REPORT OF RECEIPTS AND DISBURSEMENTS

1/89

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 MAY 12 P 1:11

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

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

CITY, STATE, and ZIP CODE
PARK RIDGE IL 60068

2. FEC IDENTIFICATION NUMBER
C00255752

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)
☐ Termination report

Monthly Report Due On:
☐ February 20 ☐ 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 04/01/2000 through 04/30/2000

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand, January 1, 2000		259321.36
(b) Cash on Hand at Beginning of Reporting Period	135992.04	
(c) Total Receipts (from line 19)	270397.99	380351.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	406390.03	639672.47
7. Total Disbursements (from line 30)	227710.54	460992.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	178679.49	178679.49
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
5.7.00

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 9/93)

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

REPORT COVERING PERIOD
FROM 04/01/2000 TO: 04/30/2000

	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)	161250.00	259620.00	11.a.i.
ii. Unitemized	88920.00	119190.00	11.a.ii.
iii. Total (add i and ii)»	270170.00	378810.00	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)»	270170.00	378810.00	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	500.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	227.99	1041.11	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)»	270397.99	380351.11	19.
20. Total Federal Receipts (subtract line 18 from line 19)»	270397.99	380351.11	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	0.00	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)»	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	179684.08	406608.57	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	0.00	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	0.00	28.d.
29. Other Disbursements	48016.46	54384.41	29.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)»	227710.54	460992.98	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)»	227710.54	460992.98	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	270170.00	378810.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	270170.00	378810.00	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)»	0.00	0.00	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	0.00	37.

SCHEDULE A **ITEMIZED RECEIPTS**

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

3 / 89

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRUCE ADELMAN 1200 E MICHIGAN AVE #370 LANSING MI 48912	PHYSICIAN ANESTH SERV	04/03/2000	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
THOM ADKINS 1010 OVERTON LEA RD NASHVILLE TN 37220	AMG	04/17/2000	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
BEATRICE AFRANGUI 8851 TUCKERMAN LN POTOMAC MD 20854	UNIV OF MARYLAND	04/15/2000	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
VIRGIL AIROLA 3641 W LOCUST AVE FRESNO CA 93711	PEDIATRIC ANESTH ASSOC	04/11/2000	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
ERICK ALLEN 5208 WELCOME GLEN AUSTIN TX 78759	AUSTIN ANESTH GRP	04/11/2000	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
SIRAJ ALSERI 3435 RIVERBEND ANN ARBOR MI 48105	ANESTH ASSOC OF ANN ARBOR	04/07/2000	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 ANDERSON 322 ASPEN LN DULUTH MN 55804	ANESTH ASSOC OF DULUTH	04/11/2000	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) .....

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 89
			FOR LINE NUMBER 11A1

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID ANNAND 5313 HICKORY HOLLOW RD KNOXVILLE TN 37919 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	KNOXVILLE ANESTH GRP Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/05/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH ANTOGNINI 3815 HILLCREST LN SACRAMENTO CA 95821 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	UC DAVIS Occupation PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/05/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE ARENDS 3423 HICKORY LN ROCKFORD IL 61107 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOEL ARNEY 4 WINDY HILL CT SUNFISH LAKE MN 55077 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH ASSOC Occupation PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES ARTUSO 1041 STEEPLECHASE DR LANCASTER PA 17601 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH ASSOC OF LANCASTER Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/03/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID AZIZI 840 TULLIS RD LAWRENCEVILLE GA 30043 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	GWINNETT ANESTH SERV Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/10/2000	500.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY BAGGENSTOSS 15795 JUNIPER RIDGE DR ANOKA MN 55303 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	MIDWEST ANESTH Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/10/2000	250.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 89
			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
STEPHEN BAILEY 1815 WEST BLVD RAPID CITY SD 57701	WEST RIVER ANESTH	04/07/2000	1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	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
WILLIAM BAILEY 6008 E 106TH ST S TULSA OK 74137		04/15/2000	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
SCOTT BAKER 105 VALDESE AVE MORGANTON NC 28655	SELF-EMPLOYED	04/11/2000	2000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	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
WILLIAM BAKER PO BOX 55807 BIRMINGHAM AL 35255	ANESTH & PAIN MED	04/10/2000	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
LEE BALAKLAW PO BOX 903 LOUISA KY 41230	ANESTH ASSOC OF LOUISA	04/07/2000	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 BALDWIN 3300 PROVIDENCE DR #207 ANCHORAGE AK 99508	PROVIDENCE ANCHORAGE ANESTH MED	04/11/2000	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
KORNEL BALON 383 MENDELSSOHN CT WHEATON IL 60187	WEST CENTRAL ANESTH GRP	04/11/2000	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)	

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			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
PAUL BANTA 663 MIDVALE AVE #1 LOS ANGELES CA 90024	SELF-EMPLOYED	04/16/2000	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 BARBACCIA 1300 DEER RUN MORGANTOWN WV 26508	WEST VIRGINIA UNIV	04/04/2000	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: PROFESSOR	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
LOUISE BARBIERI 17 WASHINGTON VALLEY RD MORRISTOWN NJ 07960	ANESTH ASSOC OF MORRISTOWN	04/11/2000	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
RISE BARKHOFF 27455 MEADOWOOD METTAWA IL 60048	SELF-EMPLOYED	04/12/2000	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
DEBORAH BARRON 14 W RUNSWICK DR RICHMOND VA 23233	ANESTH ASSOC OF RICHMOND	04/14/2000	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 BARTKOWSKI 408 ROGERS LN WALLINGFORD PA 19086	JEFF PRACTICE PLAN	04/16/2000	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
JAMES BARTLETT 7 LINCOLN PLACE DR DES MOINES IA 50312	MEDICAL CENTER ANESTH	04/07/2000	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)	

SCHEDULE A — ITEMIZED RECEIPTS

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

7 / 89

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MURRAY BARTLEY 2836 SIGFIELD DR CLAREMONT NC 28610 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	WESTERN PIEDMONT ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/06/2000	250.00
MATTHEW BARTON P.O. BOX 2905 LOVES PARK IL 61132 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ROCKFORD ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 300.00	04/11/2000	300.00
RICHARD BARTON 402 S 3RD AVE BOZEMAN MT 59715 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF-EMPLOYED Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
WILLIAM BARTON 820 PRUDENTIAL DR #606 JACKSONVILLE FL 32207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	FL ANESTH ASSOC Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
DAVID BEAUDREAU 2350 NEVIN DR PITTSBURGH PA 15237 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ALLEGHENY ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/10/2000	250.00
TERRY BEJOT 6441 MESA VERDE DR LINCOLN NE 68510 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASSOC ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
JEFF BENNIE 8208 VICTORY TRAIL BRENTWOOD TN 37027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AMG Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/14/2000	250.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	8 / 89 FOR LINE NUMBER 11A1

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DON BENSON 10 W MATHER LN BRATENAHL OH 44108	Occupation: ANESTHESIOLOGIST	04/07/2000	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer: ANESTH ASSOC OF MORRISTOWN	Date (month, day, year): 04/14/2000	Amount of Each Receipt this Period: 250.00
ERIC BENVENUTI VAN BUREN RD MORRISTOWN NJ 07960	Occupation: PHYSICIAN		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer: COMMUNITY HOSP UNIV OF IL	Date (month, day, year): 04/16/2000	Amount of Each Receipt this Period: 250.00
RICHARD BERKOWITZ 4100 CHESTER DR GLENVIEW IL 60025	Occupation: ANESTHESIOLOGIST		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer: SIERRA ANESTH	Date (month, day, year): 04/10/2000	Amount of Each Receipt this Period: 250.00
STEVEN BERMAN 7850 KEVIN LN RENO NV 89511	Occupation: PHYSICIAN		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer: DREXEL UNIV	Date (month, day, year): 04/07/2000	Amount of Each Receipt this Period: 500.00
JOHN BIANROSA 2121 RACE ST PHILADELPHIA PA 19103	Occupation: ANESTHESIOLOGIST		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer: ASSOC ANESTH OF RENO	Date (month, day, year): 04/17/2000	Amount of Each Receipt this Period: 300.00
DAVID BILLHARZ 1235 PALISADE DR RENO NV 89509	Occupation: PHYSICIAN		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer: ASMG	Date (month, day, year): 04/11/2000	Amount of Each Receipt this Period: 250.00
DAVID BISHOP 5712 SW 37TH TERR TOPEKA KS 66610	Occupation: ANESTHESIOLOGIST		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

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

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			FOR LINE NUMBER 11A1

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERRI BLACKBURN 4600 ANDERSON WAY BELLINGHAM WA 98226	BELLINGHAM ANESTH ASSOC	04/11/2000	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 BLAKE 4437 OLD ENGLISH CIR BELLBROOK OH 45305	ANESTH SERV NETWORK	04/15/2000	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
DANA BOCK 4400 WILL ROGERS PKWY #105 OKLAHOMA CITY OK 73108	NORTHWEST ANESTH	04/17/2000	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
BRAD BOHMAN 2629 E OSMOND DR OGEN UT 84403	RMA	04/11/2000	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 BOHNERT 6231 BRIGHAM FORK SALT LAKE CITY UT 84108		04/18/2000	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
DONALD BONNER 311 FEATHER GLEN RIDGELAND MS 39157	SURGICAL ANESTH ASSOC	04/07/2000	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
MICHAEL BORKOWSKI 52423 GLENMORE CT GRANGER TX 46530	ST JOS VALLEY ANESTH	04/18/2000	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)	

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	10 / 89
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES BOUDREAUX 11910 DUSTY ROSE RD NE ALBUQUERQUE NM 87122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ANESTH SPECIAL OF ALBUQUERQUE Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/07/2000	500.00
ATTAS BOUTROUS 1235 E HIGHLAND ACRES RD BISMARCK ND 58501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEART & LUNG CLINIC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/07/2000	250.00
JOHN BOWDEN 1825 COOK RD OXFORD GA 30054 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ROCKDALE ANESTH SERV Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/12/2000	250.00
PETER BOZEMAN 2776 ASPEN RD ANN ARBOR MI 48108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ANESTH ASSOC OF ANN ARBOR Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/12/2000	250.00
GERALD BROCKER 9209 ROCKY COVE DR CHATANOOGA TN 37421 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ACE Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/10/2000	250.00
HARRY BROWN 2740 RIBERA RD CARMEL CA 93923 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MONTEREY PENINSULA MEDICAL Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
KEVIN BUCOL 12615 TOWN & COUNTRY EST LN ST LOUIS MO 63141 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	WCCA Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 1000.00	04/12/2000	1000.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	11 / 89
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFFREY BUFFO 3041 120TH ST NE CEDAR RAPIDS IA 52404	LCA	04/15/2000	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 BULT 1125 HICKORY RIDGE CT NIXA MO 65714	OZARK ANESTH ASSOC	04/12/2000	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**
BENTLEY BURNHAM 29971 BOLINGBROKE LN TRAPPE MD 21673	TIDEWATER ANESTH ASSOC	04/10/2000	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**
CALVIN BURRICHTER 920 QUAIL VALLEY DR BRENTWOOD TN 37027	ANESTH MED GRP	04/11/2000	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**
RONALD BURT 5 WENTWORTH PARK FARMINGTON CT 06032	WOODLAND ANESTH ASSOC	04/07/2000	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 BUTCHER 2625 E 28TH ST TULSA OK 74114	ANESTH ASSOC	04/15/2000	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**
STEPHEN CAMPBELL 227 BRANDYWINE DR SUMMERVILLE SC 29485	ANESTH ASSOC	04/05/2000	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)	

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	12 / 89 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CURTIS CARL 2329 PINE HOLLOW E LANSING MI 48823	PHYSICIAN ANESTH SERV Occupation ANESTHESIOLOGIST	04/16/2000	1000.00
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
D MARK CARLSON 4763 OCEAN DR CORPUS CHRISTI TX 78412	GSAA Occupation ANESTHESIOLOGIST	04/12/2000	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
MICHAEL CARROLL 2209 SCOTTSDALE DR CHAMPAIGN IL 61822	CARLE CLINIC ASSOC Occupation PHYSICIAN	04/07/2000	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
JOSEPH CARTER 101 ROCKINGHAM GREENVILLE SC 29607	PALMETTO ANESTH ASSOC Occupation ANESTHESIOLOGIST	04/14/2000	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 CECIL 1727 W NEW HOPE RD GOLDSBORO NC 27530	WAYNE COUNTY ANESTH ASSOC Occupation ANESTHESIOLOGIST	04/05/2000	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
WILLIAM CERUZZI 18 STRATFORD RD WEST HARTFORD CT 06117	HARTFORD ANESTH ASSOC Occupation ANESTHESIOLOGIST	04/15/2000	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
HOWARD CHAIT 3031 DANNYHILL DR LOS ANGELES CA 90064	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	04/11/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

