

# REPORT OF RECEIPTS AND DISBURSEMENTS

1/21

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

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

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

CITY, STATE, and ZIP CODE  
PARK RIDGE IL 60068

2. FEC IDENTIFICATION NUMBER  
C00255732

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

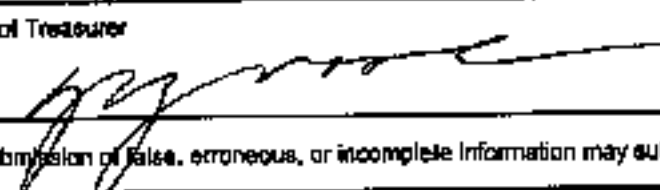
## 4. TYPE OF REPORT

- (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:  
 February 20  
 March 20  
 April 20  
 May 20  
 June 20  
 July 20  
 August 20  
 September 20  
 October 20  
 November 20  
 December 20  
 January 31
- Twelfth day report preceding \_\_\_\_\_ (election type) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>05/01/1999</u> through <u>05/31/1999</u>		
6. (a) Cash on Hand, January 1, <u>1999</u>		233519.30
(b) Cash on Hand at Beginning of Reporting Period	294054.38	
(c) Total Receipts (from line 19)	26542.26	296581.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	320596.63	530201.22
7. Total Disbursements (from line 30)	122292.75	331837.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	198363.88	198363.88
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	For further information contact:
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	Federal Election Commission 998 E Street, NW Washington, DC 20463

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  
Roger A. Moore, M.D., Treasurer

Signature of Treasurer  Date  
6/6/99

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

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

(revised 1/1/91)

NAME OF COMMITTEE <b>AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE</b>		REPORT COVERING PERIOD	
		FROM 05/01/1989	TO: 05/31/1989
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....		19225.00	212825.00
ii. Unitemized .....		7020.00	82568.00
iii. Total .....	(add i and ii)*	26245.00	295391.00
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contributions .....			
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 .....			
<b>II. Disbursements</b>			
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 .....			
c. Total Operating Expenditures .....			
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 .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contributions Refunds .....			
29. Other Disbursements .....			
30. Total Disbursements .....			
31. Total Federal Disbursements .....			
<b>III. Net Contributions / Operating Expenditures</b>			
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 15) .....			
37. Net Operating Expenditures .....			

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

<b>Full Name, Mailing Address, and ZIP Code</b> BRUCE ADELMAN 1200 E MICHIGAN AVE #370  LANSING MI 48912  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> PHYSICIAN ANESTH SERV  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/25/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> ERICK ALLEN 5206 WELCOME GLEN  AUSTIN TX 78758  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> AUSTIN ANESTH GROUP  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/19/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> JEFFREY BALSER 44 MIDDLE CREEK RD  SIGNAL MTN TN 37377  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ACE  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/19/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> DAVID BARINHOLTZ 1536 N WIELAND ST  CHICAGO IL 60610  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> MOBILE ANESTH  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 05/19/1999	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> LLOYD BIBY 3133 E 87TH STREET  TULSA OK 74137  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ASSOC ANESTH  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/12/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> JONATHAN BLATT 1820 SW TAYLOR ST #300  PORTLAND OR 97205  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> OREGON ANESTH GROUP  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/12/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> JOHN BRAMHALL 1723 32ND AVE S  SEATTLE WA 98144  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> UNIV OF WASHINGTON  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/12/1999	<b>Amount of Each Receipt this Period</b> 250.00

<b>SUBTOTALS of Receipts This Page (Optional)</b> .....	
<b>TOTALS This Period (last page this line number only)</b> .....	

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**AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE**

<b>Full Name, Mailing Address, and ZIP Code</b> CURTIS CARL 526 UNIVERSITY  GROSE POINTE MI 48230  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> GROSE POINTE ANESTH  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 05/14/1999	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> JULIAN CHESTNUT P.O. BOX 2905  LOVES PARK IL 61132  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ROCKFORD ANESTH ASSOC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 05/18/1999	<b>Amount of Each Receipt this Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> MELVIN COHEN 334 GREEN HILL RD  LONGMEADOW MA 01106  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> SPFD ANESTH SERVICES  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/05/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> SHEP COHEN 5920 SWEETWATER CIR  EXCELSIOR MN 55331  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> UNIV OF MN  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 400.00	<b>Date (month, day, year)</b> 05/12/1999	<b>Amount of Each Receipt this Period</b> 150.00
<b>Full Name, Mailing Address, and ZIP Code</b> PETER COLES 900 PEELER ST  KALAMAZOO MI 49009  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> KALAMAZOO ANESTH  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/05/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> SUSAN CURLING 8224 MAGNOLIA GLEN DR  HUMBLE TX 77346  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> NORTH HOUSTON ANESTH  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 05/12/1999	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> ARISTEIDIE DIVERIS 2809-D N GREENVIEW AVE  CHICAGO IL 60614  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ANESTH CONSULTANTS  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/25/1999	<b>Amount of Each Receipt this Period</b> 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  
11A1

