOUNTIFUL UT 84010	Name of Employer Occupation	Date (month, day, year) 03/20/2000	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 KENNETH GROSS 2434 SEWELL ST LINCOLN NE 68502	Name of Employer ASSOC ANESTH Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/28/2000	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 JONATHAN GUDMAN 16767 QUAIL CT LAKE OSWEGO OR 97034	Name of Employer OREGON ANESTH GROUP Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/14/2000	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 NEIL GUENTHER 2801 W KK RIVER PKWY #L065 MILWAUKEE WI 53215	Name of Employer ANESTH ASSOC OF WISCONSIN Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/14/2000	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 JOHN HALL 1650 N PROSPECT AVE #502 MILWAUKEE WI 53202	Name of Employer ANESTH ASSOC OF WISCONSIN	Date (month, day, year) 03/14/2000	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 PAMELA HANNA 20800 BETHELWOOD LN CORNELIUS NC 28031	Name of Employer SOUTHEAST ANESTH CONSULT	Date (month, day, year) 03/14/2000	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 STEPHANIE HARBURY 1806 SCOTLAND AVE CHARLOTTE NC 28207	Name of Employer SOUTHEAST ANESTH CONSULT	Date (month, day, year) 03/14/2000	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 TORK HARMAN 4826 DEER VIEW RD CEDAR RAPIDS IA 52411	Name of Employer LINN COUNTY ANESTH	Date (month, day, year) 03/24/2000	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 FRANK HAWKINS 5855 HICKORY CREST RD LINCOLN NE 68516	Name of Employer ASSOC ANESTH	Date (month, day, year) 03/20/2000	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 WILLIAM HAY 1801 OTOE ST LINCOLN NE 68502	Name of Employer ASSOC ANESTH	Date (month, day, year) 03/20/2000	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 MARK HENSON 28 WAVERLY PL METAIRIE LA 70003	Name of Employer PARISH ANESTH ASSOC	Date (month, day, year) 03/30/2000	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 G DANA HERSHEY 6920 WINGED BOURNE CHARLOTTE NC 28210	Name of Employer SOUTHEAST ANESTH CONSULT	Date (month, day, year) 03/14/2000	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 PETER HILD 3208 W 87TH PL LEAWOOD KS 66208	Name of Employer KU ANESTH FOUND	Date (month, day, year) 03/30/2000	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 DOUGLAS HILL 1776 E MILLCREEK WAY SALT LAKE CITY UT 84108	Name of Employer MILLCREEK ANESTH	Date (month, day, year) 03/14/2000	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 PATRICIA HOFFMANN 146 GRANADA DR MASON CITY IA 50401	Name of Employer NORTH IOWA ANESTH ASSOC	Date (month, day, year) 03/24/2000	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 MICHAEL HOSER 8003 MACON CT HUNTSVILLE AL 35802	Name of Employer COMPREHENSIVE ANESTH SERV	Date (month, day, year) 03/29/2000	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 BRENT HOLWAY 5707 CHRETIEN POINT DR CHARLOTTE NC 28270	Name of Employer SOUTHEAST ANESTH CONSULT	Date (month, day, year) 03/14/2000	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 MAHMOOD HOSSEINIAN 4432 FOX BROOK LN CHARLOTTE NC 28211	Name of Employer SOUTHEAST ANESTH CONSULT	Date (month, day, year) 03/14/2000	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	

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

Full Name, Mailing Address, and ZIP Code JEFFREY HOUSE 642 E AMELIA ST ORLANDO FL 32803	Name of Employer JLR MEDICAL GROUP Occupation PHYSICIAN	Date (month, day, year) 03/24/2000	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 KENT HULTQUIST 13738 HAMILTON ST OMAHA NE 68154	Name of Employer ANESTH WEST Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/28/2000	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 ERIC HUMPHREYS 8035 WORTHINGTON RD WESTERVILLE OH 43082	Name of Employer CENTRAL OH ANESTH Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/28/2000	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 RONALD HUNT 11705 DAN MAPLES DR CHARLOTTE NC 28277	Name of Employer SOUTHEAST ANESTH CONSULT Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 300.00
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 JERRY HYNES 6911 VAN DORN #2 LINCOLN NE 68506	Name of Employer ASSOC ANESTH Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/20/2000	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 WILLIAM ISAACSON 124 RAYNHAM RD MERION STATION PA 19066	Name of Employer HAVERFORD ANESTH ASSOC Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/24/2000	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 S CARTER KEITH 10323 KILMORY TERR CHARLOTTE NC 28210	Name of Employer SOUTHEAST ANESTH CONSULT Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		

