SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

A.
Full Name (Last, First, Middle Initial)
RAMSTAD VOLUNTEER COMMITTEE

Mailing Address
4451 BROOKFIELD CORPORATE DR

City: CHANTILLY | State: VA | Zip Code: 20151

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: MN District: 3

Disbursement For: Primary / X General / Other (specify)

Date of Disbursement: 05 09 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.16962

B.
Full Name (Last, First, Middle Initial)
RELY ON YOUR BELIEFS PAC

Mailing Address
1736 E SUNSHINE #913

City: SPRINGFIELD | State: MO | Zip Code: 65804

Purpose of Disbursement
2002 CONTRIBUTION

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 05 09 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.16954

C.
Full Name (Last, First, Middle Initial)
SHADEGG FOR CONGRESS

Mailing Address
104 HURNE AVE

City: ALEXANDRIA | State: VA | Zip Code: 22301

Purpose of Disbursement
2002

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: AZ District: 4

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 05 09 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.16966

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

TOTAL This Period (last page this line number only) ..... ▶