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

<b>Full Name, Mailing Address, and ZIP Code</b> JANICE DODENDORF 634 S BISHOPS TRAIL  ROCKY FACE GA 30740	<b>Name of Employer</b> ANESTH ASSOC OF DALTON	<b>Date (month, day, year)</b> 05/12/1999	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> ANESTHESIOLOGIST	<b>Aggregate Year-to-Date</b> > \$ 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> STEVEN EYLER 9252 SW WHISPERING FIR DR  BEAVERTON OR 97007	<b>Name of Employer</b> SELF-EMPLOYED	<b>Date (month, day, year)</b> 05/12/1999	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> PHYSICIAN	<b>Aggregate Year-to-Date</b> > \$ 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> ERIC FURMAN 1620 GARLETON AVE  FT WORTH TX 76107	<b>Name of Employer</b> MEDICAL GROUP OF TEXAS	<b>Date (month, day, year)</b> 05/20/1999	<b>Amount of Each Receipt this Period</b> 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> PHYSICIAN	<b>Aggregate Year-to-Date</b> > \$ 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> JOSEPH GIFFIN 137 BEACH 140TH  BELLE HARBOR NY 11894	<b>Name of Employer</b>	<b>Date (month, day, year)</b> 05/19/1999	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b>	<b>Aggregate Year-to-Date</b> > \$ 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> STEVEN GUNDERSON P.O. BOX 2905  LOVES PARK IL 61132	<b>Name of Employer</b> ROCKFORD ANESTH ASSOC	<b>Date (month, day, year)</b> 05/18/1999	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> ANESTHESIOLOGIST	<b>Aggregate Year-to-Date</b> > \$ 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> TIMOTHY GUNDLACH 14 APPLEWOOD CT  RACINE WI 53402	<b>Name of Employer</b> SELF-EMPLOYED	<b>Date (month, day, year)</b> 05/20/1999	<b>Amount of Each Receipt this Period</b> 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> ANESTHESIOLOGIST	<b>Aggregate Year-to-Date</b> > \$ 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MICHAEL HILLER 1533 BENHAM  IRVING TX 75038	<b>Name of Employer</b> DFW ANESTH ASSOC	<b>Date (month, day, year)</b> 05/19/1999	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> ANESTHESIOLOGIST	<b>Aggregate Year-to-Date</b> > \$ 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 11A1

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

Full Name, Mailing Address, and ZIP Code SCOTT KERCHEVILLE 7711 LOUIS PASTEUR #504  SAN ANTONIO TX 78229  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TEJAS ANESTH  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/20/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code RICHARD LOCKWOOD 2913 PEMBERTON CREEK DR  SEFFNER FL 33584  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) 05/12/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code TIMOTHY LUBENOW 14 S OAK ST  HINSDALE IL 60521  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UNIVERSITY ANESTH  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/18/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code DAVID MACKAY 823 GREENCASTLE DR  JACKSONVILLE FL 32225  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MAYO CLINIC  Occupation CONSULTANT  Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/20/1999	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code GREGORY MARCOE 4087 OLD PINE TRAIL  MIDLAND MI 48642  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) 05/14/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code JOHN MARSELLA 1804 YACOMA ST  DOTHAN AL 36303  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ANESTH CONSULT MED  Occupation PHYSICIAN  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/05/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code SHAWN MARSH 9787 S ISABEL CT  HIGHLANDS RANCH CO 80128  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTH DENVER ANESTH  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/25/1999	Amount of Each Receipt this Period 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