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

SCHEDULE A — ITEMIZED RECEIPTS

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

13 / 89

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONN CHAMBERS 3753 TUXEDO RD NW ATLANTA GA 30305 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PSA Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/05/2000	500.00
R A CHEANEY 1411 GREENWAY DR SHELBY NC 28150 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SHELBY ANESTH ASSOC Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
DON CHERRY 25 LINNEY BLVD SUGARLAND TX 77479 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	GREATER HOUSTON ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/17/2000	250.00
RONALD CHICOINE 225 MONTELLO ST LEWISTON ME 04240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ANESTH ASSOC OF LA Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 1000.00	04/10/2000	1000.00
JOHN CLARK 124 VALLEY DR GREENWICH CT 06831 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	GREENWICH ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/05/2000	250.00
MARK CLARK 15441 OAK POINTE DR SPRING LAKE MI 49456 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 250.00	04/10/2000	250.00
BOBBY CLIFTON 826 E GRAHAM ST SHELBY NC 28150 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SHELBY ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/05/2000	250.00

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

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	14 / 89
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM COLLINS 743 FINN HALL RD PORT ANGELES WA 98362	OLYMPIC MEDICAL CTR	04/11/2000	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 COOK 9425 WOOD VALLEY LN CHARLOTTE NC 28270	SOUTHEAST ANESTH CONSULT	04/06/2000	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 300.00	

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S COTTON 9906 EATON DR ROCKFORD IL 61114	RHS	04/11/2000	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
BRYAN CRAFTS 1440 DUNWOODY CLUB DR ATLANTA GA 30350	SELF-EMPLOYED	04/11/2000	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 CRESANTA 4000 CANYON DR RENO NV 89509	SIERRA ANESTH	04/17/2000	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
ERIC CRIMMINS 3220 S 29TH ST LINCOLN NE 68502	ASSOC ANESTH	04/11/2000	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
ALAN CROSTA 4 ALLEN WAY RANDOLPH NJ 07869	ANESTH ASSOC OF MORRISTOWN	04/07/2000	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)	

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	15 / 89 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANA CROVO 8 HUNT CLUB RD CAPE ELIZABETH ME 04107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SPECTRUM MED GRP Occupation PHYSICIAN Aggregate Year-to-Date > $ 500.00	04/16/2000	500.00
LASZLO CSERNAK 300 OAK HILL DR BELLEVILLE IL 62223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 500.00	04/10/2000	500.00
SUSAN CURLING 8234 MAGNOLIA GLEN HUMBLE TX 77346 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 1000.00	04/16/2000	1000.00
MARK D'AGOSTINO 8714 WOOLWORTH AVE OMAHA NE 68124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer ANESTH WEST Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 300.00	04/08/2000	300.00
JAMES DAVIS 7 BROOKS EDGE LN SIGNAL MOUNTAIN TN 37377 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer ANESTH ASSOC Occupation PHYSICIAN Aggregate Year-to-Date > $ 250.00	01/11/2000	250.00
KEN DAVIS 10925 HOLLOWRIDGE HELOTES TX 78023 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer USAF Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/16/2000	250.00
KENT DAVIS 13033 W HARVARD AVE LAKEWOOD CO 80228 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer SOUTH DENVER ANESTH Occupation PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/07/2000	250.00

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

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	16 / 89
			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
LEE DAVIS 3935 CLUB DR ATLANTA GA 30319	NAC Occupation ANESTHESIOLOGIST	04/15/2000	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
PAVAN DAVULURI 149 S WOODCREST DR FARGO ND 58102	VALLEY ANESTH ASSOC Occupation ANESTHESIOLOGIST	04/15/2000	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
ROBERT DAY 916 WELDON LN BRYN MAWR PA 19010	UNITED ANESTH SERV Occupation PHYSICIAN	04/03/2000	1000.00
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
ANIL DE SILVA PO BOX 1368 ROSS CA 94957	UCSF Occupation ANESTHESIOLOGIST	04/07/2000	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
ADRIAN DELANEY 12109 GRAND AVE KANSAS CITY MO 64145	ANESTH ASSOC OF KC Occupation ANESTHESIOLOGIST	04/11/2000	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
CRAIG DENNEN 14 DAVID DR SIMSBURY CT 06070	Occupation ANESTHESIOLOGIST	04/14/2000	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 DENNY 32 VILLAGE RD SEA BRIGHT NJ 07760	UMDNJ Occupation ANESTHESIOLOGIST	04/07/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MARK DENTZ 117 WALTERS AVE FRANKLIN TN 37067 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH MED GROUP ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/03/2000	250.00
DAVID DESERTSPRING P.O. BOX 2905 LOVES PARK IL 61132 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ROCKFORD ANESTH ASSOC ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
JAY DEVORE 5338 W 700 SOUTH EDINBURGH IN 46124 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	SELF-EMPLOYED ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/12/2000	250.00
WILLIAM DEVORE 151 BRANDERMILL RD SPARTANBURY SC 29301 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	FOOTHILLS ANESTH CONSULT ANESTHESIOLOGIST Aggregate Year-to-Date > $ 1000.00	04/04/2000	1000.00
LAURA DEWITT 1039 N PITT ST ALEXANDRIA VA 22314 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH ASSOC ANESTHESIOLOGIST Aggregate Year-to-Date > $ 400.00	04/11/2000	400.00
NIKI DIETZ 650 WINDERMERE CT NW ORONOCO MN 55960 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	MAYO FOUND ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
E J DISTELHORST 1008 BOUCHER AVE ANNAPOLIS MD 21403 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTHESIA COMPANY PHYSICIAN Aggregate Year-to-Date > $ 500.00	04/16/2000	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	18 / 89
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN DOBRYMAN 2061 TREMONT CT LIBERTYVILLE IL 60048	AC LTD	04/14/2000	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
WILLIAM DOMINGUEZ 3205 LAMANCHA DR NW ALBUQUERQUE NM 87104	ANESTH ASSOC OF NM	04/10/2000	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
STEVEN DONATELLO 4501 N FREDERICK AVE SHOREWOOD WI 53211	ST MARYS ANESTH ASSOC	04/07/2000	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
THOMAS DOSLAND 9760 HIDDEN GLADE RD WHITE BEAR LAKE MN 55110	ASSOC ANESTH	04/14/2000	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
JOHN DOUGLAS PO BOX 3294 TUPELO MS 38803	TUPELO ANESTH GROUP	04/11/2000	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
JAMES DOYLE 2015 KENILWORTH AVE CHARLOTTE NC 28203	SOUTHEAST ANESTH CONSULT	04/11/2000	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
GREG DRAGON 16 CRESTVIEW DR OCEAN VIEW NJ 08230	CAPE ANESTH & PAIN MGMT	04/05/2000	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)	

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	19 / 89 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LISA DRAKE 780 WEATHERLY LN NW ATLANTA GA 30328	GEORGIA PERIOPERATIVE CONSULT	04/12/2000	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
JEFF DRAWBOND 3615 FLETCHER BLVD AMES IA 50010	MCFARLAND CLINIC	04/10/2000	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
ELIZABETH DUCKWORTH 6527 TALLWOOD DR ROANOKE VA 24018	ANESTH ASSOC OF ROANOKE	04/16/2000	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
BURDETT DUNBAR 3623 GRENNOCH LN HOUSTON TX 77025	BAYLOR COL OF MED	04/07/2000	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
ELMER DUNBAR 6806 FOXCROFT RD PROSPECT KY 40059	PAIN CONTROL NETWORK	04/11/2000	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
NORBERT DUTTLINGER P.O. BOX 2905 LOVES PARK IL 61132	ROCKFORD ANESTH ASSOC	04/11/2000	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 ECKHARDT 2200 N CENTRAL AVE #203 PHOENIX AZ 85004	VALLEY ANESTH CONSULT	04/07/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00		

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	20 / 69
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD EDMONDSON PO BOX 18139 RALEIGH NC 27619	CRITICAL HEALTH SYS	04/03/2000	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**
CHARLENE EDWARDS 5105 BEARBERRY PT GREENSBORO NC 27455	GREENSBORO ANESTH PHYS	04/17/2000	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**
WELDON EGAN 1256 LAURELWOOD CARMEL IN 46032	SELF-EMPLOYED	04/07/2000	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 EGLI 204 ESSEX RD MANKATO MN 56001	MANKATO ANESTH ASSOC	04/15/2000	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 300.00	
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
ANDREW ELIZAGA 1422 WHITMAN ST NE TACOMA WA 98422	AUBURN ANESTH ASSOC	04/05/2000	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 ELLIOTT 1700 CRISWELL HILL LN KNOXVILLE TN 37922	KNOXVILLE ANESTH GRP	04/07/2000	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**
L ENSER P.O. BOX 2905 LOVES PARK IL 61132	ROCKFORD ANESTH ASSOC	04/11/2000	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)	

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	21 / 89
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERRY EPPS 1422 KENSINGTON DR KNOXVILLE TN 37922	UNIVERSITY ANESTH	04/12/2000	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**
FRANCISCO ESCARIO 12285 POND WATER CT WOODBRIDGE VA 22192	NVAA	04/07/2000	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**
PHILLIP ESSAY 6024 CROSS CREEK RD LINCOLN NE 68516	ASSOC ANESTH	04/11/2000	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**
STEVEN EYLER 9252 SW WHISPERING FIR DR BEAVERTON OR 97007	SELF-EMPLOYED	04/12/2000	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**
ANTHONY FISTER 1010 LONSDALE CT ALPHARETTA GA 30022	NORTHSIDE ANESTH CONSULT	04/11/2000	1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN 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**
E H FLEWELLEN 2103 LORRAINE CT CARROLLTON TX 75006	PINNACLE ANESTH CONSULT	04/10/2000	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**
JAMES FOX 4774 N WOODBURN ST WHITEFISH BAY WI 53211	ST MARYS ANESTH ASSOC	04/14/2000	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)	

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	22 / 69
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL FOX 15 W PENNY RD S BARRINGTON IL 60010	MIDWEST ANESTH Occupation: ANESTHESIOLOGIST	04/15/2000	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 FRAGOLA 16327 AKRON ST PACIFIC PALISADES CA 90272	Occupation	04/07/2000	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 FRAHM 2788 SW UPPER DR PORTLAND OR 97201	OREGON ANESTH GRP Occupation: ANESTHESIOLOGIST	04/07/2000	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
MICHAEL FRIEDMAN 1209 LARAIL DR COLUMBIA MO 65203	COLUMBIA ANESTH ASSOC Occupation: PHYSICIAN	04/10/2000	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
BRADLEY FRY 765 MCCLENDON CT BRENTWOOD TN 37027	SELF-EMPLOYED Occupation: PHYSICIAN	04/12/2000	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
DOROTHY GAAL 162 CHAFFINCH ISLAND RD GUILFORD CT 06437	YALE UNIV Occupation: ANESTHESIOLOGIST	04/17/2000	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
JAMES GALLO 917 BRADDOCK RD CUMBERLAND MD 21502	CUMBERLAND ANESTH ASSOC Occupation: ANESTHESIOLOGIST	04/11/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELLEN GAWRISCH N73 W27077 KETTLE COVE LN SUSSEX WI 53089	SELF-EMPLOYED	04/10/2000	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
CYNTHIA GEDDES PO BOX 82807 SAN DIEGO CA 92138	ASMG	04/14/2000	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
DANIEL GERBER 955 KLEIN CT WAUKESHA WI 53186	SELF-EMPLOYED	04/11/2000	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
JONATHAN GERSON 104 HETHERINGTON LN CINCINNATI OH 45246	CONSOLIDATED ANESTH	04/11/2000	1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: PHYSICIAN	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
GARY GETTELFINGER 6300 BENT PINE DR BLOOMINGTON IN 47408	BLOOMINGTON ANESTH	04/10/2000	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 GEZZAR 1820 WHITECAP CIR N FT MYERS FL 33903	MEDICAL ANESTH & PAIN MGMT	04/17/2000	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 GIBBONS 13209 GREENBOUGH DR ST LOUIS MO 63146	WESTERN ANESTH ASSOC	04/04/2000	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) .....

