REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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1/65

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

ADDRESS (number and street)
520 N. NORTHWEST HIGHWAY

☐ Check if different than previously reported

2. FEC IDENTIFICATION NUMBER
C00255752

CITY, STATE, and ZIP CODE
PARK RIDGE IL 60068

3. ☒ This committee has qualified as a multicandidate 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 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☒ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

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

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

(b) Is this Report an Amendment ☐ YES ☒ NO

SUMMARY 5. Covering Period 10/01/1999 through 10/31/1999	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand, January 1, 1999		233519.30
(b) Cash on Hand at Beginning of Reporting Period	137296.13	
(c) Total Receipts (from line 19)	171250.70	535282.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	308546.83	768801.66
7. Total Disbursements (from line 30)	68604.67	528859.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	239942.16	239942.16
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

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

Signature of Treasurer Bruce R. Brookens, M.D.

Date 11-11-99

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

FEC FORM 3X
(revised 6/93)

4-00173

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

(revised 1/1/91)

NAME OF COMMITTEE
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD
FROM 10/01/1999 TO: 10/31/1999

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	149867.99	405571.96	11.a.i.
ii. Unitemized	21417.00	127159.00	11.a.ii.
iii. Total (add i and ii)»	171084.99	532730.96	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions (add a iii, b and c)»	171084.99	532730.96	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	165.71	2551.40	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)»	171250.70	535282.36	19.
20. Total Federal Receipts (subtract line 18 from line 19)»	171250.70	535282.36	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	750.00	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)»	0.00	750.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	68500.00	494509.58	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	250.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds (add a, b, and c)»	0.00	250.00	28.d.
29. Other Disbursements	104.67	33349.92	29.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)»	68604.67	528859.50	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)»	68604.67	528859.50	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	171084.99	532730.96	32.
33. Total Contribution Refunds (from line 28d)	0.00	250.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	171084.99	532480.96	34.
35. Total Federal Operating Expenditures (add 21 a I and 21 b)»	0.00	750.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)»	0.00	750.00	37.

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 POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD ALBERTSON 1001 CITY LINE AVE WYNNEWOOD PA 19096 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	UNITED ANESTH SERV Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	10/10/1999	500.00
ROBERT ALLEN 4454 W GLEN PL RAPID CITY SD 57702 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	WEST RIVER ANESTH CONSULTANTS Occupation: PHYSICIAN Aggregate Year-to-Date > $ 500.00	10/10/1999	250.00
JAMES ALLINGER 1590 BLANCHARD BEND ROCK HILL SC 29732 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH ASSOC OF ROCK HILL Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	10/12/1999	250.00
SCOTT AMES 3142 87TH TULSA OK 74137 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ASSOC ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	10/09/1999	250.00
DAVID ANDERSON 1554 RELIANCE RD RELIANCE VA 22649 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	WOODSTOCK ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	10/09/1999	500.00
THOMAS ANDREWS 291 SOUTHHALL LN MAITLAND FL 32751 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	JLR MEDICAL GROUP Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	10/10/1999	250.00
JEFFREY APPELBAUM 2560 GREENVIEW RD NORTHBROOK IL 60062 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	UNIV OF CHICAGO Occupation: PHYSICIAN Aggregate Year-to-Date > $ 500.00	10/08/1999	500.00

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

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DON ARNOLD 339 CONSURT ST LOUIS MO 63011	WESTERN ANESTH ASSOC	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM ARNOLD 106 WHETSTONE PL CHARLOTTESVILLE VA 22901	UNIV OF VIRGINIA	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRETT ARRON 807 JUMPER RD CHICAGO IL 60625	ANESTH & CRITICAL CARE	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B WAYNE ASHMORE 4321 D'EVEREUX TERRACE PENSACOLA FL 32504	SGUN	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL AULT 845 W ROSCOE ST UNIT #3 CHICAGO IL 60657	NORTHWESTERN MED FAC FOUND	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOUGLAS BACON 6494 OLD POST CIRCLE EAST AMHERST NY 14057	VA	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J MICHAEL BADGWELL 801 7TH AVE FORT WORTH TX 76104	COOK CHILDRENS PHYS NETWORK	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ 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) .....

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANCIS GALESTRIERI 3900 GALLOWS RD FALLS CHURCH VA 22046	FAA	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID BARAHAL P.O. BOX 20486 HOUSTON TX 77225	TEXAS HEART INST	10/08/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JARED BARLOW 41 MORNINGSIDE DR GRAND ISLAND NY 14072	MILLARD FILLMORE SURGERY CTR	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOAN BECICH 1450 TOLMAN CREEK RD ASHLAND OR 97520	SELF-EMPLOYED	10/08/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KARL BECKER 11708 HIGH DR LEAWOOD KS 66211	ANESTH & PAIN MGMT	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RODERICK BEER 3966 HOLDEN ANN ARBOR MI 48105	ANESTH ASSOC OF ANN ARBOR	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFFREY BELLEFLEUR 5125 VINCENNES CT BLOOMFIELD HILLS MI 48302		10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	

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Full Name, Mailing Address, and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
KIRK BENSON 2644 W 118TH TERR LEAWOOD KS 66211 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	KANSAS UNIV ANESTH FOUND ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	10/10/1999	500.00
ARNOLD BERRY 30 BATTLE RIDGE DR ATLANTA GA 30342 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	EMORY CLINIC ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	10/08/1999	250.00
VIDYA BHARDWAJ 27411 HIDDEN RIVER CT BONITA SPRINGS FL 34134 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	 ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	10/08/1999	500.00
JOHN BIANROSA 2121 RACE ST PHILADELPHIA PA 19103 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	MCP HAHNEMAN UNIVERSITY ANESTHESIOLOGIST Aggregate Year-to-Date > $ 1000.00	10/09/1999	500.00
JOHN BLAIR 1022 STOVALL BLVD ATLANTA GA 30319 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	NORTHSIDE ANESTH CONSULT PHYSICIAN Aggregate Year-to-Date > $ 500.00	10/10/1999	500.00
BARBARA BOLLIER 6910 OVERHILL MISSION HILLS KS 66208 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	SELF-EMPLOYED PHYSICIAN Aggregate Year-to-Date > $ 250.00	10/11/1999	250.00
CRAIG BONANNI 1 WILDFLOWER LN WEST SIMSBURY CT 06092 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HARTFORD ANESTH ASSOC ANESTHESIOLOGIST Aggregate Year-to-Date > $ 300.00	10/08/1999	150.00

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

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WARREN BONTRAGER 13788 IRELAND RD MISHAWAKA IN 46544	MICHIANA ANESTH	10/09/1999	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 350.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOUGLAS BORG 5805 RIVER BEND RD FORT WORTH TX 76132	COOK CHILDRENS HOSPITAL	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARTHUR BOUDREAUX 3141 BRADFORD PL BIRMINGHAM AL 35242	UABV	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL BOYER 1200 MACARTHUR LN MCALESTER OK 74501	UARS	10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHILIP BOYSEN 1000 FORD RD CHAPEL HILL NC 27516	ONE ANESTH	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS BRALLIAR 22089 SHAKER BLVD SHAKER HTS OH 44122	CLEVELAND CLINIC FOUND	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT BRANDT 741 MAYFAIR LN CARMEL IN 46032	SELF-EMPLOYED	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	

SUBTOTALS of Receipts This Page (Optional)	
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JAMES BRAVYAK 14 MASTERS CIR MARLTON NJ 08053	WEST JERSEY ANESTH ASSOC	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRUCE BROOKENS 4090 S CLARKSON ST ENGLEWOOD CO 80110	SOUTH DENVER ANESTH	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD BROWNING 359 RUMSTICK RD BARRINGTON RI 02806	PAI	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SORIN BRULL 47 CHIMNEY SWEEP LN LITTLE ROCK AR 72212	UAMS COLLEGE OF MED	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN BUTTERWORTH 1400 FALMOUTH DR CLEMMONS NC 27012	WAKE FOREST UNIV	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID BYER 200 FIRST ST SW ROCHESTER MN 55905	MAYO CLINIC	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ENRICO CAMPORESI 8347 GLEN EAGLE DR MANLIUS NY 13104	UNIVERSITY HOSPITAL	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 65 FOR LINE NUMBER 11A1

