

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
 AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 520 N. NORTHWEST HIGHWAY  
 Check if different than previously reported. (ACC) PARK RIDGE IL 60068

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00255752

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
 (a) Quarterly Reports:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3)  Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 January 31 Quarterly Report(YE) Election on in the State of  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (c) 12-Day PRE Election Report for the: Primary (12P) General (12G) Runoff (12R)  
 Termination Report (TER) Election on in the State of (d) 30-Day Post -Election Report for the: Convention (12C) Special (12G) General (30G) Runoff (30R) Special (30S)

5. Covering Period 05 01 2001 through 05 31 2001

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 BROOKENS, M.D.

Signature of Treasurer Electronically Filed by BRUCE BROOKENS, M.D. Date 05 14 2001

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 05 01 2001 To: 05 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		351654.00
(b) Cash on Hand at Beginning of Reporting Period .....	551843.51	
(c) Total Receipts (from Line 19) .....	36454.25	521844.91
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	588297.76	873499.00
7. Total Disbursements (from Line 30) .....	176658.41	461859.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	411639.35	411639.35
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	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-426-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: <sup>Month</sup> 05 <sup>Day</sup> 01 <sup>Year</sup> 2001 To: <sup>Month</sup> 05 <sup>Day</sup> 31 <sup>Year</sup> 2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	30400.00	
(ii) Unitemized .....	5550.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	35950.00	517656.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	35950.00	517656.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	504.25	2188.91
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	36454.25	521844.91
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	36454.25	521844.91

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	115961.96	364405.16
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	60696.45	97454.49
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	176658.41	461859.65
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	176658.41	461859.65
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	35950.00	517656.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	35950.00	517656.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

**A.** Full Name (Last, First, Middle Initial)  
**JOHN ALLYN**

Mailing Address  
**43 GLENVIEW RD**

City State Zip Code  
**CUMBERLAND ME 04021**

Date of Receipt  
 M / D / Y Y Y Y  
**05 / 04 / 2001**

Amount of Each Receipt this Period  
**250.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**SPECTRUM MED GRP ANESTHESIOLOGIST**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **250.00**

Transaction ID: **SA11A1.9854**

**B.** Full Name (Last, First, Middle Initial)  
**CHARLES ANDERSON**

Mailing Address  
**60875 BILLADEAU RD**

City State Zip Code  
**BEND OR 97702**

Date of Receipt  
 M / D / Y Y Y Y  
**05 / 22 / 2001**

Amount of Each Receipt this Period  
**500.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**BEND ANESTH GRP ANESTHESIOLOGIST**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **500.00**

Transaction ID: **SA11A1.9875**

**C.** Full Name (Last, First, Middle Initial)  
**JOE ANDERSON**

Mailing Address  
**1620 SW TAYLOR #300**

City State Zip Code  
**PORTLAND OR 97205**

Date of Receipt  
 M / D / Y Y Y Y  
**05 / 18 / 2001**

Amount of Each Receipt this Period  
**250.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**OAG ANESTHESIOLOGIST**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **250.00**

Transaction ID: **SA11A1.9909**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
**ATUL BARRY**

Mailing Address  
**6208 WALNUT RIDGE TRL**

City State Zip Code  
**PROSPECT KY 40059**

Date of Receipt  
 N M / D E / Y Y Y Y  
**05 08 2001**

Amount of Each Receipt this Period  
**1000.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 \_\_\_\_\_

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **1000.00**

Transaction ID: **SA11A1.9722**

**B.** Full Name (Last, First, Middle Initial)  
**MARY BOUVETTE**

Mailing Address  
**9806 SILKY DOGWOOD CT**

City State Zip Code  
**LOUISVILLE KY 40241**

Date of Receipt  
 N M / D E / Y Y Y Y  
**05 08 2001**

Amount of Each Receipt this Period  
**500.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**MEDICAL CENTER ANESTH ANESTHESIOLOGIST**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **500.00**