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

Full Name, Mailing Address, and ZIP Code MARK KELLEN 4708 CRESTED BUTTE TRL ROCKFORD IL 61114	Name of Employer ROCKFORD HEALTH SYSTEM	Date (month, day, year) 03/24/2000	Amount of Each Receipt this Period 250.00
	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code JOHN WILLIAM KINSINGER 4300 W MEMORIAL RD #703 OKLAHOMA CITY OK 73120	Name of Employer AFFIL ANESTH	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 250.00
	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code MARK KLINE 345 WOODLAND DR SE CEDAR RAPIDS IA 52403	Name of Employer LINN COUNTY ANESTH	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 250.00
	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code JOHN KOLLITZ 18700 HOBBY HILLS TRAIL ORIOR LAKE MN 55372	Name of Employer TWIN CITIES ANESTH ASSOC	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 500.00
	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code W ROBERT LANE 151 GLENEAGLES CIR MACON GA 31210	Name of Employer ANESTH ASSOC OF MACON	Date (month, day, year) 03/30/2000	Amount of Each Receipt this Period 500.00
	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code ELIZABETH LAU 8811 VAN CORN #2 LINCOLN NE 68506	Name of Employer ASSOC ANESTH	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 250.00
	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code PATRICK LAWLER 808 E 63RD ST SIOUX FALLS SD 57108	Name of Employer AAI	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 500.00
	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
SUBTOTALS of Receipts This Page (Optional)			
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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 BRUCE LERNER 8953 LINDEN LN SHAWNEE MISSION KS 66207	Name of Employer SELF-EMPLOYED	Date (month, day, year) 03/30/2000	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 DEBORAH LIPPMAN 416 W STATE ST MEDIA PA 19063	Name of Employer PA ANESTH ASSOC	Date (month, day, year) 03/28/2000	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 SCOTT LOCKWOOD 2871 OLD ORCHARD TRAIL SIOUX FALLS SD 57103	Name of Employer ANESTH ASSOC	Date (month, day, year) 03/14/2000	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 JULIE LONGFELLOW 425 KINGSFORD RD FAYETTEVILLE NC 28314	Name of Employer CUMBERLAND ANESTH	Date (month, day, year) 03/29/2000	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 PETER LOUX 1608 DRAKE AVE SE HUNTSVILLE AL 35802	Name of Employer COMPREHENSIVE ANESTH SERVICES	Date (month, day, year) 03/26/2000	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 GARY LOYD 1205 SUMMIT AVE LOUISVILLE KY 40204	Name of Employer UNIV OF LOUISVILLE	Date (month, day, year) 03/31/2000	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 DAVID MADDOX 66 START RD CAMDEN ME 04843	Name of Employer	Date (month, day, year) 03/14/2000	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	