7/21

FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CRESTON MARTIN 1228 MILL CREEK CIR ST CLOUD MN 56303	ANESTH ASSOC OF ST CLOUD	05/05/1999	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	
JOHN MCGEE 3719 KEENAN LN GLENVIEW IL 60025	EVANSTON NORTHWESTERN	05/14/1999	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	
BRIAN MCGUIRE 1835 ARCADIA DR BILLINGS MT 59102		05/19/1999	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	
ROBERT MILLER 551 HIGH MEADOW RD ST LOUIS MO 63131	SELF-EMPLOYED	05/20/1999	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	
W STEPHEN MINORE P.O. BOX 2805 LOVES PARK IL 61132	ROCKFORD ANESTH ASSOC	05/18/1999	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	
RHIANNON O'CONNOR 11 PENINSULA RD DELLWOOD MN 55110	AAPA	05/25/1999	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	
ANNE OAKLEY 707 W SAXON DR SPOKANE WA 99203	PHYSICIAN ANESTH GROUP	05/19/1999	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	

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

<b>Full Name, Mailing Address, and ZIP Code</b> SRIKANTH PATANKAR 124 LINCOLN RD  WESTFIELD NJ 07090  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> NEWARK BETH ISRAEL MED CTR  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/25/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> VINCENT QUINLAN P.O. BOX 2905  LOVES PARK IL 61132  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ROCKFORD ANESTH ASSOC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/18/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> DOUGLAS REDFIELD 53 KNOLL AVE  KEENE NH 03431  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> CHESHIRE ANESTH ASSOC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 05/25/1999	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> JENNIFER REGAN 2633 WALTON WAY  AUGUSTA GA 30904  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> SELF-EMPLOYED  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 05/12/1999	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> KEN RICHMAN 604 S WASHINGTON SQUARE #2818  PHILADELPHIA PA 19106  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> MCP HAHNEMANN UNIV  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/12/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> LOREN ROBERTS P.O. BOX 2905  LOVES PARK IL 61132  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ROCKFORD ANESTH ASSOC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 700.00	<b>Date (month, day, year)</b> 05/18/1999	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> JONATHAN ROTH 540 MARTIN LN  DRESHER PA 19025  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ALBERT EINSTEIN MED CTR  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 375.00	<b>Date (month, day, year)</b> 05/05/1999	<b>Amount of Each Receipt this Period</b> 125.00

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN SCHEUB 10 PETER COOPE DR WAREHAM MA 02571	UPPER CAPE ANESTH Occupation: ANESTHESIOLOGIST	05/12/1999	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
JOHN SCHEUB 4755 CRESTED BUTTE TRAIL ROCKFORD IL 61114	ROCKFORD ANESTH ASSOC Occupation: ANESTHESIOLOGIST	05/18/1999	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
LARRY SCHICK P.O. BOX 2905 LOVES PARK IL 61132	ROCKFORD ANESTH ASSOC Occupation: ANESTHESIOLOGIST	05/18/1999	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
JOHN SHIRO P.O. BOX 2905 LOVES PARK IL 61132	ROCKFORD ANESTH ASSOC Occupation: ANESTHESIOLOGIST	05/18/1999	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
STEPHEN SMITH 38 FOUR SEASONS CENTER #233 CHESTERFIELD MO 63017	WESTERN ANESTH ASSOC Occupation: ANESTHESIOLOGIST	05/12/1999	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
MARTIN SOKOLL UNIV OF IOWA HOSP IOWA CITY IA 52242	RETIRED Occupation: PHYSICIAN	05/25/1999	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
DAVID SPRAGUE 508 SOUTHGATE DR BLACKSBURG VA 24080	ANESTH ASSOC OF ROANOKE Occupation: PHYSICIAN	05/25/1999	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**

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

<b>Full Name, Mailing Address, and ZIP Code</b> STEPHEN STEFANI 8512 HORTON CIR  URBAN DALE IA 50322  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> UNIV OF IA  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/25/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> MARK STEFFENSEN 5178 COTTONWOOD LN  HOLLADAY UT 84117  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> SELF-EMPLOYED  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 05/20/1999	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> MARTHA SZABO P.O. BOX 33579  CLEVELAND OH 44133  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> UNIV ANESTH  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 05/19/1999	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> LOUIS TISOVEC P.O. BOX 2805  LOVES PARK IL 61132  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ROCKFORD ANESTH ASSOC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/18/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAM TOWNE P.O. BOX 2805  LOVES PARK IL 61132  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ROCKFORD ANESTH ASSOC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/18/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> HOWARD WEISS P.O. BOX 2905  LOVES PARK IL 61132  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ROCKFORD ANESTH ASSOC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/18/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> ERIC WERNER 3804 ROYAL FOX DR  ST CHARLES IL 60174  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> WCAG  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 05/20/1999	<b>Amount of Each Receipt this Period</b> 500.00