Transaction ID: **SA11A1.9724**

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL BOUVETTE**

Mailing Address  
**9806 SILKY DOGWOOD CT**

City State Zip Code  
**LOUISVILLE KY 40241**

Date of Receipt  
 N M / D E / Y Y Y Y  
**05 08 2001**

Amount of Each Receipt this Period  
**500.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**MEDICAL CENTER ANESTH ANESTHESIOLOGIST**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **500.00**

Transaction ID: **SA11A1.9726**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2000.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
**EDWARD BRATZKE**

Mailing Address  
**P.O. BOX 18138**

City State Zip Code  
**RALEIGH NC 27619**

Date of Receipt  
 N M / D E / Y Y Y Y  
**05 08 2001**

Amount of Each Receipt this Period  
**500.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**CRITICAL HEALTH SYSTEM ANESTHESIOLOGIST**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **500.00**

Transaction ID: **SA11A1.9877**

**B.** Full Name (Last, First, Middle Initial)  
**ALRICK BROOKS**

Mailing Address  
**840 PINE ST #77D**

City State Zip Code  
**MACON GA 31201**

Date of Receipt  
 N M / D E / Y Y Y Y  
**05 18 2001**

Amount of Each Receipt this Period  
**500.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**CENTRAL GEORGIA ANESTH ANESTHESIOLOGIST**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **750.00**

Transaction ID: **SA11A1.9827**

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD GARPENTIERI**

Mailing Address  
**119 KING ST**

City State Zip Code  
**HAGERSTOWN MD 21740**

Date of Receipt  
 N M / D E / Y Y Y Y  
**05 08 2001**

Amount of Each Receipt this Period  
**250.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**BLUE RIDGE ANESTH ASSOC ANESTHESIOLOGIST**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **250.00**

Transaction ID: **SA11A1.9720**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
RICHARD CARSON

Mailing Address  
P.O. BOX 241453

City State Zip Code  
MONTGOMERY AL 36124

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ALABAMA STATE SOC OF ANESTH EXEC DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.9849

**B.** Full Name (Last, First, Middle Initial)  
SIBAT CHAUDARY

Mailing Address  
3804 WOODMONT PARK LN

City State Zip Code  
LOUISVILLE KY 40245

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.9728

**C.** Full Name (Last, First, Middle Initial)  
ALICE DIJAMCO

Mailing Address  
760 WOOD DUCK CT NW

City State Zip Code  
ATLANTA GA 30327

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 22 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PHYS SPECIALISTS IN ANESTH ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.9885

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2000.00**

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM DIRKES

Mailing Address  
2139 AUBURN AVE

City State Zip Code  
CINCINNATI OH 45219

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 04 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ANESTH ASSOC CINCINNATI ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.9888

**B.** Full Name (Last, First, Middle Initial)  
ELIZABETH DUCKWORTH

Mailing Address  
6527 TALLWOOD DR

City State Zip Code  
ROANOKE VA 24018

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ANESTH ASSOC ROANOKE ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.9884

**C.** Full Name (Last, First, Middle Initial)  
FRANCIS DUQUE

Mailing Address  
7810 WOLF CREEK CT

City State Zip Code  
LOUISVILLE KY 40241

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 18 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ANESTH ASSOC CLARK CTY ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.9838

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 52

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
KENNETH ELMASSIAN

Mailing Address  
6340 HIGHLAND RIDGE DR

City State Zip Code  
EAST LANSING MI 48823

Date of Receipt  
N M / D E / Y Y Y Y  
05 08 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Occupation  
LANSING ANESTH PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.9881

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL FITZPATRICK

Mailing Address  
3012 TALL OAKS DR

City State Zip Code  
JEFFERSONVILLE IN 47130

Date of Receipt  
N M / D E / Y Y Y Y  
05 18 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Occupation  
ANESTH ASSOC OF CLARK CTY ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.9889

**C.** Full Name (Last, First, Middle Initial)  
J KENT GARMAN

Mailing Address  
27742 STIRRUP WAY

City State Zip Code  
LOS ALTOS HILLS CA 94022

Date of Receipt  
N M / D E / Y Y Y Y  
05 08 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
500.00