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

Full Name, Mailing Address, and ZIP Code JAMES MANEY 2470 SHELLY CT BROOKFIELD WI 53045	Name of Employer SUMMIT ANESTH Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/20/2000	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 TIMOTHY MARTIN 801 KONRAD CT LITTLE ROCK AR 72223	Name of Employer UNIV OF ARKANSAS FOR MED BOI Occupation PHYSICIAN	Date (month, day, year) 03/31/2000	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 STUART MASCHKE 3892 DRUCK VALLEY RD YORK PA 17402	Name of Employer ANESTH ASSOC OF YORK Occupation PHYSICIAN	Date (month, day, year) 03/28/2000	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 VIRGIL MASSEY 211 RIVER OAKS LN RUSSELLVILLE AR 72802	Name of Employer AR VALLEY ANESTH ASSOC Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/28/2000	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 GLENDA MATSUMURA 301 S ARLINGTON AVE RENO NV 89502	Name of Employer ASSOC ANESTH OF RENO Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/28/2000	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 JERRY MATSUMURA 300 S ARLINGTON AVE RENO NV 89501	Name of Employer ASSOC ANESTH OF RENO Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/28/2000	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 BILL MALPIN 804 NW 145TH CIR EDMOND OK 73013	Name of Employer AFFIL ANESTH Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/31/2000	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 JAYNE MCGLUIRE 20708 BETHELWOOD LN CORNELIUS NC 28031	Name of Employer SOUTHEAST ANESTH CONSULT Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 300.00
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 RICHARD MCHUGH 608 TIVOLI DR GIBSONIA PA 15044	Name of Employer ALLEGHENY ANESTH ASSOC Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/14/2000	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 RONALD MEYER 810 8TH STREET WILMETTE IL 60091	Name of Employer ANESTH CONSULTANTS Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/28/2000	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 BRUCE MILLER 35 GLEN LAKE DR MEDFORD NJ 08055	Name of Employer WEST JERSEY ANESTH ASSOC Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/28/2000	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 JOSHUA MILLER 4000 CARNOUSTIE LN CHARLOTTE NC 28210	Name of Employer SOUTHEAST ANESTH CONSULT Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 300.00
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 DAN MONAHAN 18615 WATERFORD PL SHOREWOOD MN 55331	Name of Employer ANESTHESIOLOGY PA Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/28/2000	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 THOMAS MUKKADA 41 WOODSHIRE DR OTTUMWA IA 52501	Name of Employer OTTUMWA ANESTH Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/14/2000	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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SCHEDULE A

ITEMIZED RECEIPTS

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 DANIEL MURPHY 3727 BODENHAM CT CHARLOTTE NC 28215	Name of Employer SOUTHEAST ANESTH CONSULT Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/14/2000	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 ROBERT NEVETT 1962 MUIRWOODS LN ST LOUIS MO 63131	Name of Employer MO VALLEY ANESTH Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/24/2000	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 JAMES NIMOCKS 4380 VIEWCREST DR MERRITT ISLAND FL 32952	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN	Date (month, day, year) 03/14/2000	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 CRAIG NORDHUES 5156 ALESHIRE CT SPRINGFIELD MO 65804	Name of Employer OZARK ANESTH ASSOCC Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/30/2000	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 TIM NOREUIL 500 OLD TIPTON SCHOOL RD SPRINGFIELD IL 62707	Name of Employer ASSOCIATED ANESTH Occupation PHYSICIAN	Date (month, day, year) 03/24/2000	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 GARY OKUM 241 S 6TH ST #112 PHILADELPHIA PA 19106	Name of Employer MCP HAHNEMANN UNIV Occupation PHYSICIAN	Date (month, day, year) 03/24/2000	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 DALE OSTRANDER 558 SHORELINE DR DECATUR IL 62521	Name of Employer ASSOC ANESTH OF DECATUR Occupation ANESTHESIOLOGIST	Date (month, day, year) 08/31/2000	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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SCHEDULE A