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANGEL CANCEL 121 LOTUS POINT DR MACON GA 31220	CENTRAL GEORGIA ANESTH SERV	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTEL CARLSON 10710 S SHERMAN RD SPOKANE WA 99224	PHYSICIAN ANESTH GRP	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH CARTER 101 ROCKINGHAM RD GREENVILLE SC 29607	PALMETTO ANESTH ASSOC	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 1000.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK CARVER 1000 WELLINGTON BLVD KINGSPORT TN 37660	HOLSTON ANESTH ASSOC	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH CASARIO 115 OAKHAVEN DR WEXFORD PA 15090	ALLEGHENY ANESTH ASSOC	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 350.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NASSIB CHAMOUN 6 COGSWELL CT NEEDHAM MA 02492	ASPECT MEDICAL	10/10/1999	1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date: $ 1000.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J W CHAPIN 1316 S 78TH AVE OMAHA NE 68124	UNIV NEBRASKA MED CTR	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	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 POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTOPHER CHAPUT 841 VAUGHAN RD BLOOMFIELD HILLS MI 48304	SOUTH OAKLAND ANESTH ASSOC Occupation: PHYSICIAN	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
FRED CHENEY 14523 38TH AVE NE SEATTLE WA 98155	UNIV WASHINGTON Occupation: ANESTHESIOLOGIST	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
DAVID CHESTNUT 2028 MAGNOLIA RIDGE BIRMINGHAM AL 35243	UNIV OF ALABAMA Occupation: ANESTHESIOLOGIST	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
RANDALL CLARK 21 HYDE PARK CIR DENVER CO 80209	PEDIATRIC ANESTH CONSULT Occupation: PHYSICIAN	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
CHARLES CLIFTON 4370 BANCROFT VALLEY ALPHARETTA GA 30022	DEKALB ANESTH ASSOC Occupation: ANESTHESIOLOGIST	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
MILTON GOBB 9827 EAGLE HILL LN ST LOUIS MO 63127	SOUTH COUNTY ANESTH ASSOC Occupation: ANESTHESIOLOGIST	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
BERTRAM COFFER 14236 WYNDFIELD CIR RALEIGH NC 27615	SELF-EMPLOYED Occupation: PHYSICIAN	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERRY COHEN 2358 NW 14TH PL GAINESVILLE FL 32605	UNIV OF FLORIDA	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
NORMAN COHEN 5606 BILLY CASPER DR BILLINGS MT 59105	ANESTH PARTNERS OF MT	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
DANIEL COLE 1643 E HIGHLAND AVE REDLANDS CA 92374	LOMA LINDA UNIV MEDICAL CTR	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
JOANNE CONROY 15 N ADGERS WHARF CHARLESTON SC 29401	UNIV MED ASSOC	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
TODD COOPERIDER 7301 OAK HILL DR SYLVANIA OH 43560	ANESTH CONSULTANTS OF TOLEDO	10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
GERARD COSTELLO 3700 ALLEN CT MUNCIE IN 47304	DELAWARE CO ANESTH	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 250.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
JAMES COTTRELL 17 VAN DAM ST NEW YORK NY 10013	SUNY HSCB	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	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	12 / 65 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
THOMAS CROMWELL 59 PENINSULA BELVEDERE CA 94920	SELF-EMPLOYED	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MILAMARI CUNNINGHAM 8202 S BENNETT DR COLUMBIA MO 65201	SELF-EMPLOYED	10/08/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUSAN CURLING 8234 MAGNOLIA GLEN DR HUMBLE TX 77346	NORTH HOUSTON ANESTH	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 1000.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SANDRA CURRY 50 OVERLOOK DR CHAPPAQUA NY 10514	COLUMBIA UNIV	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICIA DAILEY 15 CREEKWOOD WAY HILLSBOROUGH CA 94010	ANESTH CARE ASSOC MED GRP	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATTY DAVIDSON 4444 SHULL RD GAHANNA OH 43230	CHILDRENS ANESTH ASSOC	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRED DAVIS 40 MIDDLEBY RD LEXINGTON ME 02421	LAHEY CLINIC	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT DEAN 2777 RICHMOND NW GRAND RAPIDS MI 49504	ANESTH MED CONSULT	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TIMOTHY DEER 94 HUNTING HILLS DR CHARLESTON WV 25311	PROFESSIONAL ANESTH SERV	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NELSON DESTAFFANY 498 STEVENS LN MCGREGOR TX 76657	SELF-EMPLOYED	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERRY DODGE 2144 HAYES DR ROCK HILL SC 29732	ANESTH ASSOC OF ROCK HILL	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JIM DOHERTY 781 FAWN HILL RD BROOMALL PA 19008		10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation:	Aggregate Year-to-Date > $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARC DOMSKY 28810 VILLAGE LN FARMINGTON HILLS MI 48334	SOAA	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID DONIELSON 4501 SHADOW WOOD DR EUGENE OR 97405	ANESTH SERVICES OF EUGENE	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	

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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 DOWNS 86 LADOGA AVE TAMPA FL 33606	UNIV OF SOUTH FLORIDA	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SANDRA DREWES 1336 GENEVA RD ST CHARLES IL 60174	WCAG	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PEGGY DUKE 3530 PIEDMONT PH3 ATLANTA GA 30305	THE EMORY CLINIC	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID DULL 2109 HUNTERS RUN NE ADA MI 49301	ANESTH MED CONSULT	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THEODORE DUSHANE 1205 WYNNSTONE DR ANN ARBOR MI 48105	SELF-EMPLOYED	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT EARLY 1416 OLD MILL RD WYOMISSING PA 19610	READING ANESTH ASSOC	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GIFFORD ECKHOUT 17221 EDGEWATER DR LAKEWOOD OH 44107	WESTGATE MED ANESTH GRP	10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	

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SCHEDULE A — ITEMIZED RECEIPTS

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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
JAN EHRENWERTH 4 RANDI DR MADISON CT 06443	YALE UNIV	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN EICHHORN 2500 N STATE ST JACKSON MS 39215	UNIV OF MS	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NORIG ELLISON 332 ARDMORE AVE ARDMORE PA 19003	UNIV OF PA	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBIN ELWOOD 2101 FAIRCLOUD DR EDMOND OK 73034	UNIV OF OKLAHOMA	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL ENTRUP 175 CONCORD RD WAYLAND MA 01778	LAHEY CLINIC	10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANN MARIE ERNST 4650 LAKESHORE RD FORT GRATIOT MI 48059	SELF-EMPLOYED	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H CLARK ETHRIDGE 140 MEADOW LN MADISON MS 39110	JACKSON ANESTH ASSOC	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRUCE EVANS 702 BROWNING CT BLOOMFIELD HILLS MI 48304	S OAKLAND ANESTH ASSOC	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 350.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN EVANS 59 AQUINAS LAKE OSWEGO OR 97035	OAG	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LENNART FAGRAEUS 13 ALDERS LN WILMINGTON DE 19807	CHRISTIANA CARE HEALTH SYS	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BILL FALINSKI 2 MINNEKAHDA PL CHATTANOOGA TN 37405	ANESTH ASSOC	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 750.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS FEELEY 2350 BAGBY ST HOUSTON TX 77006	UNIV OF TEXAS	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GAVIN FINE 5519 WILKINS AVE PITTSBURGH PA 15217	UPMC	10/08/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHELDON FINEMAN 134 BUSINESS PARK DR VIRGINIA BEACH VA 23462	ATLANTIC ANESTH	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	

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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
MICHAEL FLASHBURG 15 CAMBRIDGE WAY WAYSIDE NJ 07712	SELF-EMPLOYED	10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD FLOWERDEW 38 HEDGEROW DR FALMOUTH ME 04105	SPECTRUM MED GRP	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD FOGDALL P.O. BOX 25698 FRESNO CA 93729	SELF-EMPLOYED	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACK FOLBE 26515 DUNDEE HUNTINGTON WOODS MI 48070	SOAA	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H JERREL FONTENOT 305 PARK AVE MONROE LA 71201		10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT FORTZ 1820 ROTHBURY CT FT WAYNE IN 46804	ASSOC ANESTH OF FORT WAYNE	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH FOSS 4338 N CLARENDON CHICAGO IL 60613	UNIV OF CHICAGO	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	

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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 FRAGOLA 16327 AKRON ST PACIFIC PALISADES CA 90272	SELF-EMPLOYED	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM FRAME 7121 RIDGE AVE COOPERSBURG PA 18036	ANESTH SPECIALISTS BETHLEHEM	10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCY FRANCE 1915 SEAN CT BROOKFIELD WI 53045	MEDICAL COL WI & CHILDRENS HOSP	10/12/1999	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 350.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE GABRIELSON 551 VALLEY RD #202 UPPER MONTCLAIR NJ 07043	MT SINAI MEDICAL CTR	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J KENT GARMAN 27742 STIRRUP WAY LOS ALTOS HILLS CA 94022	STANFORD UNIV	10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT GAUTHIER 4678 LARKSPUR LN LAKE ELMO MN 55042	TCAA	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ADOLPH GIESECKE 605 N DURANGO CIRCLE IRVING TX 75062	UTX SOUTHWESTERN MEDICAL	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	