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

<b>Full Name, Mailing Address, and ZIP Code</b> STEVEN WHITTNER P.O. BOX 2905  LOVES PARK IL 61132	<b>Name of Employer</b> ROCKFORD ANESTH ASSOC	<b>Date (month, day, year)</b> 05/18/1999	<b>Amount of Each Receipt this Period</b> 250.00
	<b>Occupation</b> ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVID WINEK 5122 FOUNTAINHEAD DR  BRENTWOOD TN 37027	<b>Name of Employer</b> ANESTH MED GRP	<b>Date (month, day, year)</b> 05/18/1999	<b>Amount of Each Receipt this Period</b> 250.00
	<b>Occupation</b> ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> PHILIP WOLOK 1928 BAYOU DR  BLOOMFIELD HILLS MI 48302	<b>Name of Employer</b> AFFILIATED ANESTH	<b>Date (month, day, year)</b> 05/18/1999	<b>Amount of Each Receipt this Period</b> 250.00
	<b>Occupation</b> ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> FRANK YANG 1 RAYDON LN  HOUSTON TX 77024	<b>Name of Employer</b> GREATER HOUSTON ANESTH	<b>Date (month, day, year)</b> 05/25/1999	<b>Amount of Each Receipt this Period</b> 250.00
	<b>Occupation</b> ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		

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18225.00

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**ITEMIZED RECEIPTS**

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

Full Name, Mailing Address, and ZIP Code NORTHERN TRUST CO. 50 S. LASALLE  CHICAGO IL 60675	Name of Employer	Date (month, day, year) 05/31/1999	Amount of Each Receipt this Period 297.25
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): INTEREST	Aggregate Year-to-Date \$ 1290.82		

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297.25

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**ITEMIZED DISBURSEMENTS**

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - WI - 7) 2000 PRIMARY	Date (month, day, year)	Amount of Each Disbursement This Period
A LOT OF PEOPLE FOR OBEY P.O. BOX 75214  WASHINGTON DC 20018	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/13/1999	1000.00
ADAM SMITH FOR CONGRESS P.O. BOX 25445  FEDERAL WAY WA 98003	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/17/1999	1500.00
BENTSEN FOR CONGRESS P.O. BOX 75214  WASHINGTON DC 20013	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/13/1999	1000.00
BLUE DOG PAC 442 NEW JERSEY AVE SE  WASHINGTON DC 20003	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : 99 CONTRIBUTION	05/03/1999	5000.00
BONIORS FOR CONGRESS P.O. BOX 75214  WASHINGTON DC 20013	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/09/1999	1000.00
BRADY FOR CONGRESS P.O. BOX 22471  PHILADELPHIA PA 19110-2471	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/17/1999	1500.00
CAMP FOR CONGRESS 4451 BROOKFIELD CORP PLAZA  CHANTILLY VA 20151	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/10/1999	1500.00
CARDIN FOR CONGRESS 38 IVY STREET SE  WASHINGTON DC 20003	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/13/1999	1000.00
CHABOT FOR CONGRESS 3014 HARRISON AVE  CINCINNATI OH 45211	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/03/1999	1000.00

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CONGRESSIONAL MAJORITY COMMITTEE 4100 TRUXTON AVE #210 BAKERSFIELD CA 93309	1999 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : 99 CONTRIBUTION	05/03/1999	5000.00
COOK RE-ELECTION COMMITTEE P.O. BOX 25026 WASHINGTON DC 20007	(House - UT - 2) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/10/1999	1000.00
CRANE FOR CONGRESS P.O. BOX 8534 ROLLING MEADOWS IL 60008	(House - IL - 8) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/10/1999	2000.00
DANNY DAVIS FOR CONGRESS P.O. BOX 2842 WASHINGTON DC 20013	(House - IL - 7) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/24/1999	1000.00
DEUTSCH FOR CONGRESS P.O. BOX 617689 HOLLYWOOD FL 33081	(House - FL - 20) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/13/1999	2000.00
DEWINE FOR SENATE P.O. BOX 340188 COLUMBUS OH 43234	(Senate - OH - ) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/17/1999	1500.00
DONALD PAYNE FOR CONGRESS P.O. BOX 2406 NEWARK NJ 07114	(House - NJ - 10) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/13/1999	1500.00
DSCC 430 S CAPITOL ST SE WASHINGTON DC 20003	1999 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : 99 CONTRIBUTION	05/17/1999	2500.00
EHLERS FOR CONGRESS P.O. BOX 3340 GRAND RAPIDS MI 49501	(House - MI - 3) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/17/1999	500.00