ITEMIZED RECEIPTS

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 JOHN PALMIERI 2 S 435 CANTERBURY CT GLEN ELLYN IL 60137 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer WCAG Occupation PHYSICIAN Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code ROBERT PEASE 9521 ALBATROSS DR ANCHORAGE AK 99515 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAAMG Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/24/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code FRANCISCO PEREZ 1900 TALLGRASS CIR WAUKESHA WI 53188 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) 03/14/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code JOHN PETERSON 1684 HOWARD CIRCLE OMAHA NE 68118 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ANESTHESIA WEST Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/24/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code JEFF PLAGENHOEF 32 HAMPTON WAY DOTHAN AL 36305 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ANESTH CONSULT MEDICAL GROUP Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 03/24/2000	Amount of Each Receipt this Period 2000.00
Full Name, Mailing Address, and ZIP Code WAYNE POLEK 8N479 SPLITRAIL LN ST CHARLES IL 60175 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer KANE ANESTH ASSOC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code WILLIAM PRESTON 205 ALAMEDA DR MERRITT ISLAND FL 32952 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CENTRAL SPACE COAST ANESTH Occupation PHYSICIAN Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/30/2000	Amount of Each Receipt this Period 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 FREDERICK RHODES 2164 CHILTON RD HOUSTON TX 77019 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GREATER HOUSTON ANESTH Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/30/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code VANCE ROBIDEAUX 2508 CROSSING DR EDMOND OK 73013 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AFFILIATED ANESTH Occupation PHYSICIAN Aggregate Year-to-Date > \$ 250.00 *	Date (month, day, year) 03/15/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code WESLEY ROBINSON 4412 BRITLEY LN HARRISBURG NC 28075 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTHEAST ANESTH CONSULT Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 300.00
Full Name, Mailing Address, and ZIP Code MARK ROMANOFF 3911 MOORLAND DR CHARLOTTE NC 28226 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTHEAST ANESTH CONSULT Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 300.00
Full Name, Mailing Address, and ZIP Code MICHAEL ROSENFELD 735 RIDING CROP CT INDIAN TRAIL NC 28078 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UNION ANESTH ASSOC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/30/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code JONATHAN ROTH 540 MARTIN LN DRESHER PA 19025 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ALBERT EINSTEIN MEDICAL CTR Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code LAWRENCE RUBENSTEIN 13811 BLUFF TOP SAN ANTONIO TX 78216 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/14/2000	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 JOAN RUFFLE PO BOX 850 HERSHEY PA 17033	Name of Employer PENNSYLVANIA STATE UNIV	Date (month, day, year) 03/30/2000	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 SUSAN SANTELLE 5233 N LAKE DR WHITEFISH BAY WI 53217	Name of Employer SUMMIT ANESTH	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 270.00	
Full Name, Mailing Address, and ZIP Code WILLIAM SAUCIER 15150 TERRACE CT ELM GROVE WI 53122	Name of Employer SELF-EMPLOYED	Date (month, day, year) 03/23/2000	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 GREG SCHROEDER 3556 S SPENCER BLVD SIOUX FALLS SD 57103	Name of Employer ANESTH ASSOC	Date (month, day, year) 03/24/2000	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 KATHY SCHWOCK PO 310217 ENTERPRISE AL 36331	Name of Employer SELF-EMPLOYED	Date (month, day, year) 03/20/2000	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 DANIEL SILVASI 2855 AMBERLY BLOOMFIELD HILLS MI 48301	Name of Employer SOUTH OAKLAND ANESTH ASSOC	Date (month, day, year) 03/23/2000	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 JAMES SMOLKO 1215 DETWILER DR YORK PA 17404	Name of Employer GREATER YORK ANESTH ASSOC	Date (month, day, year) 03/28/2000	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	

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

Full Name, Mailing Address, and ZIP Code GAUTAM SREERAM 25 TANYARD CT CHAPEL HILL NC 27514	Name of Employer DUKE UNIV Occupation PHYSICIAN	Date (month, day, year) 03/28/2000	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 JOSEPH STAGGENBORG 800 N RUTLEDGE SPRINGFIELD IL 62781	Name of Employer ASSOC ANESTH OF SPRINGFIELD Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/28/2000	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 JOHN STEPHENSON 645 WINDWALK DR ROSWELL GA 30076	Name of Employer PHYSICIAN SPECIALISTS IN ANESTH Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/28/2000	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 JOSEPH STOECKL 19845 FOXKIRK CT BROOKFIELD WI 53045	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/24/2000	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 ERIC STOLER 1918 SE IMAGE RD VANCOUVER WA 98684	Name of Employer CAG Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/14/2000	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 C R SWAYZE 1800 S LIMESTONE LEXINGTON KY 40503	Name of Employer CENTRAL KY ANESTH Occupation PHYSICIAN	Date (month, day, year) 03/28/2000	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 MARK TATZ 802 FERNWOOD RD MOORESTOWN NJ 08057	Name of Employer BURLINGTON ANESTH ASSOC Occupation ANESTHESIOLOGIST	Date (month, day, year) 03/28/2000	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		