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SCHEDULE A — ITEMIZED RECEIPTS

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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
JOSEPH GIFFIN 137 BEACH 140TH ST BELLE HARBOR NY 11694	SUNY @ BROOKLYN Occupation: ANESTHESIOLOGIST	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
JAN GILLESPIE 1629 BLUE SPRUCE #106 FT COLLINS CO 80524	IMAC Occupation: ANESTHESIOLOGIST	10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
ANTHONY GIORGIO 758 WYNGATE RD SOMERDALE NJ 08083	SELF-EMPLOYED Occupation: PHYSICIAN	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
RALPH GLASSER 2336 W LAKE SHORE DR SPRINGFIELD IL 62707	ASSOC ANESTH SPFLD Occupation: PHYSICIAN	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
BARRY GLAZER 1433 BREWSTER RD INDIANAPOLIS IN 46260	SOUTHEAST ANESTH Occupation: ANESTHESIOLOGIST	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
JOHNSON GLENN 1424 BLACKTHORN DR GLENVIEW IL 60025	ASA Occupation: MANAGER	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
MICHAEL GOLDBERG 20 ASPEN DR IVYLAND PA 18974	COOPER HEALTH SYSTEM Occupation: ANESTHESIOLOGIST	10/08/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

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SCHEDULE A — ITEMIZED RECEIPTS

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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
STEVEN GOLDFIEN 69 MARCELA AVE SAN FRANCISCO CA 94116	NCAP Occupation: PHYSICIAN	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
PAUL GOLDINER 7 HAWTHORNE RD LARCHMONT NY 10538	MT SINAI MEDICAL CTR Occupation: PHYSICIAN	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
WALLACE GOOD P.O. BOX 386 ST ALBANS VT 05478	SELF-EMPLOYED Occupation: ANESTHESIOLOGIST	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
MICHAEL GOSNEY 108 CHASE DR MUSCLE SHOALS AL 35661	SELF-EMPLOYED Occupation: PHYSICIAN	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
NORMAN GOULD 811 WEST ST LEAMINGTON MA 01453	MAC Occupation: PHYSICIAN	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
JAMES GRANT 1574 SODON LAKE DR BLOOMFIELD HILLS MI 48302	SOAA Occupation: PHYSICIAN	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
ANDREW GREENBERG PO BOX 400 FALLSTON MD 21047	BKW ANESTH ASSOC Occupation: PHYSICIAN	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES GREGORIUS 2220 THE KNOLLS LINCOLN NE 68512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF-EMPLOYED ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	10/08/1999	500.00
RONALD GROSSMAN 8293 CEDAR TRAIL CV CORDOVA TN 38018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF-EMPLOYED ANESTHESIOLOGIST Aggregate Year-to-Date > $ 450.00	10/10/1999	200.00
SCOTT GROUDINE 21 CARRIAGE HILL DR LATHAM NY 12110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ALBANY MEDICAL COLLEGE PHYSICIAN Aggregate Year-to-Date > $ 500.00	10/09/1999	500.00
ORIN GUIDRY 1514 JEFFERSON HWY NEW ORLEANS LA 70121 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	OCHSNU CLINIC PHYSICIAN Aggregate Year-to-Date > $ 500.00	10/09/1999	500.00
HELENA GUNNERSON 8820 GLENEAGLES LN DARIEN IL 60561 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	LUPF ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	10/09/1999	500.00
ROBERT GUSKIEWICZ P.O. BOX 1818 ALACHUA FL 32655 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF-EMPLOYED ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	10/11/1999	250.00
DOUGLAS GUYTON 1005 TERMINAL WAY #165 RENO NV 89502 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SIERRA ANESTH ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	10/12/1999	250.00
SUBTOTALS of Receipts This Page (Optional)			
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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
STEVEN HALL 2300 CHILDRENS PLAZA BOX #19 CHICAGO IL 60614	SELF-EMPLOYED	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GERALD HAMRICK 2717 CYPRESS BEND FLORENCE SC 29506	MEDICAL ANESTH CONSULTANTS	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALEXANDER HANNENBERG 81 WASHBURN AVE WELLESLEY MA 02481	COMMONWEALTH ANESTH	10/08/1999	499.99
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 499.99	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RON HARTER 4133 CHECKERBERRY CT HILLIARD OH 43026	OHIO STATE UNIV HOSP	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CRAIG HARTRICK 2408 PARK RIDGE BLOOMFIELD HILLS MI 48304	SOUTH OAKLAND ANESTH ASSOC	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANIEL HASS 22101 MOROSS RD DETROIT MI 48230		10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVE HATTAMER 27 LUTHERAN DR NASHUA NH 03063	NASHUA ANESTH PARTNERS	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE HEFNER 170 PEMBROKE DR LAKE FOREST IL 60045	ANESTH CONSULTANTS	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H A TILLMANN HEIN 4251 PARK LN DALLAS TX 75220	METRO ANESTH CONSULT	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER HENDRICKS 1590 PANORAMA DR BIRMINGHAM AL 35216	ANESTH GROUP EAST	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM HETRICK 8256 BRITTANY PL PITTSBURGH PA 15237	PGH ANESTH ASSOC	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES HICKS 10855 SW SUMMERVILLE AVE PORTLAND OR 97219	OREGON ANESTH GRP	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERTA HINES 105 BURR ST FAIRFIELD CT 06430	YALE UNIV	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL HO 803 KITTIWAKE LN SUGARLAND TX 77478	HOUSTON NORTHWEST ANESTH	10/08/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	

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Full Name, Mailing Address, and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
VINCENT HOELLERICH 4038 JOHN RABOTEAU WYND RALEIGH NC 27612 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	CRITICAL HEALTH SYSTEMS CONSULTANT Aggregate Year-to-Date > $ 500.00	10/12/1999	500.00
Full Name, Mailing Address, and ZIP Code INGRID HOLLINGER ONE GUSTAVE L LEVY PL BOX 1010 NEW YORK NY 10029 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer MT SINAI MED CTR Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 10/09/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code RONALD HOLT 10505 HUNTERS VALLEY RD VIENNA VA 22181 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer FAIRFAX ANESTH ASSOC Occupation PHYSICIAN Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 10/10/1999	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code GREG HONDORP 2931 PIONEER CLUB RD SE GRAND RAPIDS MI 49506 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer ANESTH MEDICAL CONSULT Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 10/12/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code JAMES HONET 3600 LANE LAKE RD BLOOMFIELD HILLS MI 48302 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer SOUTH OAKLAND ANESTH ASSOC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 10/11/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code MARK HONSKA 1122 KOPRIL LN LONGWOOD FL 32779 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer JLR MEDICAL GRP Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 1000.00	Date (month, day, year) 10/09/1999	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code WILLIAM HORTON 13810 SE 44TH STREET BELLEVUE WA 98006 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer VIRGINIA MASON MED CTR Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 10/08/1999	Amount of Each Receipt this Period 500.00
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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL HOUMANN 1809 CLEVELAND ST EXT GREENVILLE SC 29607	SELF-EMPLOYED	10/08/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
MCCALLUM HOYT 2699 COURTLAND BLVD SHAKER HTS OH 44122	UNIV HOSP OF CLEVELAND	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
CHENG-CHIH HSU 411 W WOLF RD PEORIA IL 61614	ASSOC ANESTH	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
JOANNE HUDSON 4601 SULGRAVE RD RICHMOND VA 23221	MEDICAL COLLEGE OF VA	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
RICK HUDSON 1720 LOUISIANA NE #401 ALBUQUERQUE NM 87110	ANESTH ASSOC OF NEW MEXICO	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
CARL HUG 1873 KANAWHA DR STONE MOUNTAIN GA 30087	EMORY UNIV	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
CAROL HUMBLE 230 WHISPERING PINES DR ARCADIA CA 91006		10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation	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 POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MILT HUMMER 4215 CHARING CROSS CIRCLE ANCHORAGE AK 99504	PAAMG	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
DAVID HUNT 1911 ARDEN RD ROANOKE VA 24015	ANESTH ASSOC OF ROANOKE	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 400.00	
REX HYER 6401 CAHOBA DR FORT WORTH TX 76135		10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
JAMES JACQUE 822 MEDINA AVE CORAL GABLES FL 33134	UNIV OF MIAMI	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
MICHAEL JAKUBOWSKI 1350 HAWTHORN RD SCHENECTADY NY 12309	ELLIS HOSPITAL	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
JOANNE JENE 1620 SW TAYLOR #300 PORTLAND OR 97205	OREGON ANESTH GRP	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
THOMAS JOAS 3626 RUFFIN RD SAN DIEGO CA 92123	ASMG	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	