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	24 / 89
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAROLYN GIBSON 880 OCKLEY DR SHREVEPORT LA 71105	SELF-EMPLOYED	04/15/2000	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 GIBSON 446 N GEYER RD ST LOUIS MO 63122	COMPREHENSIVE ANESTH CARE	04/12/2000	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 GILBERT 112 COBBLESTONE ST DOTHAN AL 36305	ACMG	04/05/2000	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**
THOMAS GOLDEN 1814 CEDARBURY LN SW OLYMPIA WA 98512	TAHOMA ANESTH	04/11/2000	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**
STEVE GOLDFIEN 60 MARCELA AVE SAN FRANCISCO CA 94116	NCAP	04/10/2000	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 GOLDSTEIN 1407 WILLIAMS DR FARMINGTON NM 87401	FOUR CORNERS ANESTH	04/11/2000	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**
L GONZALEZ 1904 S PARK DR REIDSVILLE NC 27320	SELF-EMPLOYED	04/12/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	

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

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLENN GRAVLEE 1148 MILLCREEK CT COLUMBUS OH 43220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	OHIO STATE UNIV Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MORTON GREEN PO BOX 40505 INDIANAPOLIS IN 46240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 250.00	04/10/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JW GREENAWALT 6108 S LOUISVILLE AVE TULSA OK 74136 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASSOC ANESTH Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KIMBERLY GREENWALD 7300 RAINWATER RD RALEIGH NC 27615 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CRITICAL HEALTH SYS Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/07/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATHRYN GRICE 9175 OLD SOUTHWICK PASS ALPHARETTA GA 30022 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	DONALD E MEES MD Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/03/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN GRICE 9175 OLD SOUTHWICK PASS ALPHARETTA GA 30022 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NORTHSIDE ANESTH CONSULT Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/07/2000	500.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRIAN GRONERT 1116 BRONSON CIR KALAMAZOO MI 49006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	KALAMAZOO ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/17/2000	250.00

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

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

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TIMOTHY GUNDLACH 14 APPLEWOOD CT RACINE WI 53402 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	SELF-EMPLOYED Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/11/2000	500.00
JANE GUNSENHOUSER 4979 KINGSWOOD DR CARMEL IN 46033 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	SELF-EMPLOYED Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/07/2000	250.00
SANDRA HAUGLER 195 ASHLEY WOODS RD LEXINGTON KY 40509 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/12/2000	250.00
TIM HAINDS 2933 JACKSON ST #5 SIOUX CITY IA 51104 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: Aggregate Year-to-Date > $ 250.00	04/03/2000	250.00
DAVID HALL 1325 PINE BURR LN CHATTANOOGA TN 37419 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH CONSULT EXCHANGE Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/16/2000	500.00
GREG HALL 5620 MARSH BAY DR WILMINGTON NC 28405 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	WILMINGTON ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/06/2000	250.00
THOMAS HAMMOND 552 STERLING POINT DR MEDFORD OR 97504 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH ASSOC OF MEDFORD Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/07/2000	250.00

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

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES HARDING 163 CAMINO ALTO CORRALES NM 87048	ANESTH SPECIALISTS ALBUQUERQUE	04/05/2000	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
EDWARD HARRINGTON 8272 S EMERSON WAY LITTLETON CO 80122	S DENVER ANESTH	04/11/2000	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
RUSSELL HARRIS 7 ROSIER CT LITTLE ROCK AR 72211	LITTLE ROCK ANESTH SERV	04/15/2000	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
STEPHEN HARRIS 126 ROGERS RD ORANGE CT 06477	YALE UNIV	04/03/2000	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 HARRISON 2980 JOYCE WAY GOLDEN CO 80401	PHYSICIAN ANESTH SERV	04/11/2000	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
DOROTHY HARTMAN 8835 PHEASANT RUN FOGELSVILLE PA 18051	ALLENTOWN ANESTH ASSOC	04/10/2000	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
RICHARD HAUCH 4818 SHERLOCK WAY CARMICHAEL CA 95608	SAMG	04/17/2000	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) .....

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	28 / 89 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATSY HEDGES 2701 SHOAL CREEK CIR PLANO TX 75093 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	PINNACLE ANESTH Occupation PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT HENDRICK 3365 DEBORAH DR MONROE LA 71201 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH ASSOC OF MONROE Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/10/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C DANA HERSHEY 8920 WINGED BOURNE CHARLOTTE NC 28210 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	SOUTHEAST ANESTH CONSULT Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 550.00	04/03/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JUDY HERTING 1718 HEATHERWOOD TRAIL BEAVERCREEK OH 45385 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	PEDIATRIC ANESTH ASSOC DAYTON Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/07/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN HEUSNER 3210 E DIANE CT SPOKANE WA 99223 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	PHYSICIAN ANESTH GRP Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/11/2000	500.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES HEWELL 519 WING LN ST CHARLES IL 60174 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	KANE ANESTH ASSOC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 1000.00	04/07/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENNIS HIGDON 4005 GRANDVIEW AVE MEMPHIS TN 38111 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	MEDICAL ANESTH GRP Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/07/2000	250.00

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

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	29 / 69
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCY HIGH 11751 TAYLOR RD THONOTOSASSA FL 33592	UNIVERSAL ANESTH CARE	04/10/2000	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 HIRSH 112 PHEASANT FIELDS LN MOORESTOWN NJ 08057	BURLINGTON ANESTH ASSOC	04/12/2000	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
EDWARD HOCKADAY 6 STONEHAVEN WOODS JACKSON TN 38305	THE JACKSON CLINIC	04/11/2000	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 HOLDER 2701 SHOAL CREEK CIR PLANO TX 75093	PINNACLE ANESTH	04/11/2000	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
KENNETH HOLLINGSWORTH 17121 THORNTONDALE CT OLNEY MD 20832	US NAVY	04/15/2000	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
CLAIRE HOLSHOUSER 312 E MANDALAY DR SAN ANTONIO TX 78212	STAR ANESTH	04/11/2000	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 HOLTZCLAW 3840 RALSTON AVE HILLSBOROUGH CA 94010	SELF-EMPLOYED	04/06/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00		

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

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GREGORY HONDORP 2931 PIONEER CLUB RD SE GRAND RAPIDS MI 49506	ANESTH MEDICAL CONSULTANTS	04/11/2000	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	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
SCOTT HOPKINS 140 WILLIAMSBURG LN FT WORTH TX 76107	ACE ANESTH	04/11/2000	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
NANCY HORIE 275 DILLINGHAM HILL RD AUBURN ME 04210	RETIRED	04/11/2000	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
VICTOR HOUGH 8190 WALDEN WOODS WAY LOOMIS CA 95650	CASE MED GRP	04/10/2000	1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	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
TOM HURRELL 180 S EVANSLAWN AVE AURORA IL 60506	ICIS FINANCIAL	04/11/2000	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTH ADMINISTRATOR	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
JAE HYUN 665 PROSPECT AVE WINNETKA IL 60093	PARK RIDGE ANESTH ASSOC	04/14/2000	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 INGERSOLL 1118 W SLEEPY HOLLOW CT PEORIA IL 61615	ASSOC ANESTH	04/11/2000	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) .....

SCHEDULE A — ITEMIZED RECEIPTS

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARBARA IRVING 3390 N CAMPBELL #110 TUCSON AZ 85719 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SOUTHERN AZ ANESTH SERV Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/14/2000	250.00
ANTHONY IVANKOVICH 526 WOODLAND DR GLENVIEW IL 60025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	UNIVERSITY ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/05/2000	250.00
KYLE JACKSON 230 PLYMOUTH AVE WINSTON-SALEM NC 27104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	GREENBORO ANESTH PHYS Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 300.00	04/10/2000	300.00
STEPHEN JANECEK 303 CREEKRIDGE DR VICTORIA TX 77904 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF-EMPLOYED Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/15/2000	250.00
JITTIKOM JANTARASAMI 8601 KIP DR OWINGS MD 20736 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CHESAPEAKE ANESTH ASSOC Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/16/2000	250.00
KENNETH JOEL 666 FALLS LAKE DR ALPHARETTA GA 30022 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	W FALTON ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/17/2000	250.00
JOHN JOHNSON PO BOX 8458 SPARTANBURG SC 29305 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	FOOTHILLS ANESTH CONSULT Occupation: PHYSICIAN Aggregate Year-to-Date > $ 1000.00	04/10/2000	1000.00

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
SHARON JOHNSTON 8401 N ELMARO CIR PARADISE VALLEY AZ 85253 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SCOTTSDALE ANESTH CONSULT Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/07/2000	500.00
BROUGHTON JOLLEY 1849 BUCKINGHAM CT KINGSPORT TN 37660 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HOLSTON ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
JOHN JORDAN 1200 HILYARD ST #S410 EUGENE OR 97401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ANESTH SERV OF EUGENE Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/06/2000	250.00
JAMES JOVENICH 41 MALL RD BURLINGTON MA 01741 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	LAHEY CLINIC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/12/2000	250.00
ASUNCION JURADO 824 ST STEPHENS GREEN OAK BROOK IL 60523 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF-EMPLOYED Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/06/2000	250.00
GINA JUSTIS 2320 BROOKWATER DR RICHMOND VA 23233 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MCV HOSP & VA COMMONWEALTH Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/10/2000	250.00
ESWARA KAKARALA 3220 FALCON POINT SPRINGFIELD IL 62707 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SANGAMON ASSOC ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/17/2000	250.00

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

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	33 / 89
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JON KALISZEWSKI PO BOX 255 TAWAS MI 48764	SELF-EMPLOYED	04/10/2000	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
BHANU KANAKAMEDALA 8886 CLASSIC DR MEMPHIS TN 38125	AST	04/11/2000	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
CYRUS KAPADIA 7 JACOB ARNOLD RD MORRISTOWN NJ 07960	ANESTH ASSOC OF MORRISTOWN	04/10/2000	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
ERIC KAPUSTKA 505 N LAKESHORE DR #3912 CHICAGO IL 60611		04/07/2000	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
STEVEN KARAN 495 TALL TIMBERS DR PINEHURST NC 28374	PINEHURST ANESTH ASSOC	04/11/2000	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 KARAS 41 CALDERWOOD DR BUFFALO NY 14215	PARKSIDE MED ANESTH ASSOC	04/03/2000	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
STEVEN KARP 8507 CAPO CT VIENNA VA 22182	FAIR OAKS ANESTH ASSOC	04/10/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 250.00	

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

SCHEDULE A — ITEMIZED RECEIPTS

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FOR LINE NUMBER 11A1

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VIDA KASUBA 1453 BARNSDALE ST #3R PITTSBURGH PA 15217	PAA	04/12/2000	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**
RAMA KATRAGADDA 97 HEATH PL HASTINGS NY 10706	SELF-EMPLOYED	04/10/2000	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**
MARK KATS 9 W KNOLL RD ANDOVER MA 01810	MVAA	04/17/2000	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**
THOMAS KENNEDY 60 N HELDERBERG PKWY SLINGERLANDS NY 12154	ALBANY AMBULATORY ANESTH ASSOC	04/10/2000	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**
GREGORY KERNISAN 521 OVERLOOK RD GLASTONBURY CT 06033	HARTFORD ANESTH ASSOC	04/07/2000	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**
MAGDALENA KERSCHNER 42 GLENRIDGE DR COLD SPRING KY 41076	SELF-EMPLOYED	04/11/2000	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**
PRASAD KILARU 50 PENDLETON LN LONGMEADOW MA 01106	SPRINGFIELD ANESTH SERV	04/10/2000	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) .....