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (Senate - NY - ) 2000 PRIMARY	Date (month, day, year)	Amount of Each Disbursement This Period
ENSIGN FOR SENATE C/O NRSC 425 SECOND STREET NE WASHINGTON DC 20002	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/03/1999	1000.00
ETHERIDGE FOR CONGRESS P.O. BOX 28001  RALEIGH NC 27611	Purpose of Disbursement (House - NC - 2) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 05/10/1999	Amount of Each Disbursement This Period 500.00
FITZGERALD FOR SENATE 128 N COLUMBUS ST  ALEXANDRIA VA 22314	Purpose of Disbursement (Senate - IL - ) 98 PRIMARY DEBT RET Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 98 PRIMARY DEBT RET	Date (month, day, year) 05/27/1999	Amount of Each Disbursement This Period 2000.00
FLETCHER FOR CONGRESS P.O. BOX 4703  LEXINGTON KY 40544-4703	Purpose of Disbursement (House - KY - 6) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 05/10/1999	Amount of Each Disbursement This Period 3000.00
FRIENDS OF DAN MILLER P.O. BOX 743  BRADENTON FL 34206	Purpose of Disbursement (House - FL - 13) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 05/27/1999	Amount of Each Disbursement This Period 2000.00
FRIENDS OF ROGER WICKER P.O. BOX 874  TUPELO MS 38802	Purpose of Disbursement (House - MS - 1) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 05/17/1999	Amount of Each Disbursement This Period 1000.00
FRIENDS OF RONNIE SHOWS P.O. BOX 7818  GULFPORT MS 39508	Purpose of Disbursement (House - MS - 4) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 05/17/1999	Amount of Each Disbursement This Period 1500.00
FRIENDS OF SAM JOHNSON C/O LORI RABJOHNS 118 3RD STREET NE WASHINGTON DC 20002	Purpose of Disbursement (House - TX - 3) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 05/24/1999	Amount of Each Disbursement This Period 2000.00
GENE GREEN FOR CONGRESS P.O. BOX 16128  HOUSTON TX 77222	Purpose of Disbursement (House - TX - 29) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 05/24/1999	Amount of Each Disbursement This Period 4000.00

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - NV - 2) 2000 PRIMARY	Date (month, day, year) 05/10/1999	Amount of Each Disbursement This Period 1500.00
GIBBONS FOR CONGRESS 811 CHETWORTH PL  ALEXANDRIA VA 22314	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
GUTKNECHT FOR CONGRESS 1530 GREENVIEW DR SW #114  ROCHESTER MN 55902	Purpose of Disbursement (House - MN - 1) 2000 PRIMARY	Date (month, day, year) 05/13/1999	Amount of Each Disbursement This Period 2000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
HASTERT FOR CONGRESS COMMITTEE P.O. BOX 625  BATAVIA IL 60510	Purpose of Disbursement (House - IL - 14) 2000 PRIMARY	Date (month, day, year) 05/03/1999	Amount of Each Disbursement This Period 2000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
HAYES FOR CONGRESS 6111 NEWMAN RD  CLIFTON VA 22030	Purpose of Disbursement (House - NC - 8) 2000 PRIMARY	Date (month, day, year) 05/27/1999	Amount of Each Disbursement This Period 2000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
HAYWORTH FOR CONGRESS P.O. BOX 14273  SCOTTSDALE AZ 85287	Purpose of Disbursement (House - AZ - 8) 2000 PRIMARY	Date (month, day, year) 05/24/1999	Amount of Each Disbursement This Period 2500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
HOLT FOR CONGRESS P.O. BOX 782  PENNINGTON NJ 08534	Purpose of Disbursement (House - NJ - 12) 2000 PRIMARY	Date (month, day, year) 05/24/1999	Amount of Each Disbursement This Period 2000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
HOOLEY FOR CONGRESS 38 IVY STREET SE  WASHINGTON DC 20003	Purpose of Disbursement (House - OR - 5) 2000 PRIMARY	Date (month, day, year) 05/10/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
JON KYL FOR US SENATE 507 CAPITOL CT NE #100  WASHINGTON DC 20002	Purpose of Disbursement (Senate - AZ - ) 2000 PRIMARY	Date (month, day, year) 05/03/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
JONES FOR CONGRESS P.O. BOX 88867  RALEIGH NC 27624	Purpose of Disbursement (House - NC - 3) 2000 PRIMARY	Date (month, day, year) 05/27/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		