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

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CRAIG JOHNSON 3107 GREENOCK RD ST CLOUD MN 56301	ANESTH ASSOC OF ST CLOUD	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00		
ROSEMARIE JOHNSON 2919 BRANT ST SAN DIEGO CA 92103	ASMG	10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00		
HENRY JOHNSTON 1229 SWEETWATER DR CINCINNATI OH 45215	UNIV ANESTH ASSOC	10/06/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > $ 500.00		
ROBERT JOHNSTONE 369 LAKEVIEW DR MORGANTOWN WV 26508	WEST VIRGINIA UNIV	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00		
BROUGHTON JOLLEY 1849 BUCKINGHAM CT KINGSPORT TN 37660	HOLSTON ANESTH ASSOC	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00		
CLYDE JONES 5201 COUNTRYSIDE DR SAN DIEGO CA 92115	RETIRED	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00		
PETER KANE 750 E ADAMS ST SYRACUSE NY 13210	SUNY HSC SYRACUSE	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > $ 500.00		
SUBTOTALS of Receipts This Page (Optional)			
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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
PATRICIA KAPUR 5350 CORBIN AVE TARZANA CA 91356	UCLA Occupation: PHYSICIAN	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
H LAWRENCE KARASIC 26 SURREY LN OCEAN NJ 07712	SELF-EMPLOYED Occupation: PHYSICIAN	10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
JONATHAN KATZ 9 MORRIS ST HAMDEN CT 06517	SELF-EMPLOYED Occupation: PHYSICIAN	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
CANDACE KELLER 19 WOODSTONE RIDGE HATTIESBURG MS 39402	HUB SOUTH MEDICAL GROUP Occupation: PHYSICIAN	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
SEAN KENNEDY 1010 INDIAN CREEK LN WYNNEWOOD PA 19096	UNIV OF PA Occupation: PHYSICIAN	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
JONATHAN KETZLER 600 HIGHLAND AVE MADISON WI 53712	U OF WISCONSIN Occupation: ANESTHESIOLOGIST	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
PRASAD KILARU 50 PENDLETON LN LONGMEADOW MA 01106	SPRINGFIELD ANESTH SERV Occupation: ANESTHESIOLOGIST	10/08/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

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SCHEDULE A — ITEMIZED RECEIPTS

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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
JAMES KINDSCHER 8969 CEDAR DR SHAWNEE MISSION KS 66201	KANSAS UNIV	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRIS KITTLE 4 REESE DR NEWARK PA 19711	CARDIAC ANESTH ASSOC	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S LYNN KNOX UTMB GALVESTON TX 77555	UTMB	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W ANDREW KOFKE 131 STONEBROOK ST MORGANTOWN WV 26508	WEST VIRGINIA UNIV	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES KOTTMEIER 735 ISLAND WAY CLEARWATER FL 33767	AAPC	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL KRAL 6 WENTWORTH DR BERKELEY HEIGHTS NJ 07922	SUMMIT ANESTH ASSOC	10/08/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN KREUL 21 OXWOOD CIR MADISON WI 53717	UUMF	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 500.00	

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SCHEDULE A — ITEMIZED RECEIPTS

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GOPAL KRISHNA 8807 JULES LN INDIANAPOLIS IN 46278	INDIANA UNIV	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
ASHOK KRISHNANEY 12078 N LAKE SHORE DR MEQUON WI 53092	ST FRANCIS ANESTH ASSOC	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
LAWRENCE KUSHINS 138 FRESH PONDS RD EAST BRUNSWICK NJ 08816	UMDNJ ROBERT WOOD JOHNSON MED SCHOOL	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
DAN LAIRD P.O. BOX 11514 RENO NV 89510	SUMMIT ANESTH	10/08/1999	1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 1000.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
BENJAMIN LAMPERT 1515 BRIGHT OAK AVE SPRINGFIELD MO 65809	SPRINGFIELD CLINIC	10/08/1999	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 400.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
ALICE LANDRUM N314 HEALTH SCI CTR COLUMBIA MO 65212	UNIV OF MISSOURI SCHL OF MED	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
MICHAEL LASECKI 3398 RIVIERE DU CHIEN MOBILE AL 36693	ANESTH SERVICES	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL LEE 1038 W MEREDITH DR FLORENCE SC 28505 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF-EMPLOYED Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 1000.00	10/12/1999	500.00
MARK LEMA 155 ROXBURY PARK EAST AMHERST NY 14051 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	STATE OF NEW YORK Occupation: PHYSICIAN Aggregate Year-to-Date > $ 750.00	10/10/1999	750.00
NORMAN LEVIN 10190 BAYWOOD CT LOS ANGELES CA 90077 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF-EMPLOYED Occupation: PHYSICIAN Aggregate Year-to-Date > $ 500.00	10/09/1999	500.00
BRENDA LEWIS 646 CHARLES PL HIGHLAND HTS OH 44143 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CLEVELAND CLINIC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	10/11/1999	250.00
STEVEN LILLEHAUG 401 MULLIN IOWA CITY IA 52246 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	UNIV OF IOWA Occupation: PHYSICIAN Aggregate Year-to-Date > $ 500.00	10/10/1999	500.00
CATHERINE LINEBERGER 14 KENDALL DR CHAPEL HILL NC 27514 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	DUKE UNIV MED CTR Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	10/09/1999	500.00
ROGER LITWILLER 3001 BURNLEIGH RD SW ROANOKE VA 24014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAR Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	10/08/1999	500.00

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHILIP LIU 1 WINDERMORE CT LIVINGSTON NJ 07103	NEW JERSEY MED SCHL Occupation: ANESTHESIOLOGIST	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ASA LOCKHART 1326 ROSELAND BLVD TYLER TX 75701	SELF-EMPLOYED Occupation: PHYSICIAN	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER LOUX 1606 DRAKE AVE HUNTSVILLE FL 35802	COMPREHENSIVE ANESTH SERV Occupation: ANESTHESIOLOGIST	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWARD LOWE 9971 WINLAKE DR CINCINNATI OH 45231	UNIV OF CINCINNATI Occupation: ANESTHESIOLOGIST	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LINDA LUCAS 5013 OLD FEDERAL RD LOUISVILLE KY 40207	UNIV OF LOUISVILLE Occupation: PHYSICIAN	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHILIP LUMB 98 LAUREL RIDGE RD HERSHEY PA 17033	PENN STATE GEISINGER HEALTH SYSTEM Occupation: ANESTHESIOLOGIST	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 750.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN MACDONALD 1620 SW TAYLOR ST #300 PORTLAND OR 97205	OREGON ANESTH GRP Occupation: ANESTHESIOLOGIST	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONALD MACKENZIE 200 SW FIRST ST ROCHESTER MN 55905	MAYO CLINIC Occupation: PHYSICIAN	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
DAVID MACKEY 323 GREENCASTLE DR JACKSONVILLE FL 32225	MAYO CLINIC Occupation: CONSULTANT	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1000.00		
DOUG MACPHERSON 728 LANCELOT DR FLORENCE SC 29505	SELF-EMPLOYED Occupation: ANESTHESIOLOGIST	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
ROSEMARIE MADDI 63 PARK LN NEWTON MA 02459	BRIGHAM & WOMENS ANES FOUND Occupation: PHYSICIAN	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
T PHILIP MALAN 3006 E MANZANITA RIDGE PL TUCSON AZ 85718	UNIV OF ARIZONA Occupation: PHYSICIAN	10/12/1999	1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2000.00		
STEPHEN MALOON 11956 MACDONALD DR OJAI CA 93023	VENTURA ANESTH MED GRP Occupation: PHYSICIAN	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
KURT MARKGRAF 1045 BAL ISLE DR FT MYERS FL 33919	SELF-EMPLOYED Occupation: ANESTHESIOLOGIST	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHAWN MARSH 5787 S ISABEL CT HIGHLANDS RANCH CO 80126	SOUTH DENVER ANESTH Occupation: ANESTHESIOLOGIST	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
DONALD MARTIN 19 GENTRY DR PALMYRA PA 17078	PENN STATE GEISINGER HLTH SYS Occupation: PHYSICIAN	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
PAUL MARTIN P.O. BOX 678 SULPHUR SPRINGS TX 75483	SELF-EMPLOYED Occupation: ANESTHESIOLOGIST	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
BERNARD-DEAN MARUCCI P.O. BOX 10037 CASA GRANDE AZ 85230	SELF-EMPLOYED Occupation: ANESTHESIOLOGIST	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
RANDALL MAYDEW 9515 SEABROOK NE ALBUQUERQUE NM 87111	SELF-EMPLOYED Occupation: PHYSICIAN	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
JOHN MCGEE 3719 KEENAN LN GLENVIEW IL 60025	EVANSTON NORTHWESTERN Occupation: ANESTHESIOLOGIST	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1000.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
ARTHUR MCGOWAN 3951 COUNTRY CLUB DR LAKEWOOD CA 90712	SELF-EMPLOYED Occupation: PHYSICIAN	10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
SUBTOTALS of Receipts This Page (Optional)			
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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
JAMES MCMICHAEL 2911 GREENLEE DR AUSTIN TX 78703	CAPITOL ANESTH ASSOC Occupation: PHYSICIAN	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY MCSWEENEY 1130 WABAN HILL MADISON WI 53711	UW MADISON Occupation: ANESTHESIOLOGIST	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAUREN MERRITT 8032 EVENSONG COVE MEMPHIS TN 38120	AFFILIATED ANESTH Occupation: ANESTHESIOLOGIST	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL MILLER 4200 E 9TH AVE DENVER CO 80262	UNIV OF COLORADO Occupation: PHYSICIAN	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT MILLER 561 HIGH MEADOW RD ST LOUIS MO 63131	SELF-EMPLOYED Occupation: PHYSICIAN	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Aggregate Year-to-Date > $ 1000.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTOPHER MILLS 6600 W 20TH ST #39 GREELEY CO 80634	GREELEY ANESTH SVC Occupation: ANESTHESIOLOGIST	10/08/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTOPHER MILLSON 2400 WIMBLEDON WAY LAS VEGAS NV 89107	SUMMIT ANESTH CONS Occupation: PHYSICIAN	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ 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