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH KIM 15245 SANTA MARIA CT BROOKFIELD WI 53005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SUMMIT ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/05/2000	250.00
TIMOTHY KIM 1704 E JUNIPER WAY HARTLAND WI 53029 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ANESTH ASSOC OF WISCONSIN Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/15/2000	250.00
M A KING 1400 E DOWNING POB 630 TAHLEQUAH OK 74465 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	TAHLEQUAH ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 300.00	04/07/2000	300.00
WILLIAM KIRK 3556 HASTINGS DR FAYETTEVILLE NC 28313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	US ARMY Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/10/2000	250.00
JAMES KLAMIK 1225 ORCHARD LN ELM GROVE WI 53122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF-EMPLOYED Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/03/2000	250.00
WALTER KNOLL 2104 CURRANT CT BLOOMINGTON IL 61704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BLOOMINGTON ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/05/2000	250.00
KEVIN KNOP 324 CAMELOT DR LIBERTY MO 64068 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PROFESSIONAL ANESTH CARE Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/10/2000	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
TODD KNOX 2916 NEWPORT SPRINGFIELD IL 62702 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ASSOC ANESTH OF SPRINGFIELD Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/12/2000	250.00
BETTYLOU KOFFEL 515 NW SALTZMAN RD #811 PORTLAND OR 97229 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	NORTHWEST PERMANENTE Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/07/2000	250.00
P RAO KONDUR 3731 FOXFIRE PL MARTINEZ GA 30907 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	SELF-EMPLOYED Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/06/2000	250.00
SAMIR KOUSSA 5870 NE 22ND AVE FORT LAUDERDALE FL 33308 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	FLORIDA ATLANTIC ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/05/2000	250.00
RICHARD KOWALSKY 5740 CHRISTMAS LAKE PT SHOREWOOD MN 55331 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	AAPA Occupation: PHYSICIAN Aggregate Year-to-Date > $ 500.00	04/07/2000	500.00
MICHAEL KRAL 8 WENTWORTH DR BERKELEY HEIGHTS NJ 07922 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	SUMMIT ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/07/2000	250.00
MARK KRAMP 820 PRUDENTIAL DR #606 JACKSONVILLE FL 32207 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	FLORIDA ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/11/2000	500.00

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

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

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
JONATHAN KROHN 2555 VICTOR AVE #402 GLENVIEW IL 60025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PARK RIDGE ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 300.00	04/07/2000	300.00
WILLIAM KRUGER 58 MEADOW LN BAYPORT NY 11705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BROOKHAVEN ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/10/2000	250.00
JANE KUGLER 9739 FIELDCREST DR OMAHA NE 68114 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PED ANESTH CONSULT Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 300.00	04/05/2000	300.00
HENRY KURZYDLOWSKI 25 LAKE ADALYN DR SO BARRINGTON IL 60010 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PAIN CARE CONSULT Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/10/2000	250.00
CARLO LA SCALA 353 CHAPMAN RD KEENE NH 03431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CHESHIRE ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/05/2000	250.00
PHILLIP LABOVE 42 EAGLE NEST RD MORRISTOWN NJ 07960 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ANESTH ASSOC OF MORRISTOWN Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/15/2000	250.00
DEBRA LADD 1122 W 6TH ST SEYMOUR IN 47274 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SOUTH CENTRAL INDIANA ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/15/2000	250.00

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

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

SCHEDULE A — ITEMIZED RECEIPTS

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

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN LANDAU 2443 DUNDEE DR ANN ARBOR MI 48103	ANESTH ASSOC @ FOOTE HOSP	04/15/2000	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 LANDRY PO BOX 194 CHINA ME 04926	WATERVILLE ANESTH ASSOC	04/16/2000	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
CAROLYN SUE LANTER 13751 DEER RIDGE PL CARMEL IN 46033	DMS	04/10/2000	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
MARIA LAPORTA P.O. BOX 2905 LOVES PARK IL 61132	ROCKFORD ANESTH ASSOC	04/11/2000	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 LARACH 3005 SUSANNE CT OWINGS MILLS MD 21117	CARDIAC ANESTH ASSOC	04/04/2000	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
WILLIAM LARDIN 313 TUXEDO DR THOMASVILLE GA 31792	SO GA ANESTH ASSOC	04/16/2000	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
LAURENCE LAUG 4162 MARY ELLEN AVE STUDIO CITY CA 91604	SELF-EMPLOYED	04/05/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 250.00	

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

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

SCHEDULE A — ITEMIZED RECEIPTS

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FOR LINE NUMBER 11A1

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
RAYMOND LEANZA 4660 PALISADES DR MADISON OH 44057 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation Aggregate Year-to-Date > $ 250.00	04/05/2000	250.00
PAUL LEE 1038 W MEREDITH DR FLORENCE SC 29505 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: SELF-EMPLOYED Occupation: PHYSICIAN Aggregate Year-to-Date > $ 500.00	04/03/2000	500.00
PAUL LENNON 58 HUNTS POINT RD CAPE ELIZABETH ME 04107 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: SPECTRUM MED GRP Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
DAVID LENSCH 2205 GILLETTE DR WILMINGTON NC 28403 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: COASTAL ANESTH Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/04/2000	250.00
CHRISTOPHER LIU 501 WORKMAN AVE ARCADIA CA 91007 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: SELF-EMPLOYED Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/14/2000	250.00
RICHARD LODISE 1760 W WESLEY RD NW ATLANTA GA 30327 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: RIVERDALE ANESTH Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/10/2000	250.00
STEPHEN LONDON PO BOX 4291 VINEYARD HAVEN MA 02568 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation Aggregate Year-to-Date > $ 300.00	04/17/2000	300.00

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	40 / 89
			FOR LINE NUMBER 11A1

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES LONERGAN 2921 W 68TH ST SHAWNEE MISSION KS 66208	WESTPORT ANESTH SERV	04/07/2000	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
CATHY LONG 77 BLACK MOUNTAIN LN FRANKLIN NC 28734	SELF-EMPLOYED	04/12/2000	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 LONG 1654 TANGLEWOOD RD COLUMBIA SC 29204	CRITICAL HEALTH SYS	04/11/2000	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
JIM LONG 77 BLACK MOUNTAIN LN FRANKLIN NC 28734	SELF-EMPLOYED	04/12/2000	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
KEITH LONG 24 OAK CT BELMONT MA 02478	WINCHESTER ANESTH	04/11/2000	5000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 5000.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
URSULA LONG 123 SORRENTO DR MOORE SC 29369	FOOTHILLS ANESTH CONSULT	04/14/2000	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
WARD LONGBOTTOM 17910 SPENCER RD ODESSA FL 33556	UNICOM ANESTH ASSOC	04/12/2000	1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 1000.00	

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	41 / 89
			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
ROGER LOVEN 501 ASPEN AVE BISMARCK ND 58501	HEART & LUNG CLINIC	04/16/2000	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
SUSAN LOWERY 73 COTSWOLD CLOSE GLASTONBURY CT 06033	HARTFORD ANESTH ASSOC	04/15/2000	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 LUPO 1400 LINDA LN CHARLOTTE NC 28211	ANESTH ASSOC OF ROCK HILL	04/12/2000	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation ANESTHESIOLOGIST		
	Aggregate Year-to-Date > $ 300.00		

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHILIP LUTZ 8 LONGVIEW AVE NORTH CALDWELL NJ 07006	MONTCLAIR ANESTH ASSOC	04/10/2000	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
TIM LYONS 11 ROGERS ST PLYMOUTH NH 03264	PLYMOUTH ANESTH	04/14/2000	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 MAGUIRE 8 TALCON CT SEWELL NJ 08080	THOMAS JEFFERSON UNIV	04/03/2000	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
ALVIN MANALAYSAY 4530 STONE PINE CT CHANTILLY VA 20151	UNITED STATES NAVY	04/15/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation PHYSICIAN		
	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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B MANDAVA 29 MUNDHANK RD BARRINGTON IL 60010	MEDICAL CENTER ANESTH	04/06/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
JOHN MANSELL P.O. BOX 2905 LOVES PARK IL 61132	ROCKFORD ANESTH ASSOC	04/11/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
MOLLYANN MARCH 6504 GREENTREE RD BETHESDA MD 20817	METROPOLITAN ANESTH GRP	04/05/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
THOMAS MARTIN 13 GREAT OAK LN UNIONVILLE CT 06085	HARTFORD ANESTH ASSOC	04/06/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
RONALD MASON 800 PLEASANT VIEW RD CHANHASSEN MN 55317	AAPA	04/06/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
WILLIAM MASON 6147 TOWNLINE RD HATLEY WI 54440	CWA	04/11/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
JOHN MASSEY 6748 BEAVER CREEK LN LINCOLN NE 68516	ASSOC ANESTH	04/11/2000	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) .....

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
YACOUB MASSUDA 105 N WILDROSE CT VALPARAISO IN 46385	PORTER COUNTY ANESTH ASSOC	04/04/2000	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
LINDA MASTROIANNI 11 OLDE COUNTRY RD WOODBRIDGE CT 06525	HARTFORD ANESTH ASSOC	04/12/2000	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
THOMAS MATHEW 300 PARKWAY BLUEFIELD WV 24701	BLUEFIELD ANESTH ASSOC	04/15/2000	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
THOMAS MATISKI 3930 E MOUNTAIN VIEW RD PHOENIX AZ 85028	METRO ANESTH CONSULT	04/06/2000	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
ROBERT MATTHEWS 3420 ST ALBAN CT FORT WAYNE IN 46804	ASSOC ANESTH	04/14/2000	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
STEVEN MAYES 10050 DEER RUN CIR FISHERS IN 46038	ASSOC IN ANESTH	04/07/2000	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
STEVEN MAXWELL 1002 FOX HOLLOW RD STROUDSBURG PA 18360	ANESTH ASSOC OF THE POCONOS	04/07/2000	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) .....

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
JOHN MCCONNELL 8837 FAUNT LEROY SW SEATTLE WA 98136 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: OVERLAKE ANESTH Occupation: PHYSICIAN Aggregate Year-to-Date > $ 500.00	04/07/2000	500.00
ART MCCULLOCH 18519 PENINSULA CLUB CHARLOTTE NC 28031 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: SOUTHEAST ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/11/2000	500.00
JOSEPH MCGEE 1290 DANA AVE PALO ALTO CA 94301 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: FAC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/15/2000	250.00
KATHRYN MCGOLDRICK 186 FAIRWAY DR STAMFORD CT 06903 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: YALE UNIV Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/06/2000	250.00
EDWARD MCGOUGH 120 S BEND DR PONTE VEDRA BEACH FL 32082 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: SELF-EMPLOYED Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/03/2000	500.00
JOHN MCMANAMY 210 HIGH ST NEWBURYPORT MA 01950 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: SELF-EMPLOYED Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/10/2000	500.00
WILLIAM MCNIECE 5250 N PENNSYLVANIA ST INDIANAPOLIS IN 46220 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: IUAA Occupation: PHYSICIAN Aggregate Year-to-Date > $ 1000.00	04/10/2000	1000.00

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

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	45 / 89
			FOR LINE NUMBER 11A1

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD MEES 3456 SPALDING DR DUNWOODY GA 30350	SELF-EMPLOYED	04/14/2000	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
MELVILLE MERCER 3020 S WHEELING TULSA OK 74114	ASSOC ANESTH	04/12/2000	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
HUGH MERRIMAN 1112 PINEHURST DR LAS VEGAS NV 59109	SELF-EMPLOYED	04/07/2000	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 MESROBIAN 1321 CAMBRIDGE LN COLUMBIA SC 29204	FAA	04/11/2000	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
BLAINE MILLER 3145 E CALHOUN PKWY MINNEAPOLIS MN 55408	AAPA	04/11/2000	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 MILLER 7488 17TH LN NE ST PETERSBURG FL 33702	ANESTH SPECIALISTS	04/11/2000	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
MITCH MINANA 8112 E VISTA LN SPOKANE WA 99212	PHYSICIAN ANESTH GROUP	04/16/2000	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > $ 400.00		

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

FOR LINE NUMBER 11A1

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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
W STEPHEN MINORE PO BOX 2905 LOVES PARK IL 61132 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ROCKFORD ANESTH ASSOC ANESTHESIOLOGIST Aggregate Year-to-Date > $ 1000.00	04/11/2000	1000.00
PAUL MINTZ 200 READING RD WYOMISSING PA 19610 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	READING ANESTH ASSOC ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/11/2000	500.00
DANIEL MITCHELL 2321 COACH RD LONG GROVE IL 60047 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	NORTHWEST SUBURBAN ANESTH ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/06/2000	250.00
DANIEL MITCHELL 3426 W 164TH TERR STILWELL KS 66085 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	MIDWEST ANESTH ASSOC ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/10/2000	250.00
JAY MOON 5253 ROYAL VALE LN DEARBORN MI 48126 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH SERVICES PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
RANDALL MORGAN 40 PARK LN NE ATLANTA GA 30309 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > $ 500.00	04/14/2000	500.00
THRESIAMMA MUKKADA 19 FOREST HILL DR CINCINNATI OH 45208 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	INDEPENDENT ANESTH ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/14/2000	500.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A — ITEMIZED RECEIPTS