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

Full Name, Mailing Address, and ZIP Code HUNG-SHING TSANG 26 BUCKINGHAM DR AURORA IL 60506 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AURORA ANESTH Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code PAM VARNER 3500 PINE RIDGE RD BIRMINGHAM AL 35213 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UNIV OF ALABAMA SCHL OF MED Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code JOHN VONDRELL 2025 BURNWOOD CT BROOKFIELD WI 53045 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 > \$ 250.00	Date (month, day, year) 03/24/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code BRIAN WILDER 1937 QUEENS RD CHARLOTTE NC 28207 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTHEAST ANESTH CONSULT Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 300.00
Full Name, Mailing Address, and ZIP Code JOHN WLODARSKI 2220 S MISTY CT NEW BERLIN WI 53151 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ANESTH ASSOC OF WI Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code JAMES YORK 126 WENTWORTH DOTHAN AL 36305 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ANESTH CONSULT MEDICAL GROUP Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 03/24/2000	Amount of Each Receipt this Period 2000.00
Full Name, Mailing Address, and ZIP Code VINCENT YOUNG 9380 AMBERSHIRE DR CENTERVILLE OH 45458 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer USAF Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 500.00

SUBTOTALS of Receipts This Page (Optional)

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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**JOHN ZIMMERMAN
PO BOX 662

PLEASANT GROVE UT 84062

Name of Employer

MOUNTAIN WEST ANESTH

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

03/31/2000

**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)**51870.00**

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code

DEWINE FOR SENATE
P.O. BOX 340188

COLUMBUS OH 43234

Name of Employer

Occupation

Date (month,
day, year)

03/22/2000

EXCESS CONTRIBUTION REFUND

Amount of Each
Receipt this Period

500.00

Receipt For: Primary General

Other (specify): 2000 PRIMARY

Aggregate Year-to-Date \$ 500.00

SUBTOTALS of Receipts This Page (Optional)

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500.00

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

Date (month,
day, year)

03/31/2000

Amount of Each
Receipt this Period

256.00

Occupation

Receipt For: Primary General

Other (specify): INTEREST INCOME

Aggregate Year-to-Date \$ 813.12

SUBTOTALS of Receipts This Page (Optional)

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256.00

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
29TH CONGRESSIONAL DIST OF CA PAC 8685 WILSHIRE BLVD #220 BEVERLY HILLS CA 90211	2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/27/2000	1000.00
ADAM SMITH FOR CONGRESS 2620 174TH AVENUE NE REDMOND WA 98052	(House - WA - 9) CHECK VOIDED Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 88 CONTRIB	03/22/2000	-5000.00
AMERICAN SUCCESS PAC C/O WILLIAMS & JENSEN 1155 21ST ST NW WASHINGTON DC 20036	CHECK VOIDED Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 99 CONTRIB	03/22/2000	-1000.00
ASA 520 N NORTHWEST HWY PARK RIDGE IL 60068	(Senate - OH -) IN KIND CONTRIB M DEWINE ODG Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/13/2000	242.55
ASHROFT FOR SENATE 507 CAPITOL CT NE #100 WASHINGTON DC 20002	(Senate - MD -) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/13/2000	5000.00
BALDACC I FOR CONGRESS 728 15TH STREET NW 3RD FL WASHINGTON DC 20005	(House - ME - 2) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/13/2000	1000.00
BARRETT FOR CONGRESS 5030 W WASHINGTON BLVD MILWAUKEE WI 53208	(House - WI - 5) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/27/2000	500.00
BENNIE THOMPSON FOR CONGRESS P.O. BOX 100 BOLTON MS 39041	(House - MS - 2) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/27/2000	2000.00
BLUE DOG PAC P.O. BOX 7668 WASHINGTON DC 20044	2000 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000 CONTRIBUTION	03/18/2000	5000.00

SUBTOTALS of Disbursements This Page (Optional)