FOR LINE NUMBER 11A1

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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
DANIEL MINKEL 1231 E DONGES CT BAYSIDE WI 53217	ANESTH ASSOC OF WI	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH MIRSKY 525 LENOX AVE WESTFIELD NJ 07090	EDISON ANESTH ASSOC	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL MISBIN 201 BOLTON CT MAPLE GLEN PA 19002	HANEFORD ANESTH ASSOC	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEROME MODELL P.O. BOX 14347 GAINESVILLE FL 32604	UNIV OF FLORIDA	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM MONTGOMERY 533 AHAKEA ST HONOLULU HI 96815	STRAUB CLINICS HOSPITAL	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J D MOORE 9705 JAMES CREEK RD CHRISTMAS FL 32709	RETIRED	10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACK MOORE 6188 WOOSTER AVE LOS ANGELES CA 90056	SO CAL PERMANENTE MED GRP	10/08/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	

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

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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 POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER MOORE 639 BUCHANAN ST DAVIS CA 95616 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	UC DAVIS Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	10/08/1999	500.00
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
ROGER MOORE 435 CAMDEN AVE MOORESTOWN NJ 08057 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	DEBORAH HEART & LUNG CTR Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	10/08/1999	500.00
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
ROBERT MORELL 5196 HUNTCLIFF TRAIL WINSTON-SALEM NC 27104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	WAKE FOREST UNIV Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	10/10/1999	500.00
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
FRANK MORETZ 445 BILTMORE AVE #505 ASHEVILLE NC 28801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASHEVILLE ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	10/09/1999	500.00
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
ERVIN MOSS 11 ROBERT CT VERONA NJ 07044 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NSSA Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	10/11/1999	500.00
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
JOHN MOYERS 417 HUTCHINSON AVE IOWA CITY IA 52246 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	U OF IOWA Occupation: PHYSICIAN Aggregate Year-to-Date > $ 500.00	10/08/1999	500.00
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
CRAIG MUETTERTIES 240 RUSHLEY WAY MEDIA PA 19063 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 250.00	10/09/1999	250.00

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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
BETTY JEAN MULLER 1940 WEST VALLEY BLOOMFIELD HILLS MI 48304	SOUTH OAKLAND ANESTH	10/12/1999	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 400.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT MURRAY 19 ELM PK BLVD PLEASANT RIDGE MI 48069	HENRY FORD HOSP	10/08/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE MYCHASKIW 138 BAYOU RD GREENVILLE MS 38701	UNIV OF MISSISSIPPI	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN NEELD 3025 RIVER NORTH PKWY ATLANTA GA 30328	NORTHSIDE ANESTH CONSULTANTS	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD NELSON 8800 BLUERIDGE BLVD #200 KANSAS CITY MO 64138	WESTPORT ANESTH SERV	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES NICHOLSON 6705 GREYWALLS LN RALEIGH NC 27614	CRITICAL HEALTH SYSTEMS	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES NOVAK 2521 DAY DR WENATCHEE WA 98801	WENATCHEE ANESTH ASSOC	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	

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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
PATRICK O'NEIL 7357 US 52 SOUTH LAFAYETTE IN 47905	SELF-EMPLOYED	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: PHYSICIAN		
	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES O'NEILL 1060 LIVE OAK PLANTATION RD TALLAHASSEE FL 32312	ANESTH ASSOC OF TALLAHASSEE	10/08/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST		
	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
N SEAN OHANIAN 218 BARDEN RD BLOOMFIELD HILLS MI 48304	SOUTH OAKLAND ANESTH ASSOC	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST		
	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID OPLE 5615 KIRBY DR #850 HOUSTON TX 77005	GREATER HOUSTON ANESTH	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST		
	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MALCOLM ORR 7703 FLOYD CURL DR SAN ANTONIO TX 78229	UNIV OF TEXAS	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST		
	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RODNEY OSBORN 607 W THOUSAND OAKS DR PEORIA IL 61615	ASSOC ANESTH	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: PHYSICIAN		
	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES OTTO 6270 N CAMINO PIMERIA ALTA TUCSON AZ 85718	UNIV OF ARIZONA	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: PHYSICIAN		
	Aggregate Year-to-Date > $ 500.00		

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SCHEDULE A — ITEMIZED RECEIPTS

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM OWENS 12942 HUNTBRIDGE FOREST ST LOUIS MO 63131	WASHINGTON UNIV	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
TANYA OYOS 401 MULLIN AVE IOWA CITY IA 52246	UNIV OF IOWA	10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN PACE 825 INLET VIEW DR WILMINGTON NC 28409	WILMINGTON ANESTH	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SAM PAGE 217 LADUE OAKS DR CREVE COEUR MO 63141	WESTERN ANESTH	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN PAPPAS 315 GROSSE POINTE BLVD GROSSE POINTE FARM MI 48236	ST JOHN ANESTH	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD PARK 138 W LAKESIDE AVE LAKESIDE PARK KY 41017	INDEPENDENT ANESTH	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL PATT 1510 SURRIA CT BLOOMFIELD HILLS MI 48304	SOAA	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	

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SCHEDULE A — ITEMIZED RECEIPTS

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEE PERRIN 104 WASHINGTON PARK NEWTONVILLE MA 02460 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	CARITAS MED GRP Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	10/09/1999	250.00
W CURTIS PETERSON 130 E BRAEWICK SALT LAKE CITY UT 84103 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	PEDIATIC ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	10/09/1999	250.00
CHRISTOPHER PIERCE 1820 W VERNEAL CT MERIDIAN ID 83641 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH CONSULTANTS OF ID Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	10/12/1999	500.00
ERIC PIERCE 169 BRISTOL RD WELLESLEY HILLS MA 02481 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH ASSOC OF BOSTON Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 350.00	10/12/1999	250.00
JEFF PLAGENHOEF 32 HAMPTON WAY DOTHAN AL 36305 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH CONSULT MED GRP Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	10/09/1999	500.00
VITA PLISKOW 3502 OLYMPIC BLVD W TACOMA WA 98466 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	SELF-EMPLOYED Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	10/09/1999	500.00
ALAN PLONA 87 GUNTHER CT SALINE MI 48176 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH ASSOC OF ANN ARBOR Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	10/12/1999	250.00
SUBTOTALS of Receipts This Page (Optional)			
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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUSAN POLK 620 SHERIDAN EVANSTON IL 60202	UNIV OF CHICAGO	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD POLLARD 201 W 10TH AVE GASTONIA NC 28052	SOUTHEAST ANESTH CONSULT	10/08/1999	1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 1000.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD POLLARD 201 W 10TH AVE GASTONIA NC 28052	SOUTHEAST ANESTH CONSULT	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 1500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID POWELL 690 19TH STREET BEAUMONT TX 77706	ANESTH ASSOC	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 850.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHNATHAN PREGLER 2801 ROSCOMARE RD LOS ANGELES CA 90077	UCLA	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H J PRZYBYLO 2300 CHILDRENS PLAZA CHICAGO IL 60614		10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TIMOTHY QUILL 27 STEVENS RD HANOVER NH 03755	HITCHCOCK CLINIC	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	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 POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANK RADOSEVICH 5632 N ISABELL PEORIA IL 61614	ASSOC ANESTH	10/08/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHELE RANEY 223 GRAND CANAL BALBOA ISLAND CA 92662	SELF-EMPLOYED	10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATCHIN REBECCA 335 S CALIFORNIA ST ORANGE CA 92868	AMG	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID REICH 2737 PALISADE AVE BRONX NY 10463	MT SINAI MEDICAL CTR	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL REIN 39 MILE COURSE WILLIAMSBURG VA 23185	JAMES RIVER ANESTH ASSOC	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOUG REINHART 2571 S 182 SE OGDEN UT 84401	SELF-EMPLOYED	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARILYN RESURRECCION 182 BEACH 132ND STREET BELLE HARBOR NY 11694	SUNY HSCB	10/10/1999	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	