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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
JEFF MUNDHENKE 2152 WOODHAVEN LN DULUTH MN 55803	ANESTH ASSOC DULUTH	04/15/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
DANIEL MURPHY 8727 BODENHAM CT CHARLOTTE NC 28215	SOUTHEAST ANESTH CONSULT	04/17/2000	1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 1500.00	
DAVID MUTH 505 TERRA CREEK CT GREENVILLE SC 29615	PALMETTO ANESTH ASSOC	04/10/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 250.00	
JOSEPH NEAL 1100 NINTH AVE B2-AN SEATTLE WA 98111	VIRGINIA MASON MED CTR	04/17/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
JOHN NEWCOME 2249 FAIRMOUNT AVE ST PAUL MN 55105	MEDICAL ANESTH	04/10/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 250.00	
EDITH NEWSOME P.O. BOX 2905 LOVES PARK IL 61132	ROCKFORD ANESTH ASSOC	04/11/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 250.00	
LUU NGUYEN 5526 KEMPTON DR SPRINGFIELD VA 22151	METROPOLITAN ANESTH	04/14/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 250.00	

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

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	48 / 89
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEAN RICHARD NICHOLS 13113 GRANDVIEW OVERLAND PARK KS 66213	ANESTH ASSOC	04/10/2000	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 NIEDERLEHNER 6609 HIDDEN WOODS CT ROANOKE VA 24018	ANESTH ASSOC OF ROANOKE	04/16/2000	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**
HAROLD NIPPERT 1520 BLUE HERON DR SARASOTA FL 34239	SARASOTA ANESTH	04/11/2000	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**
AUDREY O'CONNOR 45 TUCKER FARM RD N ANDOVER MA 01845	LAHEY CLINIC	04/11/2000	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**
NEIL O'CONNOR 45 TUCKER FARM RD N ANDOVER MA 01845	LAHEY CLINIC	04/11/2000	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 OAKLEY 707 W SAXON DR SPOKANE WA 99203	PHYSICIAN ANESTH GROUP	04/17/2000	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**
DELOY OBERLIN 429 N CENTER ST HICKORY NC 28601	UNIFOUR ANESTH	04/12/2000	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) .....

SCHEDULE A — ITEMIZED RECEIPTS

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RICHARD OLIVER 1628 KEYS CRESCENT CINCINNATI OH 45208 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	INDEPENDENT ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/16/2000	250.00
PETER OLSON 15801 GLACIER CT NO POTOMAC MD 20878 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	US NAVY Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/15/2000	250.00
RONALD OSBORN 14621 WHITE OAK DR BURNSVILLE PA 55337 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/07/2000	500.00
TANYA OYOS 401 MULLIN AVE IOWA CITY IA 52246 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	UNIV OF IA COL OF MED Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/07/2000	500.00
BARBARA PAGE 11023 GREER DR RICHLAND MI 49083 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	KALAMAZOO ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
THOMAS PAJEWSKI 3023 WATERCREST DR CHARLOTTESVILLE VA 22911 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	UNIV OF VIRGINIA Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
H TED PALL 603 E LAKE ST PETOSKEY MI 49770 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	NORTHERN ANESTH PROVIDERS Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/17/2000	250.00

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

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

SCHEDULE A — ITEMIZED RECEIPTS

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SCOTT PALM 20 SECOND ST NE #1703 MINNEAPOLIS MN 55413		04/11/2000	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 PANGER 146 WHISPERING WOODS RD CHARLESTON WV 25304	GENERAL ANESTH SERV	04/14/2000	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**
ADLAI PAPPY 550 16TH AVE #405 SEATTLE WA 98122	ANESTH RESOURCES	04/12/2000	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**
MARC PARADIS 37 JUNIPER RD BLOOMFIELD CT 06002	HARTFORD ANESTH ASSOC	04/10/2000	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 PARK 139 W LAKESIDE AVE LAKESIDE PARK KY 41017	INDEP ANESTH	04/07/2000	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**
ROGERIO PARREIRA 6470 OLD SHADBURN FERRY RD BUFORD GA 30518	GWINNETT ANESTH SERV	04/06/2000	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**
JOEL PAVELONIS 845 W 52 TERR KANSAS CITY MO 64112	ANESTH ASSOC OF KANSAS CITY	04/12/2000	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) .....

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
JAMES PECSOK 526 WATERWHEEL RD CHESAPEAKE VA 23322 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	CAI Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/10/2000	250.00
RICHARD PEIRCE 2707 HICKORY RIDGE DR WEST DES MOINES IA 50265 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	MEDICAL CENTER ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/16/2000	250.00
DENIZ PERESE 1800 DUPONT AVE MINNEAPOLIS MN 55403 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	AAPA Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/10/2000	250.00
MANUEL PEREZ 34 COUNTRY OAKS RD LEBANON NJ 08833 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH CONSULT OF NJ Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/10/2000	500.00
DAVID PERKINS 40 WOODMERE DOTHAN AL 36305 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH CONSULT MED GRP Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 1000.00	04/15/2000	1000.00
RAYMOND PESSO 5 ARISTA DR DIX HILLS NY 11746 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	LIJ MEDICAL CTR Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/15/2000	250.00
DAVID PETCU 6555 JOCELYN HOLLOW RD NASHVILLE TN 37205 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH MED GRP Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/17/2000	250.00

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

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

SCHEDULE A — ITEMIZED RECEIPTS

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LARRY PETERSEN 2165 E CARLETON CT SPRINGFIELD MO 65804 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	OZARK ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/16/2000	250.00
RUSSELL PETERSEN 6609 S OLD MILL CIR SALT LAKE CITY UT 84121 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	MOUNTAIN WEST ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/11/2000	500.00
WILLIAM PETERSON 3704 FAIRHILLS DR OKEMOS MI 49964 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	PHYSICIAN ANESTH SERV Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/15/2000	250.00
JEFFREY PHILIP 10648 MARGATE TERR CINCINNATI OH 45241 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	PERIOPERATIVE MED CONSULT Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/15/2000	250.00
PAUL PICKARD 284 OAKMONT TRAIL RIDGELAND MS 39157 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH CONSULTANTS Occupation: PHYSICIAN Aggregate Year-to-Date > $ 500.00	04/07/2000	500.00
ELLISON PIERCE 770 BOYLSTON ST #10C BOSTON MA 02199 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	RETIRED Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/07/2000	250.00
JAMES PISINI 13 ISLAND POND RD CUMBERLAND FORESID ME 04110 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	SPECTRUM MED GRP Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/15/2000	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

53 / 89

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES PLOUCHA 6154 COLUMBIA HASLETT MI 48840 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PHYSICIAN ANESTH SERV Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 400.00	04/16/2000	400.00
Full Name, Mailing Address, and ZIP Code JULIA POLLOCK 6637 FAUNTLEROY WAY SW SEATTLE WA 98136 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer VM MEDICAL CTR Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 04/17/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code KATHERINE POPE 364 SPRING ST PORTLAND ME 04102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer SPECTRUM MED GRP Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 1000.00	Date (month, day, year) 04/14/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code JOHN PORTER 1329 E JEFF BLVD S BEND IN 46617 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer ST JOE VALLEY ANESTH Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 04/05/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code MICHAEL PORTER 240 G LOCH LLOYD PKWY BELTON MO 64012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer AAKC Occupation PHYSICIAN Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 04/11/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code REX PORTER 2817 S PARK RD SPOKANE WA 99212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 04/10/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code CATHERINE POWERS 12604 ALHAMBRA LEAWOOD KS 66209 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer ANESTH ASSOC OF KC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 04/11/2000	Amount of Each Receipt this Period 250.00

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

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

54 / 89

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT POWERS PO BOX 7288 LITTLE ROCK AZ 72217 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	LITTLE ROCK ANESTH SERV Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/15/2000	250.00
JWALA PRASAD 11525 IRONLIEGE LN CINCINNATI OH 45249 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH ASSOC OF CINCINNATI Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
WAYNE PROKOTT 752 CAMBRIDGE CIR GRAND BLANCE MI 48439 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	GREAT LAKES ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
VERNON PRUITT 4734 S BELLHURST SPRINGFIELD MO 65804 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	OZARK ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 350.00	04/17/2000	350.00
JAMES QUINN PO BOX 340 GREEN HARBOR MA 02041 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	MASS GENERAL HOSP Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/03/2000	250.00
JON QUINN 2711 GLENWOOD DR DES MOINES IA 50321 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ASSOC ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/16/2000	250.00
NED RADICH 1443 E STARPASS DR FRESNO CA 93720 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ACE Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00

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

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	55 / 89
			FOR LINE NUMBER 11A1

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD RALEY 530 SHELBY LN LOS ALTOS CA 94024	SELF-EMPLOYED	04/10/2000	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**
SUSAN RAMIG 3509 ROLLING MEADOWS ABERDEEN SD 57401	SELF-EMPLOYED	04/14/2000	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > $ 300.00		
Full Name, Mailing Address, and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
KRISHNA RAO 13601 PRESTON RD #900W DALLAS TX 75240	PINNACLE ANESTH CONSULT	04/15/2000	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 RASK 20980 GREENMONT DR BEND OR 97702	BEND ANESTH GROUP	04/04/2000	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**
MARY ELLEN RAUX 1053 ARBOR TRACE ATLANTA GA 30319	GA PERIOPERATIVE CONSULT	04/11/2000	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 REEDY 5607 JAY DR CRYSTAL LAKE IL 60014	ANESTH ASSOC OF CRYSTAL VALLEY	04/05/2000	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 REES S 5410 PINEROOK CT SPOKANE WA 99206	SELF-EMPLOYED	04/07/2000	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)	

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	56 / 89
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCOTT REEVES 3857 COL VANDERHORST CIR MT PLEASANT SC 29466	MUSC Occupation: ANESTHESIOLOGIST	04/07/2000	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
JENNIFER REGAN 2833 WALTON WAY AUGUSTA GA 30904	SELF-EMPLOYED Occupation: ANESTHESIOLOGIST	04/10/2000	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
MARC REICHEL 2504 HERMITAGE RD BEAUFORT SC 29902	LOW COUNTRY ANESTH Occupation: PHYSICIAN	04/07/2000	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
MARC REICHEL 2504 HERMITAGE RD BEAUFORT SC 29902	LOW COUNTRY ANESTH Occupation: PHYSICIAN	04/15/2000	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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 REISINGER 1526 NORTHWAY DR ST CLOUD MN 56303	CENTRAL MINNESOTA ANESTH Occupation: PHYSICIAN	04/16/2000	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
ALAN RETTZ 922 N 10TH AVE SARTELL MN 56377	ANESTH ASSOC OF ST CLOUD Occupation: ANESTHESIOLOGIST	04/16/2000	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH REMILLARD 2181 CHRISTOPHER DR GALESBURG IL 61401	Occupation	04/04/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	57 / 89
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERNEST RICCO 3 FOREST LN SPRINGFIELD PA 19064	SELF-EMPLOYED	04/11/2000	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
RICHARD RICE 20 OAK RIDGE FT THOMAS KY 41075	INDEPENDENT ANESTH	04/11/2000	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 RICHARDS 252 IPSWICH RD BOXFORD MA 01921	MVAA	04/15/2000	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
JAMES RIECHEL 19 FARM RD PAYMOND ME 04071		04/11/2000	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
FRANK RINALDO 171 W WOODGLEN RD SPARTANBURG SC 29301		04/10/2000	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
MEHDI RISMANI 5575 SEMINARY RD #103 FALLS CHURCH VA 22041	GEORGETOWN HOSP	04/10/2000	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
SUSANNE ROESSLER 4233 POCONO CT FAIR OAKS CA 95628	SACRAMENTO ANESTH MED GRP	04/14/2000	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)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	58 / 89
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H GARY ROGERS 495 SWEETWATER DR CATAULA GA 31804	ANESTH ASSOC OF COLUMBUS	04/14/2000	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
RAYMOND ROGINSKI 432 BRENTWOOD DR PISCATAWAY NJ 08854	UNIV OF MED & DENTISTRY OF NJ	04/03/2000	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 CARLOS ROMAN 701 JABO LAKE LN LITTLE ROCK AR 72223	LITTLE ROCK ANESTH SERV	04/14/2000	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
RICHARD ROSENQUIST 2660 MEADOW LARK PL NE IOWA CITY IA 52240	UNIV OF IOWA	04/10/2000	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
RANDY ROSETT 500 WALTER NE #409 ALBUQUERQUE NM 87102	SELF-EMPLOYED	04/11/2000	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
DENNIS RUDZINSKI 2710 NEWQUAY LN RICHMOND VA 23236	PIEDMONT ANESTH SPECIALISTS	04/06/2000	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
PATRICK RYAN 2909 CAMILLE COLLEGE STATION TX 77845	BAYOR ANESTH	04/10/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 250.00	