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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
CITIZENS PAC 505 SPRING VALE AVENUE MCLEAN VA 22101	2000 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	03/27/2000	2000.00
DCCC 430 S CAPITOL ST WASHINGTON DC 20003	2000 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000 CONTRIBUTION	03/13/2000	5000.00
DCCC 430 S CAPITOL ST WASHINGTON DC 20003	2000 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000 CONTRIBUTION	03/13/2000	5000.00
DCCC 430 S CAPITOL ST WASHINGTON DC 20003	2000 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000 CONTRIBUTION	03/13/2000	5000.00
DEAL FOR CONGRESS P.O. BOX 18021 ALEXANDRIA VA 22302	(House - VA - 9) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/27/2000	1000.00
DEWINE FOR SENATE P.O. BOX 340188 COLUMBUS OH 43234	(Senate - OH -) CHECK VOIDED Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000 PRIMARY	03/22/2000	-1000.00
DOC HASTINGS FOR CONGRESS 318 MARYLAND AVE NE #4 WASHINGTON DC 20002	(House - WA - 4) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/07/2000	1000.00
DSCC 430 S CAPITOL ST SE WASHINGTON DC 20003	2000 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000 CONTRIBUTION	03/07/2000	10000.00
DSCC 430 S CAPITOL ST SE WASHINGTON DC 20003	2000 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000 CONTRIBUTION	03/07/2000	5000.00

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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 (Senate - NV -) 2000 GENERAL	Date (month, day, year)	Amount of Each Disbursement This Period
ENSIGN FOR SENATE P.O. BOX 2656B LAS VEGAS NV 89128	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/07/2000	2000.00
FRIENDS OF CONGRESSMAN MIKE FORBES P.O. BOX 75214 WASHINGTON DC 20013	Purpose of Disbursement (House - NY - 1) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/13/2000	Amount of Each Disbursement This Period 500.00
FRIENDS OF JOHN CONYERS 300 N LEE ST #500 ALEXANDRIA VA 22814	Purpose of Disbursement (House - MI - 14) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/07/2000	Amount of Each Disbursement This Period 1000.00
GRAMS FOR SENATE 320 E MAIN STREET P.O. BOX 1029 ANOKA MN 55303	Purpose of Disbursement (Senate - MN -) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/27/2000	Amount of Each Disbursement This Period 2500.00
HOOLEY FOR CONGRESS 38 IVY ST WASHINGTON DC 20003	Purpose of Disbursement (House - OR - 5) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/13/2000	Amount of Each Disbursement This Period 1500.00
JOHN D DINGELL FOR CONGRESS COMM 607 FOURTEENTH ST NW WASHINGTON DC 20005	Purpose of Disbursement (House - MI - 16) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/13/2000	Amount of Each Disbursement This Period 3000.00
JW MARRIOTT 1331 PENNSYLVANIA AVE NW WASHINGTON DC 20004	Purpose of Disbursement (Senate - OH -) DEWINE INKIND CONTRIB 2000 GEN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/27/2000	Amount of Each Disbursement This Period 3371.84
KATE FOR CONGRESS 267 GLEANER CHAPEL RD N SCITUATE RI 02857	Purpose of Disbursement (House - RI - 2) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/27/2000	Amount of Each Disbursement This Period 2000.00
LEVIN FOR US SENATE 205 MCCLENAGHAN MILL ROAD WYNEWOOD PA 19086	Purpose of Disbursement (Senate - PA -) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/27/2000	Amount of Each Disbursement This Period 500.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (Senate - RI -) 2000 PRIMARY	Date (month, day, year)	Amount of Each Disbursement This Period
LIGHT FOR SENATE P.O. BOX 9086 PROVIDENCE RI 02840	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/13/2000	5000.00
LILLEHAUG FOR SENATE P.O. BOX 14297 ST PAUL MN 55114-0297	Purpose of Disbursement (Senate - MN -) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/27/2000	1500.00
LINCOLN DIAZ-BALART FOR CONGRESS 9737 NW 41ST ST #131 MIAMI FL 33178	Purpose of Disbursement (House - FL - 21) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/27/2000	500.00
MCINNIS FOR CONGRESS P.O. BOX 3157 GRAND JUNCTION CO 81502	Purpose of Disbursement (House - CO - 3) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/27/2000	1500.00
NATIONAL LEADERSHIP PAC P.O. BOX 5577 NEW YORK NY 10027	Purpose of Disbursement 2000 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000 CONTRIBUTION	03/13/2000	5000.00
NETHERCUTT FOR CONGRESS 2000 P.O. BOX 1925 SPOKANE WA 99210	Purpose of Disbursement (House - WA - 5) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/27/2000	1000.00
NORTHERN LIGHTS PAC 1010 WISCONSIN AVE NW SUITE 320 WASHINGTON DC 20007	Purpose of Disbursement 2000 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	03/27/2000	1000.00
NRCC HOUSE/SENATE DINNER P.O. BOX 1721 WASHINGTON DC 20013	Purpose of Disbursement 2000 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	03/27/2000	15000.00
PELOSI FOR CONGRESS 1 BUSH ST SUITE 1100 SAN FRANCISCO CA 94104	Purpose of Disbursement (House - CA - 8) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/13/2000	1000.00