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SCHEDULE A — ITEMIZED RECEIPTS

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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
H DOUGLAS ROBERTS 4130 MARIPOSA DR SANTA BARBARA CA 93110	ANESTH ASSOC MED GRP	10/10/1999	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 100.00	
H DOUGLAS ROBERTS 4130 MARIPOSA DR SANTA BARBARA CA 93110	ANESTH ASSOC MED GRP	10/26/1999	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 400.00	
TIMOTHY ROBINSON 2212 DALEWOOD RD TIMONIUM MD 21093	YRAA	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 500.00	
JOEL ROCK 561 TOPPING HILL RD WESTFIELD NJ 07090	EDISON ANESTH ASSOC	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 500.00	
CAROL ROSE 428 GLADS DR PITTSBURGH PA 15243	UPP	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
MICHAEL ROSE 1805 BRIGADOONE LN FLORENCE SC 29505	MEDICAL ANESTH CONSULTANTS	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 500.00	
HENRY ROSENBERG 322 SYCAMORE AVE MERION PA 19066	THOMAS JEFFERSON	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 500.00	

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SCHEDULE A — ITEMIZED RECEIPTS

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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 ROWLINGSON 1255 HUNTERS RIDGE RD EARLYSVILLE VA 22936 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	UNIV OF VIRGINIA Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	10/09/1999	500.00
LAWRENCE ROY 1812 CROSSBOW EDMOND OK 73034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	OKLAHOMA ANESTH CONSULT Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	10/09/1999	250.00
RAYMOND ROY 303 ARBOR RD WINSTON-SALEM NC 27104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	WAKE FOREST UNIV SCHL OF MED Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	10/09/1999	500.00
DEBORAH RUSY 412 FARWELL DR MADISON WI 53704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	UNIV OF WISCONSIN MED SCHL Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 350.00	10/09/1999	250.00
MICHAEL RYAN 13211 AMIOT ST LOUIS MO 63146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	WASHINGTON SCHOOL OF MEDICINE Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 270.00	10/11/1999	250.00
FRANKLIN SCAMMAN 4336 OAKRIDGE TRL NE IOWA CITY IA 52240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	UNIV OF IOWA Occupation: PHYSICIAN Aggregate Year-to-Date > $ 350.00	10/11/1999	250.00
PAUL SCHANER 133 N HEIDE LN MCMURRAY PA 15317 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PAA Occupation: PHYSICIAN Aggregate Year-to-Date > $ 500.00	10/08/1999	500.00

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SCHEDULE A — ITEMIZED RECEIPTS

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CATHERINE SCHMIDT P.O. BOX 1261 CODY WY 82414	SELF-EMPLOYED	10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES SCHMITTER 5057 RED FOX RUN ANN ARBOR MI 48105	ANESTH ASSOC OF ANN ARBOR	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARMIN SCHUBERT 3021 ATTLEBORO RD SHAKER HTS OH 44120	CLEVELAND CLINIC	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALAN JAY SCHWARTZ 1000 SHARPLESS RD MELROSE PARK PA 19027	ST LUKES ROOSEVELT HOSP	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MIKE SCHWEITZER 1927 HOLSTEIN LN LAUREL MT 59044	SELF-EMPLOYED	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 350.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN SCONZO 175 FULLER RD QUEENSBURY NY 12804	WARREN ANESTH	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH SELTZER 12 CHOWNING DR MALVERN PA 19355	JEFFERSON MED COLLEGE	10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 500.00	

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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
GOKUL SHANBAG 2099 WABEEK HILL CT BLOOMFIELD HILLS MI 48302	SOUTH OAKLAND ANESTH ASSOC	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARYEH SHANDER 66 COUNTY RD DEMAREST NJ 07627	NVA	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN SHEARER 23 RIDGE DR BIRMINGHAM AL 35213	ANESTH & PAIN MEDICINE	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BEN SHWACHMAN 230 W COLLEGE ST COVINA CA 91723	SELF-EMPLOYED	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOUGLAS SILLART 6800 OLD LAKESHORE RD DERBY NY 14047	SELF-EMPLOYED	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANA SIMON 2320 ASHWORTH RD WEST DES MOINES IA 50265	MEDICAL CENTER ANESTH	10/10/1999	118.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 218.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EUGENE SINCLAIR 13185 LEE CT ELM GROVE WI 53122	SELF-EMPLOYED	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	

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SCHEDULE A — ITEMIZED RECEIPTS

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK SINGLETON 111 ALTA TIERRA CT LOS GATOS CA 95032	SELF-EMPLOYED	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
ALEX SKAFF 28 NORWOOD RD CHARLESTON WV 25314	GENERAL ANESTH SERVICES	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 1000.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
DAVID SMITH 208 MOCKINGBIRD RD NASHVILLE TN 37205	ANESTH MEDICAL GROUP	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 800.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
GREGORY SMITH 2136 LOCKLIN LN WEST BLOOMFIELD MI 48324	SOUTH OAKLAND ANESTH ASSOC	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
MARTIN SOKOLL 2041 CAMBRIDGE DR CORDVILLE IA 52241	RETIRED	10/08/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
MARTIN SOKOLL 2041 CAMBRIDGE DR CORDVILLE IA 52241	RETIRED	10/08/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
GLYNNE STANLEY 113 GREAT POND DR BOXFORD MA 01921	BOSTON MEDICAL CTR	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	

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SCHEDULE A — ITEMIZED RECEIPTS

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STANLEY STEAD 4819 ANDASOL AVE ENCINO CA 91316	UCLA Occupation: PHYSICIAN	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
MARK STEFFENSEN 5176 COTTONWOOD LN HOLLADAY UT 84117	SELF-EMPLOYED Occupation: ANESTHESIOLOGIST	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1000.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
BETTY STEPHENSON 1 TIFFANY LN SUGAR LAND TX 77478	RETIRED Occupation: ANESTHESIOLOGIST	10/12/1999	1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2000.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
PAUL STEVENSON 6575 PLEASANTVIEW PORTAGE MI 49024	KALAMAZOO ANESTH Occupation: ANESTHESIOLOGIST	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
ANN STILL 3030 ENGLISH OAKS CR VESTAVIA AL 35226	UNIV OF ALABAMA @ BIRMINGHAM Occupation: PHYSICIAN	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
STEPHEN STRELEC 320 E NORTH AVE PITTSBURGH PA 15212	ALLEGHENY ANESTH ASSOC Occupation: ANESTHESIOLOGIST	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
DANIEL SULLIVAN 255 ROYAL OAK DR BUTLER PA 16002	SELF-EMPLOYED Occupation: PHYSICIAN	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

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MIKE SULLIVAN 1410 BLANDING ST COLUMBIA SC 29212	CRITICAL HEALTH SYSTEM Occupation: ANESTHESIOLOGIST	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
R LAWRENCE SULLIVAN 1345 WEBSTER PALO ALTO GA 94301	SELF-EMPLOYED Occupation: PHYSICIAN	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
STEVEN SWEEN 240 MARCHAND CT NW ATLANTA GA 30328	PHYS SPEC IN ANESTH Occupation: ANESTHESIOLOGIST	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
NEIL SWISSMAN 1121 MASERATI DR LAS VEGAS NV 89117	SUMMIT ANESTH Occupation: ANESTHESIOLOGIST	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
PETER SYBERT 182 FARMERS LN #202 SANTA ROSA CA 95405	AAMG Occupation: PHYSICIAN	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
CARL SYLVESTER 5038 VAN NESS ST NW WASHINGTON DC 20016	NORTHWEST ANESTH Occupation: ANESTHESIOLOGIST	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
JOHN SZEWCZYK 2202 HARLEM RD #200 LOVES PARK IL 61111	ROCKFORD ANESTH ASSOC Occupation: ANESTHESIOLOGIST	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		