**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 POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - TX - 9) 2000 PRIMARY	Date (month, day, year) 05/10/1999	Amount of Each Disbursement This Period 500.00
LAMPSON FOR CONGRESS 38 IVY STREET SE WASHINGTON DC 20003	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
LARSON FOR CONGRESS C/O LORI LAFAYE 5282 OCOOQUAN FOREST DR MANASSAS VA 20112	Purpose of Disbursement (House - CT - 1) 2000 PRIMARY	Date (month, day, year) 05/13/1999	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
LEWIS FOR CONGRESS 4212 37TH STREET NW WASHINGTON DC 20006	Purpose of Disbursement (House - GA - 5) 2000 PRIMARY	Date (month, day, year) 05/10/1999	Amount of Each Disbursement This Period 2500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
LOBIONDO FOR CONGRESS P.O. BOX 2776 ARLINGTON VA 22202	Purpose of Disbursement (House - VA - 2) 2000 PRIMARY	Date (month, day, year) 05/24/1999	Amount of Each Disbursement This Period 1600.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
MANZULLO FOR CONGRESS P.O. BOX 7783 ROCKFORD IL 61126	Purpose of Disbursement (House - IL - 16) 2000 PRIMARY	Date (month, day, year) 05/10/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
MANZULLO FOR CONGRESS P.O. BOX 7783 ROCKFORD IL 61126	Purpose of Disbursement (House - IL - 16) 2000 PRIMARY	Date (month, day, year) 05/24/1999	Amount of Each Disbursement This Period 2500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
MBNA - P.O. BOX 15469 .RANGEL FOR CONGRESS. P.O. BOX 15469 WILMINGTON DE 19886-5469	Purpose of Disbursement (House - NY - 15) IN-KIND CONTRIB(FOOD @ LA BRASSERIE)	Date (month, day, year) 05/27/1999	Amount of Each Disbursement This Period 844.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Primary 2000		
MBNA - P.O. BOX 15469 .SHADEGG FOR CONGRESS. P.O. BOX 15469 WILMINGTON DE 19886-5469	Purpose of Disbursement (House - AZ - 4) IN-KIND CONTRIB(FOOD @ LA BRASSERIE)	Date (month, day, year) 05/27/1999	Amount of Each Disbursement This Period 411.84
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Primary 2000		
MILLER FOR CONGRESS 811 CHETWORTH PL ALEXANDRIA VA 22314	Purpose of Disbursement (House - CA - 41) 2000 PRIMARY	Date (month, day, year) 05/10/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

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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 POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - VA - 8) 2000 PRIMARY	Date (month, day, year) 05/24/1999	Amount of Each Disbursement This Period 1000.00
MORAN FOR CONGRESS 1225 19TH STREET NW SUITE 500 WASHINGTON DC 20038	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
MYRICK FOR CONGRESS P.O. BOX 25132  ARLINGTON VA 22202	Purpose of Disbursement (House - NC - 9) 2000 PRIMARY	Date (month, day, year) 05/24/1999	Amount of Each Disbursement This Period 1500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Full Name, Mailing Address, and ZIP Code NAT'L REPUBLICAN SENATORIAL COMMITTEE 425 SECOND STREET NE  WASHINGTON DC 20002	Purpose of Disbursement  1999 CONTRIBUTION	Date (month, day, year) 05/10/1999	Amount of Each Disbursement This Period 15000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 99 CONTRIBUTION		
Full Name, Mailing Address, and ZIP Code NORWOOD FOR CONGRESS P.O. BOX 499  EVENS GA 30809	Purpose of Disbursement (House - GA - 10) 2000 PRIMARY	Date (month, day, year) 05/13/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Full Name, Mailing Address, and ZIP Code PASCRELL FOR CONGRESS 98 IVY STREET SE  WASHINGTON DC 20003	Purpose of Disbursement (House - NJ - 8) 2000 PRIMARY	Date (month, day, year) 05/10/1999	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Full Name, Mailing Address, and ZIP Code ROBB FOR SENATE 424 C STREET NE 1ST FLOOR WASHINGTON DC 20002	Purpose of Disbursement (Senate - VA - ) 2000 PRIMARY	Date (month, day, year) 05/17/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Full Name, Mailing Address, and ZIP Code RUSH HOLT FOR CONGRESS P.O. BOX 782  PENNINGTON NJ 08534	Purpose of Disbursement (House - NJ - 12) 2000 PRIMARY	Date (month, day, year) 05/13/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Full Name, Mailing Address, and ZIP Code RYAN FOR CONGRESS P.O. BOX 2778  ARLINGTON VA 22202	Purpose of Disbursement (House - WI - 1) 2000 PRIMARY	Date (month, day, year) 05/13/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Full Name, Mailing Address, and ZIP Code SCHWEITZER FOR SENATE 1490 KIM RANCH RD  WHITEFISH MT 59937	Purpose of Disbursement (Senate - MT - ) 2000 PRIMARY	Date (month, day, year) 05/27/1999	Amount of Each Disbursement This Period 1500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