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - CA - 8) 2000 GENERAL	Date (month, day, year)	Amount of Each Disbursement This Period
PELOSI FOR CONGRESS 44 CANAL CENTER PLAZA #400 ALEXANDRIA VA 22314	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/16/2000	1000.00
PRYCE FOR CONGRESS 145 EAST RICH STREET COLUMBUS OH 43215	Purpose of Disbursement (House - OH - 15) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/27/2000	Amount of Each Disbursement This Period 1000.00
REPUBLICAN MAJORITY FUND P.O. BOX 19897 ALEXANDRIA VA 22320	Purpose of Disbursement 2000 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Date (month, day, year) 03/27/2000	Amount of Each Disbursement This Period 5000.00
REYNOLDS FOR CONGRESS 1850 WINTON ROAD SOUTH ROCHESTER NY 14618	Purpose of Disbursement (House - NY - 27) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/27/2000	Amount of Each Disbursement This Period 2000.00
ROTH FOR SENATE 3900 FAIRFAX DRIVE SUITE 301 ARLINGTON VA 22203	Purpose of Disbursement (Senate - VA -) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/27/2000	Amount of Each Disbursement This Period 3000.00
ROUGH RIDER PAC P.O. BOX 50282 WASHINGTON DC 20001	Purpose of Disbursement 2000 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000 CONTRIBUTION	Date (month, day, year) 03/07/2000	Amount of Each Disbursement This Period 2000.00
RUSH FOR CONGRESS 514 E 85TH STREET CHICAGO IL 60619	Purpose of Disbursement (House - IL - 1) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/07/2000	Amount of Each Disbursement This Period 2000.00
RYAN FOR CONGRESS P.O. BOX 2776 ARLINGTON VA 22202	Purpose of Disbursement (House - WI - 1) CHECK VOIDED Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000 PRIMARY	Date (month, day, year) 03/22/2000	Amount of Each Disbursement This Period -200.00
SANDLIN FOR CONGRESS P.O. BOX 1481 TEXARKANA TX 75504	Purpose of Disbursement (House - TX - 1) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/30/2000	Amount of Each Disbursement This Period 2500.00

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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
SCARBOROUGH FOR CONGRESS P.O. BOX 13012 PENSACOLA FL 32501	(House - FL - 1) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/13/2000	1000.00
SCARBOROUGH FOR CONGRESS P.O. BOX 13012 PENSACOLA FL 32501	(House - FL - 1) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/16/2000	1000.00
SHELLEY BERKLEY FOR CONGRESS P.O. BOX 2884 WASHINGTON DC 20013	(House - NV - 1) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/27/2000	1500.00

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Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DCCC 430 S CAPITOL ST WASHINGTON DC 20003	2000 NON-FEDERAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000 NON-FED CONTRIB	02/13/2000	5000.00
NORTHERN TRUST CO. 50 S LASALLE CHICAGO IL 60675	99 CORP TAX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	03/09/2000	954.00
NORTHERN TRUST CO. 50 S LASALLE CHICAGO IL 60675	VISA BANK CHARGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	03/31/2000	229.77

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Federal Election Commission

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