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

59 / 89

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GREG HYPEL 13585 W MAPLE RIDGE RD NEW BERLIN WI 53151	ANESTH ASSOC OF WI	04/17/2000	350.00
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
GREGG SALATHE 4788 S BELLHURST AVE SPRINGIELD MO 65804	OZARK ANESTH ASSOC	04/07/2000	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
LAWRENCE SALE 2572 GRAND PRIX CT ATLANTA GA 30345	GPC	04/11/2000	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
ANITA SALOMONSKY 4601 ARROWHEAD RD RICHMOND VA 23235		04/11/2000	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
JOSEPH SANDOR 8825 E CLYDESDALE TRL SCOTTSDALE AZ 85258		04/05/2000	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
JOHN SATTERFIELD 125 WHITE SAIL DR SOUTHINGTON CT 06489	NBA	04/10/2000	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: ANESTHESIOLOGIST	Aggregate Year-to-Date > $ 300.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL SATWICZ 15 OAKWOOD RD AUBURNDALE MA 02466	CAA	04/10/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > $ 250.00	

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

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

SCHEDULE A — ITEMIZED RECEIPTS

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

60 / 89

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R MATT SCHANTZ 6343 TRAILRIDGE CT LOVELAND OH 45140 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ANESTH GROUP PRACTICE Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/10/2000	250.00
JOHN SCHEUB P.O. BOX 2905 LOVES PARK IL 61132 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ROCKFORD ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/11/2000	500.00
JOSEPH SCHIANODICOLA 78 WESTMINSTER CT STATEN ISLAND NY 10304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PARK SLOPE ANESTH ASSOC Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/07/2000	250.00
LARRY SCHICK P.O. BOX 2905 LOVES PARK IL 61132 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ROCKFORD ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
JOHN SCHISLER 39862 MEADOWLARK DR PAEONIAN SPRINGS VA 20129 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
KENNETH SCHMIDT 5 SPRUCE HOLLOW UPPER SADDLE RIVER NJ 07458 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HACKENSACK ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/15/2000	250.00
CATHERINE SCHOLL 2007 ROBINHOOD TRAIL AUSTIN TX 78703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AUSTIN ANESTH GRP Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/15/2000	250.00

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

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

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN SCHULTZ 301 MILLINGPORT LN NEW LONDON NC 28127 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	CARDINAL ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/03/2000	500.00
DANIEL SCHWARTZ 2760 EDGEWOOD LN RIVERWOODS IL 60015 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	PARK RIDGE ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/05/2000	250.00
MIKE SCHWEITZER 1927 HOLSTEIN LN LAUREL MT 59044 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	SELF-EMPLOYED Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
JAMES SCOTT 1512 CORNELL DR NE ALBUQUERQUE NM 87106 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	LOVELACE HEALTH SYSTEMS Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/10/2000	250.00
RAYMOND SEIFERT 3829 KIM LN GIBSONIA PA 15044 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	UNIV OF PITTSBURGH PHYS Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/07/2000	250.00
BRENCE SELL 2445 LANCELOT DR TALLAHASSEE FL 32308 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	AA OF T Occupation: PHYSICIAN Aggregate Year-to-Date > $ 500.00	04/14/2000	500.00
KURT SENN 3001 PANORAMA BROOK CIR BIRMINGHAM AL 35216 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	AAPC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/14/2000	250.00

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

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

62 / 89

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

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
MATTHEW SHATZ 54 CHICOPEE DR WAYNE NJ 67470 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NYACK MED ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/15/2000	250.00
JOHN SHIRO P.O. BOX 2905 LOVES PARK IL 61132 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ROCKFORD ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
LISA SHOCLEY 1029 STAGSHAW LN KINGSPORT TN 37660 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HOLSTON ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/15/2000	500.00
CHETAN SHUKLA 6705 MILL RUN DR #2022 INDIANAPOLIS IN 46214 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF-EMPLOYED Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/07/2000	250.00
THOMAS SHULTZ 7153 BIRCH BARK DR NASHVILLE TN 37221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AMG Occupation: PHYSICIAN Aggregate Year-to-Date > $ 500.00	04/15/2000	500.00
DAVID SIEGEL 7014 GUADALUPE TRAIL NW ALBUQUERQUE NM 87107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
STARLA SILLS 28 CRESCENT PARK RD WESTPORT CT 06880 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NORWALK ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/14/2000	250.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	63 / 89
			FOR LINE NUMBER 11A1

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID SKURDAL 910 S RIVER LANDING RD EDGEWATER MD 21037 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	SELF-EMPLOYED Occupation PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/07/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID SMITH 3400 SPRUCE ST PHILADELPHIA PA 19104 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	UNIV OF PA Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/10/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEAN SMITH 7025 N WILDER RD PHOENIX AZ 85021 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	VALLEY ANESTH CONSULT Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/10/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GREGORY SMITH 209 MANCHESTER PL GREENSBORO NC 27410 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/10/2000	500.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCOTT SMITH 4515 PRENTICE #201 DALLAS TX 75206 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	SELF-EMPLOYED Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/17/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JILL SOL-FRIEDMAN 35280 SPRINGHILL FARMINGTON HILLS MI 48331 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	METROPOLITAN ANESTH CONSULT Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/16/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANDREW SONDERMAN 825 FIESTA DR GREENWOOD IN 46143 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	SELF-EMPLOYED Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/15/2000	250.00

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	64 / 89 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEREK SONNENBURG P.O. BOX 2905 LOVES PARK IL 61132 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ROCKFORD ANESTH ASSOC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
ARNE SORENSON 5109 BLACKBERRY DR SIOUX FALLS SD 57106 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH PHYSICIANS Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 300.00	04/04/2000	300.00
CRAIG SPECTOR 295 S SHORE DR NEWMAN GA 30263 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH CRITICAL CARE ASSOC Occupation PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/14/2000	250.00
GERALD SPETHMAN 8405 EASLON CIRCLE LINCOLN NE 68520 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ASSOC ANESTH Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
JOHN SPIEKER 1414 SAN RAFAEL DR DALLAS TX 75218 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	SWAC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/12/2000	500.00
DAVID SPRAGUE 508 SOUTHGATE DR BLACKSBURG VA 24060 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ANESTH ASSOC OF ROANOKE Occupation PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/07/2000	250.00
SCOTT SPRINGMAN 17 APOSTLE ISLAND MADISON WI 53719 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	UWMF Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/11/2000	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	65 / 89
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
P GREG ST CLAIRE 1094 TRAILS END OKEMOS MI 48864	PHYSICIANS ANESTH SERV	04/10/2000	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
LAUREL STARR 697 SOMERSET DR GOLDEN CO 80401	OB/GYN ANESTH	04/06/2000	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 STEENLAND 101 BRIGHTON AVE SPRING LAKE NJ 07762	SHORE CARDIAC ANESTH ASSOC	04/11/2000	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
ERIK STENE 15331 BOULDER POINTE RD EDEN PRAIRIE MN 55347	ANESTH ASSOC	04/10/2000	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 STEWART 6839 S CANTON TULSA OK 74136	OKLAHOMA SOC OF ANESTH	04/06/2000	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 STEWART 812 WALTON WOODS CT AUGUSTA GA 30909	SELF-EMPLOYED	04/11/2000	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
VINCENT STONEBRAKER 320 E NORTH AVE PITTSBURGH PA 15212	ALLEGHENY ANESTH ASSOC	04/07/2000	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)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

66 / 89

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LINDA STRAWBRIDGE 4488 BRAEDOONWOOD DR INDIANAPOLIS IN 46228 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SE ANESTH Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
Full Name, Mailing Address, and ZIP Code FRANK SUATONI 1188 HARVARD RD PITTSBURGH PA 15205 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer ALLEGHENY ANESTH ASSOC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 04/10/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code MARTHA SZABO 5629 ROCKLEDGE DR BRECKSVILLE OH 44141 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer UNIVERSITY ANESTH Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 04/12/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code JOSEPH TAYLOR 213 W TYLER OZARK MO 65721 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer OZARK ANESTH ASSOC Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 04/14/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code WILLIAM TAYLOR 5403 REDFIELD CIR DUNWOODY GA 30338 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PHYS SPECIALISTS IN ANESTH Occupation ANESTHESIOLOGIST Aggregate Year-to-Date > $ 1500.00	Date (month, day, year) 04/06/2000	Amount of Each Receipt this Period 1500.00
Full Name, Mailing Address, and ZIP Code MIA TEMPLETON 1567 HARBORSUN DR CHARLESTON SC 29412 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer MEDICAL UNIV OF SC Occupation PHYSICIAN Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 04/11/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code JAY TENDLER 167 HARTSHORN DR MILLBURN NJ 07078 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 04/15/2000	Amount of Each Receipt this Period 250.00

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

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	87 / 89
			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
BRIAN THOMAS 760 WEATHERLY LN ATLANTA GA 30328 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	PIEDMONT ANESTH ASSOC Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
MACK THOMAS 244 BEVERLY DR METAIRIE LA 70001 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	SELF-EMPLOYED Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/16/2000	250.00
MATT THOMAS 393 PORTSMOUTH CT BURLINGTON NC 27215 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	BURLINGTON ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/04/2000	250.00
BOBBY THOMPSON 6196 NEW FORSYTH RD MACON GA 31210 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ROBINS ANESTH SERV Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
SCOTT THOMPSON 411 LAUREL ST #3170 DES MOINES IA 50314 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	MED CTR ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/10/2000	500.00
STEVE THORUP PO BOX 1103 CAMDEN ME 04843 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	SELF-EMPLOYED Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 1000.00	04/15/2000	650.00
NOEL TIMMONS 1700 S 105TH ST LINCOLN NE 68520 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ASSOC ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	68 / 89
			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
ROBERT TIMONEN 701 7TH AVE S EDMONDS WA 98020	THE EVERETT CLINIC Occupation: ANESTHESIOLOGIST	04/18/2000	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
LOUIS TISOVEC P.O. BOX 2905 LOVES PARK IL 61132	ROCKFORD ANESTH ASSOC Occupation: ANESTHESIOLOGIST	04/11/2000	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
MICHAEL TOMLIN 7256 LAKESIDE WOODS DR INDIANAPOLIS IN 46278	NORTHSIDE ANESTH SERV Occupation: ANESTHESIOLOGIST	04/03/2000	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
JANET TORPEY P.O. BOX 2905 LOVES PARK IL 61132	ROCKFORD ANESTH ASSOC Occupation: ANESTHESIOLOGIST	04/11/2000	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
JOE TRAVIS 1206 RIVERSIDE MONROE LA 71201	SELF-EMPLOYED Occupation: PHYSICIAN	04/11/2000	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
BETH ANN TRAYLOR 3535 E 146TH ST CARMEL IN 46033	SELF-EMPLOYED Occupation: ANESTHESIOLOGIST	04/05/2000	600.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 600.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MELVIN TRIAY 5201 DAVIS ST METAIRIE LA 70003	PARISH ANESTH ASSOC Occupation: ANESTHESIOLOGIST	04/10/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	69 / 89
			FOR LINE NUMBER 11A1

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH TRICARICO 25823 406TH AVE MITCHELL SD 57301	MITCHELL ANESTH Occupation ANESTHESIOLOGIST	04/07/2000	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**
J B TURULA 133 E FREDERICK ST LANCASTER PA 17602	ANESTH ASSOC OF LANCASTER Occupation ANESTHESIOLOGIST	04/12/2000	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**
JAMES TYLER 134 FRESH PONDS RD EAST BRUNSWICK NJ 08816	MIDDLESEX ANESTH ASSOC Occupation ANESTHESIOLOGIST	04/08/2000	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**
S V UDAYASHANKAR 19809 BASSWOOD CIR STRONGSVILLE OH 44136	CLEVELAND CLINIC Occupation ANESTHESIOLOGIST	04/16/2000	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**
STAN ULMER 105 WOODBRIDGE WAY SIMPSONVILLE SC 29681	PALMETTO ANESTH ASSOC Occupation PHYSICIAN	04/05/2000	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**
TODD UBBERY 16 HOMESTEAD DR FLORENCE KY 41042	COMPREHENSIVE ANESTH Occupation ANESTHESIOLOGIST	04/10/2000	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**
ROBERTO VALENZUELA PO BOX 11207 CHARLESTON WV 25339	PROFESSIONAL ANESTH SERV Occupation PHYSICIAN	04/10/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