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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
CHARLES SZYMAN 515 N 4TH STREET MANITOWOC WI 54220	HOLY FAMILY MEM MED CTR Occupation: ANESTHESIOLOGIST	10/08/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
STEPHAN THILEN P.O. BOX 1104 LEWISBURG WV 24901	GREENBRIER ANESTH SVCS Occupation: ANESTHESIOLOGIST	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
BUTCH THOMAS 2 EAST END AVE NEW YORK NY 10021	CORNELL UNIV Occupation: ANESTHESIOLOGIST	10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
LARRY THOMPSON 1243 E JEFFERSON BLVD SOUTH BEND IN 46617	MICHIANA ANESTH CARE Occupation: ANESTHESIOLOGIST	10/12/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
SYDNEY THOMSON 6224 HIDDEN MEADOW CT SAN JOSE CA 95135	SELF-EMPLOYED Occupation: ANESTHESIOLOGIST	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
ROSALIE TOCCO-BRADLEY 3684 DEER RIDGE CT ANN ARBOR MI 48105	ANESTH ASSOC OF ANN ARBOR Occupation: ANESTHESIOLOGIST	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
EUGENE TOLPIN 1309 OBERLIN RD WILMINGTON DE 19803	ASPA Occupation: PHYSICIAN	10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		

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

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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 POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCOTT TREZZA 2490 BELLE CHRISTIANE CIR PENSACOLA FL 32503	US NAVY Occupation: ANESTHESIOLOGIST	10/08/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
KENNETH TUMAN 120 BERTLING LN WINNETKA IL 60093	UNIVERSITY ANESTH Occupation: ANESTHESIOLOGIST	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 700.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
GREGORY UNRUH 21215 W 108TH STREET OLATHE KS 66061	KS UNIV ANESTH FOUND Occupation: ANESTHESIOLOGIST	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
ROBERTO VALENZUELA 331 LAIDLEY ST #606 CHARLESTON WV 25301	PROFESSIONAL ANESTH SERV Occupation: PHYSICIAN	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
JOHN VARVEL 3035 SHERIDAN BLVD LINCOLN NE 68502	LINCOLN ANESTH GRP Occupation: ANESTHESIOLOGIST	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
GANESH VATTHYAM 4250 SEDGEMOOR LN BLOOMFIELD HILLS MI 48302	Occupation: ANESTHESIOLOGIST	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
SALVATORE VITALE 26 RAMBLEWOOD CT NISKAYUNA NY 12309	AGA Occupation: ANESTHESIOLOGIST	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ 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 POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICK VLAHOS 1691 EWING CIR PITTSBURGH PA 15241 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NORTH HILLS ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 300.00	10/10/1999	300.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL WALSH 3719 CEDARBROOK DR ROCHESTER HILLS MI 48309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SOUTH OAKLAND ANESTH ASSOC Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	10/11/1999	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK WARNER MAYO CLINIC ROCHESTER MN 55905 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MAYO CLINIC Occupation: PHYSICIAN Aggregate Year-to-Date > $ 500.00	10/09/1999	500.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY ELLEN WARNER MAYO CLINIC ROCHESTER MN 55905 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MAYO CLINIC Occupation: PHYSICIAN Aggregate Year-to-Date > $ 500.00	10/09/1999	500.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES WATSON 27 STURBRIDGE RD EASTON CT 06612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BRIDGEPORT ANESTH ASSOC Occupation: PHYSICIAN Aggregate Year-to-Date > $ 1000.00	10/08/1999	1000.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD RAY WEBRE 932 RUE ST PETER NEW ORLEANS LA 70116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	10/09/1999	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD WENINGER 3207 LAKESHORE DR MICHIGAN CITY IN 46360 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	WENINGER MEDICAL CORP Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	10/08/1999	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 POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERIC WERNER 3804 ROYAL FOX DR ST CHARLES IL 60174	WCAG	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 1000.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
JAMES WEST 130 WARING RD MEMPHIS TN 38117	MEDICAL ANESTH GRP	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
THOMAS WEST 125 OLD STRATTON CHASE ATLANTA GA 30328	SELF-EMPLOYED	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
DAVID WHALLEY 2885 COURTLAND SHAKER HTS OH 44122	CLEVELAND CLINIC	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
MARTIN WHIGHAM 102 SANDERLING LN GREENVILLE SC 29607	PALMETTO ANESTH ASSOC OF GREENVILLE	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
ANNE WILHITE 3011 HARRINGTON MANOR MIDLOTHIAN VA 23113	HARRIS COLE & ASSOC	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
JOHN WILLIAMS 606 OVERLOOK DR COLUMBUS GA 31906	ANESTH ASSOC OF COLUMBUS	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 1000.00	

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SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	55 / 65
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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
ROGER WILLIAMS 902 7TH STREET N CORDELE GA 31015	SELF-EMPLOYED	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARCELLE WILLOCK 349 COMMONWEALTH NEWTON MA 02467	BOSTON UNIV	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL WILLOUGHBY 4018 WATERVALE RD MANLIUS NY 13104	SUNY HSC SYRACUSE	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARGARET WILSON 5670 VERBENA SAN ANTONIO TX 78240	TEJAS ANESTH	10/11/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD WOLMAN 600 HIGHLAND AVE MADISON WI 53792	UNIV OF WISC MED FOUND	10/09/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BYRON WORK 3749 LYNNFIELD DR VIRGINIA BEACH VA 23452	ATLANTIC ANESTH	10/10/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date: $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W BRADLEY WORTHINGTON 207 LYNWOOD BLVD NASHVILLE TN 37205	VANDERBILT	10/08/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	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 POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN WYBLE P.O. BOX 431 OPELOUSAS LA 70571	ANESTH ASSOC OF OPELOUSAS	10/10/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK YESTREPSKY 750 BOX CANYON CT ROCHESTER HILLS MI 48309	SOAA	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN ZANELLA 7365 COTTON PLANT COVE MEMPHIS TN 38119	UT MEMPHIS	10/12/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK ZEMANICK 1313 WELLINGTON DR UPPER ST CLAIR PA 15241	PITTSBURGH ANESTH ASSOC	10/11/1999	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 350.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLENN ZURAWSKI 4529 LIVE OAK ST BELLAIRE TX 77401	UT MD ANDERSON	10/09/1999	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 500.00	

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

TOTALS This Period (last page this line number only) **149667.99**

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	57 / 65
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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
NORTHERN TRUST CO. 50 S. LASALLE CHICAGO IL 60675	Occupation	10/31/1999	165.71
Receipt For: ☐ Primary ☐ General ☒ Other (specify): INTEREST	Aggregate Year-to-Date > $ 1946.46		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	165.71