**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 POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - AZ - 4) 2000 PRIMARY	Date (month, day, year)	Amount of Each Disbursement This Period
SHADEGG FOR CONGRESS 1510 WOODBINE ST  ALEXANDRIA VA 22302	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/10/1999	1500.00
SHERMAN FOR CONGRESS P.O. BOX 75214  WASHINGTON DC 20013	Purpose of Disbursement (House - CA - 24) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/03/1999	Amount of Each Disbursement This Period 500.00
SQUEDER FOR CONGRESS P.O. BOX 18021  ARLINGTON VA 22302	Purpose of Disbursement (House - IN - 4) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/27/1999	Amount of Each Disbursement This Period 1500.00
THURMAN FOR CONGRESS C/O ELLEN MAZER 3810 38TH STREET NW F270 WASHINGTON DC 20016	Purpose of Disbursement (House - FL - 5) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/10/1999	Amount of Each Disbursement This Period 2000.00
TOWNS FOR CONGRESS 442 NEW JERSEY AVE SE  WASHINGTON DC 20003	Purpose of Disbursement (House - NY - 10) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/10/1999	Amount of Each Disbursement This Period 500.00
UDALL FOR US ALL 308 E CAPITOL NE  WASHINGTON DC 20003	Purpose of Disbursement (House - NM - 3) 98 GENERAL DEBT RETIREMENT  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : 98 GENL DEBT RETIRE	Date (month, day, year) 05/03/1999	Amount of Each Disbursement This Period 500.00
LIPTON FOR ALL OF US P.O. BOX 460  ST JOSEPH MI 49085	Purpose of Disbursement (House - MI - 6) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/10/1999	Amount of Each Disbursement This Period 1000.00
VICTORY 2000/NYSDC 60 MADISON AVE SUITE 1201 NEW YORK NY 10010	Purpose of Disbursement  1999 CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : 99 CONTRIBUTION	Date (month, day, year) 05/13/1999	Amount of Each Disbursement This Period 1000.00
VOLUNTEERS FOR SHIMKUS P.O. BOX 2776  ARLINGTON VA 22202	Purpose of Disbursement (House - IL - 20) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/27/1999	Amount of Each Disbursement This Period 500.00

**SUBTOTALS** of Disbursements This Page (Optional) .....

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

**106755.84**

**SCHEDULE B****ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE**

## Full Name, Mailing Address, and ZIP Code

JAMES GLENSKI  
4024 W 104TH TERR

OVERLAND PARK KS 66207

## Purpose of Disbursement

REFUND DUPLICATE CONTRIBUTION

Date (month,  
day, year)

05/06/1999

Amount of Each  
Disbursement This  
Period

250.00

Disbursement for:  Primary  General Other (specify):

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

250.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NORTHERN TRUST CO. 50 S. LASALLE  CHICAGO IL 60675	BANK CHARGE  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): BANK CHARGE	05/31/1999	226.81
REPUBLICAN H-S DINNER P.O. BOX 1721  WASHINGTON DC 20013	1999 NON-FEDERAL CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	05/24/1999	15000.00

**SUBTOTALS** of Disbursements This Page (Optional) .....

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15228.91

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
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