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

SCHEDULE A — ITEMIZED RECEIPTS

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

70 / 69

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TED VANCE 450 WESTCHESTER DR STATESVILLE NC 28625 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	IREDELL ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/11/2000	250.00
GAIL VANDEWALKER 1550 BOYSON RD HIAWATHA IA 52233 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	LINN COUNTY ANESTH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/05/2000	250.00
DONALD VIDGER 1622 RIDGE AVE EVANSTON IL 60201 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	SUNNYSIDE ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/07/2000	250.00
DONNIE VINSON 1331 OXFORD DR CONYERS GA 30013 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	ROCKDALE ANESTH SERV Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/15/2000	250.00
CHRISTOPHER VISCOMI 1020 DOUGLAS ST SALT LAKE CITY UT 84105 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	UNIV OF UTAH Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 500.00	04/10/2000	500.00
DAVID VOGEL 638 PATRIOT RD SOUTHBURY CT 06488 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	WATERBURY ANESTH ASSOC Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 250.00	04/12/2000	250.00
BRUCE VOSS 3417 PROVIDENCE PLANTATION LN CHARLOTTE NC 28270 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	SOUTHEAST ANESTH CONSULT Occupation: ANESTHESIOLOGIST Aggregate Year-to-Date > $ 1050.00	04/11/2000	1000.00

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

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

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J MARK WAGNER 7239 TWIN CEDAR LN SE OLYMPIA WA 98501	OLYMPIA ANESTH ASSOC	04/07/2000	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 WALDVOGEL 5142 WILDERNESS TRAIL ROCKFORD IL 61114	ROCKFORD ANESTH ASSOC	04/11/2000	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
BRUCE WALES 110 SCHOOL RD WILMINGTON DE 19803	ANESTH SERVICES	04/11/2000	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
BRYAN WALES 3041 107TH AVE SW OLYMPIA WA 98512	OLYMPIA ANESTH ASSOC	04/15/2000	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
JAMES WALSH 186 83RD ST BROOKLYN NY 11209	NORTH SHORE ANESTH ASSOC	04/15/2000	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
HENRY WALTHER 6645 RANCHO LOS PAVOS GRANITE BAY CA 95746	CASE MEDICAL GRP	04/07/2000	100.00
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
CLARENCE WARD 11212 ZORITA CT SAN DIEGO CA 92124	ASMG	04/11/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00		

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

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	72 / 99
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL WARD 2041 EUCALYPTUS AVE LONG BEACH CA 90806	KAISER PERMANENTE	04/07/2000	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**
JOSEPH WATAHA 531 RIM DR GRAND JUNCTION CO 81503	ANESTH CONSULT WESTERN CO	04/11/2000	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**
LISA WEAVIND 6622 AUDEN HOUSTON TX 77005	UT MEDACC	04/10/2000	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 WEHLAGE 7610 HOLLY CREEK LN INDIANAPOLIS IN 46240	SELF-EMPLOYED	04/07/2000	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 WEIDOFF 3939 J ST #310 SACRAMENTO CA 95819	SACRAMENTO ANESTH MED GRP	04/16/2000	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**
LAWRENCE WEINFELD 179 KIRKSTALL RD NEWTONVILLE MA 02460	LAHEY CLINIC	04/16/2000	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**
JEFFREY WEINSTEIN 11 ANTHONY AVE EDISON NJ 08820	EDISON ANESTH	04/06/2000	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)	

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	73 / 69
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN WEISSMAN 155 BALTIC CIR TAMPA FL 33606	UNICOM ANESTH ASSOC	04/10/2000	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
JOSEPH WELS 8804 DAKOTA TRAIL EDINA MN 55438	TCAA	04/10/2000	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 WENCK 3642 OLD MILITARY RD DEPERE WI 54115	GREEN BAY ANESTH ASSOC	04/04/2000	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
JAMES WEST 130 WARING RD MEMPHIS TN 38117	MEDICAL ANESTH GROUP	04/11/2000	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 WESTOVER 442 8TH ST DEL MAR CA 92014	ASMG	04/10/2000	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
ORVILLE RAY WETZEL 16 OAKWOOD LN HUTCHINSON KS 67502	HUTCHINSON ANESTH	04/07/2000	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 WHEELER 13 WYNDCREST AVE BALTIMORE MD 21228	CARSON NEWSOME & PATEL	04/05/2000	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)	

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARTIN WHIGHAM 102 SANDERLING LN GREENVILLE SC 29607	PALMETTO ANESTH ASSOC	04/04/2000	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 WHITE 1017 CEDAR HILL RD KNOXVILLE TN 37919	FSAG	04/10/2000	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
JOE WICKER 45 CANTER LN PINEHURST NC 28374	PINEHURST ANESTH ASSOC	04/05/2000	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
VINCENT WILLEFORD 820 NW 12TH AVE #412 PORTLAND OR 97209	OREGON ANESTH GRP	04/10/2000	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
KAREN WILLIAMS 2315 BERMONDSEY DR MITCHELLVILLE MD 20721	NIH	04/11/2000	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
TODD WILLIAMS 19 WOODCREST DR JOPLIN MO 64804	ANESTH PROF OF JOPLIN	04/10/2000	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 WILLIAMSON 3497 STALLINGS ISLAND RD MARTINEZ GA 30907	SELF-EMPLOYED	04/03/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: $ 250.00	

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

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	75 / 89
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY WILSON 35 OAKENGATES AVON CT 06001	WOODLAND ANESTH	04/11/2000	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
JAMES WILSON PO BOX 81092 ATHENS GA 30608	MED CTR ANESTH OF ATHENS	04/16/2000	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 WIMBERLY 405 DAVID ST FRIENDSWOOD TX 77546	SELF-EMPLOYED	04/11/2000	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
DOUGLAS WISEMAN 515 CAMBRIDGE BLVD SE GRAND RAPIDS MI 49506		04/11/2000	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
JAMES WOLD 567 32ND AVE DR NW HICKORY NC 28601	UNIFOUR ANESTH ASSOC	04/16/2000	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
MONFORD WOLF 2231 CORBETT RD MONKTON MD 21111	HUNT VALLEY ANESTH ASSOC	04/16/2000	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 WORLAND 208 HOMEWOOD AVE GREENSBORO NC 27403	GREENSBORO ANESTH PHYS	04/10/2000	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)	

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	75 / 89
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD WU 12038 HICKORY GROVE RD DUNLAP IL 61525	ASSOC ANESTH	04/11/2000	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 HEINRICH WURM 32 HANCOCK ST AUBURNDALE MA 02466	PRATT ANESTH ASSOC	04/11/2000	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
LINDA YANG PO BOX 2003 DUBLIN CA 94568	PERMANENTE MED GRP	04/05/2000	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
JAY YEDLIN 4100 W 90TH TERR PRAIRIE VILLAGE KS 66207	ANESTH ASSOC OF KC	04/11/2000	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
LAWRENCE YOUNG 1717 VALLEY FORGE DR HIXSON TN 37343	ANESTH ASSOC	04/05/2000	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 YOUNG 3004 W 83RD TERR LEAWOOD KS 66206	NORTHLAND ANESTH	04/05/2000	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
DANIEL YOUSIF 87 MARYWOOD TRAIL WHEATON IL 60187	Occupation	04/07/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Aggregate Year-to-Date > $ 250.00		

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	77 / 89 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK ZORNOW 126 QUAYSIDE GALVESTON TX 77554	UNIV TEXAS Occupation PROFESSOR	04/05/2000	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Aggregate Year-to-Date > $ 500.00		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	**181250.00**

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	78 / 89
			FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NORTHERN TRUST CO. 50 S LASALLE CHICAGO IL 60675	Occupation	04/30/2000	227.99
Receipt For: ☐ Primary ☐ General ☒ Other (specify): INTEREST INCOME	Aggregate Year-to-Date > $ 1041.11		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	**227.99**

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

79 / 89

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
29TH CONGRESSIONAL DIST OF CA PAC 8665 WILSHIRE BLVD #220 BEVERLY HILLS CA 90211	2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/20/2000	1000.00
Full Name, Mailing Address, and ZIP Code ABRAHAM SENATE 2000 P.O. BOX 1957 ROYAL OAK MI 48068	Purpose of Disbursement (Senate - MI -) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	Date (month, day, year) 04/28/2000	Amount of Each Disbursement This Period 5000.00
Full Name, Mailing Address, and ZIP Code ALLEN FOR CONGRESS P.O. BOX 17788 PORTLAND ME 04112	Purpose of Disbursement (House - ME - 1) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	Date (month, day, year) 04/28/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code AMERICAN DREAM PAC 4451 BROOKFIELD CORPORATE DR #200 CHANTILLY VA 20151	Purpose of Disbursement 2000 CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify) :	Date (month, day, year) 04/28/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code AMERICAN SUCCESS PAC 13743 VENTURA BLVD #360 SHERMAN OAKS CA 91423	Purpose of Disbursement 2000 CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify) :	Date (month, day, year) 04/20/2000	Amount of Each Disbursement This Period 5000.00
Full Name, Mailing Address, and ZIP Code ARMEY FOR CONGRESS 4451 BROOKFIELD CORPORATE DRIVE SUITE 20 WASHINGTON DC 20151	Purpose of Disbursement (House - TX - 26) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	Date (month, day, year) 04/03/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code ASHCROFT FOR SENATE 507 CAPITOL CT NE #100 WASHINGTON DC 20002	Purpose of Disbursement (Senate - MO -) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	Date (month, day, year) 04/28/2000	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code ASHCROFT FOR SENATE 507 CAPITOL COURT #100 WASHINGTON DC 20002	Purpose of Disbursement (Senate - MO -) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	Date (month, day, year) 04/28/2000	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code BAYOU PAC 524 FT WILLIAMS PKWY ALEXANDRIA VA 22304	Purpose of Disbursement 2000 CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify) :	Date (month, day, year) 04/13/2000	Amount of Each Disbursement This Period 1000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BAYOU PAC 524 FT WILLIAMS PKWY ALEXANDRIA VA 22304	2000 CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☒ Other (specify) :	04/20/2000	1000.00
BAYOU PAC 524 FT WILLIAMS PKWY ALEXANDRIA VA 22304	2000 CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☒ Other (specify) :	04/28/2000	1000.00
BILL THOMAS CAMPAIGN COMMITTEE P.O. BOX 395 BAKERSFIELD CA 93302	Purpose of Disbursement (House - CA - 21) 2000 GENERAL Disbursement for: ☐ Primary ☒ General ☐ Other (specify) :	04/20/2000	5000.00
BOYD FOR CONGRESS 499 S CAPITOL STREET SW #503 WASHINGTON DC 20003	Purpose of Disbursement (House - FL - 2) 2000 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify) :	04/20/2000	1000.00
BURR FOR CONGRESS 121 M REYNOLDA VILLAGE WINSTON-SALEM NC 27106	Purpose of Disbursement (House - NC - 5) 2000 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify) :	04/26/2000	4000.00
CALIFORNIA REPUBLICAN PARTY 4100 TRUXTON #210 BAKERSFIELD CA 93309	Purpose of Disbursement 2000 CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☒ Other (specify) :	04/20/2000	5000.00
CALLAHAN FOR CONGRESS 2020 PENNSYLVANIA AVE #231 WASHINGTON DC 20006	Purpose of Disbursement (House - AL - 1) 2000 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify) :	04/13/2000	1000.00
CHRIS SMITH FOR CONGRESS P.O. BOX 3184 HAMILTON NJ 08619	Purpose of Disbursement (House - NJ - 4) 2000 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify) :	04/26/2000	2000.00
COMMITTEE FOR PRESERVATION OF CAPITALISM P.O. BOX 22614 ALEXANDRIA VA 22304	Purpose of Disbursement 2000 CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☒ Other (specify) :	04/03/2000	2000.00