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	58 / 65
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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
A LOT OF PEOPLE FOR OBEY P.O. BOX 75214 WASHINGTON DC 20013	(House - WI - 7) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/28/1999	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ADAM SMITH PAC P.O. BOX 2392 TAMPA FL 33601	Disbursement for: [ ] Primary [ ] General [X] Other (specify) : 99 CONTRIB	10/21/1999	5000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BALDACCI FOR CONGRESS P.O. BOX 823 BANGOR ME 04402	(House - ME - 2) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BARR FOR CONGRESS P.O. BOX 4323 MARIETTA GA 30061	(House - GA - 7) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BAYOU LEADER PAC 524 FT WILLIAMS PARKWAY ALEXANDRIA VA 22304	Disbursement for: [ ] Primary [ ] General [X] Other (specify) : 99 CONTRIB	10/21/1999	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BECCERA FOR CONGRESS P.O. BOX 75214 WASHINGTON DC 20013	(House - CA - 30) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	1500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BERKLEY 2000 P.O. BOX 2884 WASHINGTON DC 20013	(House - NV - 1) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BILIRAKIS FOR CONGRESS P.O. BOX 1077 TARPON SPRINGS FL 34688	(House - FL - 9) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	2000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BRADY FOR CONGRESS 1212 N VERNON STREET ARLINGTON VA 22201	(House - TX - 8) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/28/1999	1000.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
CAMP FOR CONGRESS 4451 BROOKFIELD PLAZA DRIVE CHANTILLY VA 20151	[House - MI - 4] 2000 PRIMARY	[X] Primary [ ] General [ ] Other (specify):	10/21/1999	1000.00
CARDIN FOR CONGRESS 38 IVY STREET SE WASHINGTON DC 20003	(House - MD - 3) 2000 PRIMARY	[X] Primary [ ] General [ ] Other (specify):	10/21/1999	500.00
CATPAC P.O. BOX 3006 OAKTON VA 22124	1999 CONTRIBUTION	[ ] Primary [ ] General [X] Other (specify): 99 CONTRIB	10/21/1999	1000.00
CHABOT FOR CONGRESS 3014 HARRISON AVENUE CINCINNATI OH 45211	(House - OH - 1) 2000 PRIMARY	[X] Primary [ ] General [ ] Other (specify):	10/21/1999	1000.00
COMMITTEE FOR A PROGRESSIVE CONGRESS P.O. BOX 75214 WASHINGTON DC 20013	1999 CONTRIBUTION	[ ] Primary [ ] General [X] Other (specify): 99 CONTRIB	10/28/1999	1000.00
DAVIS FOR CONGRESS P.O. BOX 2984 WASHINGTON DC 20013	(House - FL - 11) 2000 PRIMARY	[X] Primary [ ] General [ ] Other (specify):	10/21/1999	1000.00
DEMOCRATIC SENATORIAL CAMPAIGN COM 430 S CAPITOL STREET SE WASHINGTON DC 20003	1999 CONTRIBUTION	[ ] Primary [ ] General [X] Other (specify): 99 CONTRIB	10/21/1999	2500.00
DEMOCRATIC SENATORIAL CAMPAIGN COM 430 S CAPITOL STREET SE WASHINGTON DC 20003	1999 CONTRIBUTION	[ ] Primary [ ] General [X] Other (specify): 99 CONTRIB	10/21/1999	2500.00
DEMOCRATIC SENATORIAL CAMPAIGN COM 430 S CAPITOL STREET SE WASHINGTON DC 20003	1999 CONTRIBUTION	[ ] Primary [ ] General [X] Other (specify): 99 CONTRIB	10/21/1999	2500.00

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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	Date (month, day, year)	Amount of Each Disbursement This Period
DEMOCRATIC SENATORIAL CAMPAIGN COMM 430 S CAPITOL ST. SE WASHINGTON DC 20003	CHECK VOIDED Disbursement for: ☐ Primary ☐ General ☒ Other (specify): 99 CONTRIBUTION	10/21/1999	-5000.00
ENSIGN FOR SENATE P.O. BOX 26568 LAS VEGAS NV 89126	(Senate - NV -) 2000 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/21/1999	3000.00
FITZGERALD FOR SENATE 507 CAPITOL COURT NE #100 WASHINGTON DC 20002	(Senate - IL -) 99 PRIMARY DEBT RETIREMENT Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/28/1999	2000.00
FLETCHER FOR CONGRESS P.O. BOX 4709 LEXINGTON KY 40544	(House - KY - 6) 2000 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/21/1999	1500.00
FORBES FOR CONGRESS P.O. BOX 75214 WASHINGTON DC 20013	(House - NY - 1) 2000 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/21/1999	500.00
FRIENDS OF CLAY SHAW P.O. BOX 2188 FT LAUDERDALE FL 33321	(House - FL - 22) 2000 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/21/1999	1500.00
FRIENDS OF JOE BACA P.O. 362 SAN BERNARDINO CA 92402	(House - CA - 42) 1999 SPECIAL Disbursement for: ☐ Primary ☐ General ☒ Other (specify):	10/25/1999	2000.00
FRIENDS OF RONNIE SHOWS ROUTE 2 BOX 234 BASSFIELD MS 39421	(House - MS - 4) 2000 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/21/1999	500.00
FRIENDS OF SAM JOHNSON P.O. BOX 860096 PLANO TX 75086	(House - TX - 3) 2000 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/21/1999	500.00
SUBTOTALS of Disbursements This Page (Optional)			
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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF SHERROD BROWN P.O. BOX 2884 WASHINGTON DC 20013	(House - OH - 13) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/25/1999	500.00
GENE GREEN FOR CONGRESS P.O. BOX 16128 HOUSTON TX 77222	(House - TX - 29) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/25/1999	500.00
GIBBONS FOR CONGRESS 811 CHETWORTH PLACE ALEXANDRIA VA 22314	(House - NV - 2) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	500.00
GONZALES CONGRESSIONAL COMMITTEE P.O. BOX 2884 WASHINGTON DC 20013	(House - TX - 20) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	500.00
GUTKNECHT FOR CONGRESS 1530 GREENVIEW DRIVE SW #114 ROCHESTER MN 55902	(House - MN - 1) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	1000.00
HAYES FOR CONGRESS P.O. BOX 2000 CONCORD NC 28026	(House - NC - 8) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/25/1999	2000.00
HOLT FOR CONGRESS P.O. BOX 782 PENNINGTON NJ 08534	(House - NJ - 12) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	500.00
HOOLEY FOR CONGRESS 38 IVY STREET SE WASHINGTON DC 20003	(House - OR - 5) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	1000.00
HOYER FOR CONGRESS 7905 MALCOLM ROAD #102 CLINTON MD 20003	(House - MD - 5) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	1500.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B — ITEMIZED DISBURSEMENTS

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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
LAZIO FOR CONGRESS P.O. BOX 2776 ARLINGTON VA 22202	(House - NY - 2) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LILLEHAUGH FOR SENATE P.O. BOX 2800 MINNEAPOLIS MN 55402	(Senate - MN -) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LOBIONDO FOR CONGRESS P.O. BOX 775 MARMORA NJ 08223	(House - NJ - 2) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MCCOLLUM FOR SENATE 805 E ROBINSON STREET SUITE 105 ORLANDO FL 32801	(Senate - FL -) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	5000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MILLER FOR CONGRESS 811 CHETWORTH PLACE ALEXANDRIA VA 22314	(House - CA - 41) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NEW DEMOCRATIC NETWORK PAC 501 CAPITOL COURT NE SUITE 200 WASHINGTON DC 20002	1999 CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify) : 99 CONTRIB	10/28/1999	2000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PASCRELL FOR CONGRESS 38 IVY STREET SE WASHINGTON DC 20003	(House - NJ - 8) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PASCRELL FOR CONGRESS 38 IVY STREET SE WASHINGTON DC 20003	(House - NJ - 8) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/28/1999	1500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PHIL CRANE FOR CONGRESS 4451 BROOKFIELD CORPORATE DRIVE SUITE 200 CHANTILLY VA 20151	(House - IL - 6) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/28/1999	1000.00

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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 POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RAMSTAD VOLUNTEER COMMITTEE 8100 PENN AVENUE SOUTH #104 BLOOMINGTON MN 55431	(House - MN - 3) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	2000.00
ROYBAL-ALLARD FOR CONGRESS P.O. BOX 2884 WASHINGTON DC 20013	(House - CA - 33) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	1000.00
STARK RE-ELECT COMMITTEE P.O. BOX 75214 WASHINGTON DC 20013	(House - CA - 13) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/28/1999	1000.00
*Full Name, Mailing Address, and ZIP Code STARK RE-ELECT COMMITTEE P.O. BOX 75214 WASHINGTON DC 20013	Purpose of Disbursement (House - CA - 13) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	Date (month, day, year) 10/28/1999	Amount of Each Disbursement This Period 2000.00
THOMPSON FOR CONGRESS 442 NEW JERSEY AVENUE SE WASHINGTON DC 20003	(House - CA - 1) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	500.00
THURMAN FOR CONGRESS 3810 38TH STREET NW F270 WASHINGTON DC 20016	(House - FL - 5) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	1500.00
TOM DELAY FOR CONGRESS COMMITTEE 2300 CLARENDON BLVD SUITE 401 C/O CRAIG RICHARDSON ARLINGTON VA 22201	(House - TX - 22) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/28/1999	1000.00
TURNER FOR CONGRESS 205 C STREET SE WASHINGTON DC 20003	(House - TX - 2) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	1000.00
VITTER FOR CONGRESS 2520 METARIE RD METARIE LA 70001	(House - LA - 1) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	500.00

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

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WALSH FOR CONGRESS P.O. BOX 1974 SYRACUSE NY 13201	(House - NY - 25) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WALSH FOR CONGRESS P.O. BOX 1974 SYRACUSE NY 13201	(House - NY - 25) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WELDON FOR CONGRESS P.O. BOX 968 MELBOURNE FL 32902	(House - FL - 15) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	10/21/1999	1500.00

SUBTOTALS of Disbursements This Page (Optional)	
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SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	65 / 65
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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	Disbursement for: ☐ Primary ☐ General ☒ Other (specify): BANK CHARGES	10/31/1999	104.67

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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SL — PREPARER

11/12/99 — DATE PREPARED

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