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

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE FOR PRESERVATION OF CAPITALISM P.O. BOX 22614 ALEXANDRIA VA 22304	2000 CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify) :	04/20/2000	3000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO RE-ELECT ED TOWNS 360 CLINTON AVE SUITE 6R BROOKLYN NY 11238	(House - NY - 10) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/28/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CONGRESSIONAL MAJORITY COMMITTEE 555 13TH STREET #500 WEST WASHINGTON DC 50004	2000 CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify) :	04/20/2000	5000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CONGRESSMAN PETE DEFAZIO P.O. BOX 2884 WASHINGTON DC 20013	(House - OR - 4) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/20/2000	2500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COOK 2000 P.O. BOX 16021 ALEXANDRIA VA 22302	(House - UT - 2) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/20/2000	1500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CULBERSON FOR CONGRESS 14129 MEMORIAL DR HOUSTON TX 77079	(House - TX - 7) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/06/2000	2000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CUNNEEN FOR CONGRESS P.O. BOX 16021 ALEXANDRIA VA 22302	(House - CA - 15) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	04/28/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CYNTHIA MCKINNEY FOR CONGRESS P.O. BOX 371125 DECATUR GA 30037	(House - GA - 4) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/13/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CYNTHIA MCKINNEY FOR CONGRESS P.O. BOX 371125 DECATUR GA 30037	(House - GA - 4) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/13/2000	1000.00

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

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

82 / 89

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DAN MILLER FOR CONGRESS 1212 NEW YORK AVENUE #350 WASHINGTON DC 20005	(House - FL - 13) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/20/2000	1500.00
DAVIS FOR CONGRESS P.O. BOX 2884 WASHINGTON DC 20013	(House - FL - 11) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/03/2000	500.00
DEMOCRATIC NATIONAL COMMITTEE 430 S CAPITOL STREET SE WASHINGTON DC 20003	2000 CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify) :	04/20/2000	15000.00
DOOLITTLE FOR CONGRESS 2140 PROFESSIONAL DR #200 ROSEVILLE CA 95661	(House - CA - 4) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/26/2000	2000.00
ED TOWNS FOR CONGRESS 499 S CAPITOL ST SW #603 WASHINGTON DC 20003	(House - NY - 10) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/20/2000	1000.00
EHRLICH FOR CONGRESS 9800 LA SALLE ROAD SUITE 103 BALTIMORE MD 21286	(House - MD - 2) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	04/06/2000	1000.00
ENGEL FOR CONGRESS 115 D STREET SE #102 WASHINGTON DC 20003	(House - NY - 17) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/26/2000	1500.00
ESCHOO FOR CONGRESS P.O. BOX 2884 WASHINGTON DC 20013	(House - CA - 14) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	04/20/2000	2500.00
FITZGERALD FOR SENATE 507 CAPITOL CT, NE, #100 WASHINGTON DC 20002	(Senate - IL -) 2004 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/20/2000	1000.00

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

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

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	83 / 89 FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FLETCHER FOR CONGRESS P.O. BOX 4703 LEXINGTON KY 40544-4703	(House - KY - 6) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	04/20/2000	1500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF CONGRESSMAN MIKE FORBES P.O. BOX 75214 WASHINGTON DC 20013	(House - NY - 1) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/26/2000	1500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF JENNIFER DUNN P.O. BOX 70513 WASHINGTON DC 20024	(House - WA - 8) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/20/2000	2000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF JENNIFER DUNN P.O. BOX 70513 WASHINGTON DC 20024	(House - WA - 8) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/26/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF JOE BACA 729 15TH STREET NW 3RD FLOOR WASHINGTON DC 20005	(House - CA - 42) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	04/20/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF JOE BACA 729 15TH STREET NW 3RD FLOOR WASHINGTON DC 20005	(House - CA - 42) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	04/20/2000	2500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF SAM JOHNSON P.O. BOX 860088 PLANO TX 75086	(House - TX - 3) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	04/20/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF SCOTT MCINNIS P.O. BOX 3157 GRAND JUNCTION CO 81502	(House - CO - 3) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/13/2000	2000.00
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 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	04/13/2000	500.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	84 / 89 FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF SHERROD BROWN P.O. BOX 2884 WASHINGTON DC 20013	(House - OH - 13) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	04/28/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FUTURE LEADER'S PAC 4451 BROOKFIELD CORP DR #200 CHANTILLY VA 20151	2000 CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify) :	04/28/2000	2500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GOODE FOR CONGRESS 115 ORCHARD AVENUE ROCKY MOUNT VA 24151	(House - VA - 5) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/28/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HASTERT FOR CONGRESS COMMITTEE P.O. BOX 625 BATAVIA IL 60510	(House - IL - 14) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	04/28/2000	3750.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HATCH FOR SENATE 9115 WESTERHOLME WAY VIENNA VA 22182	(Senate - UT -) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/28/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HAYES FOR CONGRESS 6111 NEWMAN ROAD FAIRFAX VA 22030	(House - NC - 8) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/28/2000	500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HEATHER WILSON FOR CONGRESS P.O. BOX 14070 ALBUQUERQUE NM 87191	(House - NM - 1) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/06/2000	1500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HILLARY CLINTON FOR US SENATE 1730 M STREET NW #413 WASHINGTON DC 20036	(Senate - NY -) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/20/2000	5000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JEFFERSON COMMITTEE 650 POYDRAS ST SUITE 2245 NEW ORLEANS LA 70130	(House - LA - 2) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/28/2000	2000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JERRY LEWIS FOR CONGRESS 4451 BROOKFIELD CORP DRIVE #200 CHANTILLY VA 20151	(House - CA - 40) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	04/20/2000	2000.00
JOHN LEWIS FOR CONGRESS 729 15TH STREET NW SUITE 300 WASHINGTON DC 20005	(House - GA - 5) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/20/2000	2500.00
JOHN LEWIS FOR CONGRESS 729 15TH STREET NW SUITE 300 WASHINGTON DC 20005	(House - GA - 5) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	04/20/2000	1000.00
KEEP OUR MAJORITY PAC P.O. BOX 864 WASHINGTON DC 20044	2000 CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify) :	04/28/2000	2000.00
LEVIN FOR US SENATE 205 MCCLENAGHAN MILL ROAD WYNNEWOOD PA 19096	(Senate - PA -) 2000 PRIMARY CHECK VOIDED Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/13/2000	-500.00
LINDER FOR CONGRESS P.O. BOX 942060 ATLANTA GA 31141	(House - GA - 11) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/20/2000	1000.00
LINDER FOR CONGRESS P.O. BOX 942060 ATLANTA GA 31141	(House - GA - 11) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	04/20/2000	1000.00
LOBIONDO FOR CONGRESS P.O. BOX 2776 ARLINGTON VA 22202	(House - NJ - 2) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/20/2000	1000.00
LUCILLE ROYBAL-ALLARD FOR CONGRESS P.O. BOX 2884 WASHINGTON DC 20013	(House - CA - 33) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	04/03/2000	1000.00

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

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LUTHER FOR CONGRESS 1399 GENEVA AVE N SUITE 202 OAKDALE MN 55128	(House - MN - 6) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/20/2000	1500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MALONEY COMMITTEE 24 E 93RD STREET NEW YORK NY 10128	(House - NY - 14) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/03/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MBNA/DEWINE IN-KIND CONTRIBUTION P.O. BOX 15489 WILMINGTON DE 19886	(Senate - OH -) 2000 IN-KIND GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	04/03/2000	444.08
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MCKEON FOR CONGRESS 4451 BROOKFIELD CORP PLAZA DR SUITE 200 CHANTILLY VA 20151	(House - CA - 25) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	04/20/2000	2000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MCNULTY FOR CONGRESS P.O. BOX 75214 WASHINGTON DC 20013	(House - NY - 21) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/13/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MISSOURI STATE DEMOCRATIC COMMITTEE P.O. BOX 719 JEFFERSON CITY MO 65102	2000 CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify) :	04/03/2000	2000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NAPOLITANO FOR CONGRESS 227 MASSACHUSETTS AVE #302 WASHINGTON DC 20002	(House - CA - 34) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	04/13/2000	5000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NATIONAL REPUBLICAN SENATORIAL COMMITTEE 425 2ND ST NE WASHINGTON DC 20002	2000 CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify) :	04/06/2000	15000.00
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 CT NE SUITE 200 WASHINGTON DC 20002	2000 CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify) :	04/13/2000	2500.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	87 / 89
			FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NEXT CENTURY FUND P.O. BOX 2898 WASHINGTON DC 20004	2000 CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☒ Other (specify) :	04/20/2000	2500.00
PAYNE FOR CONGRESS P.O. BOX 2884 WASHINGTON DC 20013	Purpose of Disbursement (House - NJ - 10) 2000 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify) :	04/20/2000	1000.00
PEOPLE FOR GANSKE 521 EAST LOCUST 2ND FLOOOR DES MOINES IA 50309	Purpose of Disbursement (House - IA - 4) 2000 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify) :	04/26/2000	3500.00
PEOPLE FOR GANSKE 521 EAST LOCUST 2ND FLOOOR DES MOINES IA 50309	Purpose of Disbursement (House - IA - 4) 2000 GENERAL Disbursement for: ☐ Primary ☒ General ☐ Other (specify) :	04/26/2000	1500.00
REYES CONGRESSIONAL CAMPAIGN 505 E RIO GRANDE EL PASO TX 79902	Purpose of Disbursement (House - TX - 16) 2000 GENERAL Disbursement for: ☐ Primary ☒ General ☐ Other (specify) :	04/26/2000	1000.00
RICHARD NEAL FOR CONGRESS COMMITTEE P.O. BOX 2884 WASHINGTON DC 20013	Purpose of Disbursement (House - MA - 2) 2000 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify) :	04/20/2000	1000.00
RYAN FOR CONGRESS P.O. BOX 2776 ARLINGTON VA 22202	Purpose of Disbursement (House - WI - 1) 2000 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify) :	04/26/2000	500.00
STAERNS FOR CONGRESS 4451 BROOKFIELD CORP PLAZA DR SUITE 200 CHANTILLY VA 20151	Purpose of Disbursement (House - FL - 5) 2000 GENERAL Disbursement for: ☐ Primary ☒ General ☐ Other (specify) :	04/20/2000	2000.00
TORICELLI FOR SENATE 1300 CONNECTICUT AVE NW #800 WASHINGTON DC 20036	Purpose of Disbursement (Senate - NJ -) 2000 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify) :	04/13/2000	1000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

86 / 89

FOR LINE NUMBER: 23

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
UPTON FOR ALL OF US 4451 BROOKFIELD CORP DRIVE #200 CHANTILLY VA 20151	(House - MI - 6) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/20/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
VITTER FOR CONGRESS 2520 METARIE RD METARIE LA 70001	(House - LA - 1) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/06/2000	1500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
VOLUNTEERS FOR SHIMKUS P.O. BOX 2776 ARLINGTON VA 22202	(House - IL - 20) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	04/20/2000	2000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WELLER FOR CONGRESS 4451 BROOKFIELD CORPORATE DR SUITE 200 WASHINGTON DC 20151	(House - IL - 11) 2000 GENERAL Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	04/03/2000	2000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WHITFIELD FOR CONGRESS P.O. BOX 391 HOPKINSVILLE KY 42241	(House - KY - 1) 2000 PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/20/2000	1000.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	179694.08

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	89 / 89 FOR LINE NUMBER :29

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CALIFORNIA REPUBLICAN MAJORITY COMMITTEE 4100 TRUXTON #210 BAKERSFIELD CA 93309	2000 NON-FEDERAL CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify) :	04/20/2000	25000.00
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 [X] Other (specify) : VISA BANK CHARGE	04/30/2000	516.46
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NRCC HOUSE/SENATE DINNER P.O. BOX 1721 WASHINGTON DC 20013	2000 NON-FEDERAL CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify) :	04/03/2000	7500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NRSC HOUSE/SENATE DINNER 425 2ND ST NE WASHINGTON DC 20002	2000 NON-FEDERAL CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify) : 0	04/13/2000	7500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NRSC HOUSE/SENATE DINNER 425 2ND ST NE WASHINGTON DC 20002	2000 NON-FEDERAL CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify) :	04/13/2000	7500.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	48016.46

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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BH — 5-12-00

PREPARER — DATE PREPARED

(4/98)