Name of Employer Occupation  
STANFORD UNIV PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.9855

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
RICH GILBERT

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2001

Mailing Address  
1107 QUEENS RD

City State Zip Code  
CHARLOTTE NC 28207

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SOUTHEAST ANESTH CONSULT ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.9843

**B.** Full Name (Last, First, Middle Initial)  
SHARON GORDON

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2001

Mailing Address  
300 HOMELAND RD NW

City State Zip Code  
ALBUQUERQUE NM 87114

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ANESTH ASSOC NEW MEXICO ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.9871

**C.** Full Name (Last, First, Middle Initial)  
ANDREW GRIMES

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2001

Mailing Address  
3705 MEDICAL PKWY #570

City State Zip Code  
AUSTIN TX 78705

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CAPITOL ANESTH ASSOC ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.9898

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
RICKARD HAWKINS

Mailing Address  
670 BRIARLEIGH WAY

City State Zip Code  
WOODSTOCK GA 30189

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 04 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ANESTH SPEC OF ATLANTA ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.9870

**B.** Full Name (Last, First, Middle Initial)  
DON HEINDEL

Mailing Address  
610 FLOYD ST

City State Zip Code  
BLACKSBURG VA 24060

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
AAR ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.9718

**C.** Full Name (Last, First, Middle Initial)  
LARS HELGESON

Mailing Address  
1093 DURHAM RD

City State Zip Code  
MADISON CT 06445

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
YALE UNIV SCHL OF MED ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.9835

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 52	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
**EDWARD HOCKADAY**

Mailing Address  
**6 STONEHAVEN WOODS**

City State Zip Code  
**JACKSON TN 38305**

Date of Receipt  
 M / D / Y Y Y Y  
**05 22 2001**

Amount of Each Receipt this Period  
**500.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**JACKSON CLINIC PHYSICIAN**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General Other (specify) ▼ **500.00**

Transaction ID: **SA11A1.9995**

**B.** Full Name (Last, First, Middle Initial)  
**MOHAN KASARANANI**

Mailing Address  
**75 COLTON RD**

City State Zip Code  
**GLASTONBURY CT 06033**

Date of Receipt  
 M / D / Y Y Y Y  
**05 18 2001**

Amount of Each Receipt this Period  
**100.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**NEW BRITAIN ANESTH ANESTHESIOLOGIST**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General Other (specify) ▼ **350.00**

Transaction ID: **SA11A1.9954**

**C.** Full Name (Last, First, Middle Initial)  
**ANGELA KENDRICK**

Mailing Address  
**7900 SW 191ST AVE**

City State Zip Code  
**ALOHA OR 97007**

Date of Receipt  
 M / D / Y Y Y Y  
**05 22 2001**

Amount of Each Receipt this Period  
**250.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**OHSU PHYSICIAN**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General Other (specify) ▼ **250.00**

Transaction ID: **SA11A1.9973**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
SCOTT KERCHEVILLE

Mailing Address  
5410 FREDERICKSBURG RD #3D8

City State Zip Code  
SAN ANTONIO TX 78229

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
TEJAS ANESTH PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.9867

**B.** Full Name (Last, First, Middle Initial)  
MAGDY KHALIL

Mailing Address  
100 E LIBERTY ST #303

City State Zip Code  
LOUISVILLE KY 40202

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MCA ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.9704

**C.** Full Name (Last, First, Middle Initial)  
MARK KIRSCH

Mailing Address  
15000 E 45TH ST N

City State Zip Code  
WICHITA KS 67226

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 04 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WAC ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.9678

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT KOEBERT**

Mailing Address  
**9212 WESTERN AVE**

City State Zip Code  
**CEDARBURG WI 53012**

Date of Receipt  
 N M / D E / Y Y Y Y  
**05 07 2001**

Amount of Each Receipt this Period  
**500.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**SUMMIT ANESTH ANESTHESIOLOGIST**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **500.00**

Transaction ID: **SA11A1.9701**

**B.** Full Name (Last, First, Middle Initial)  
**ALEX KWAN**

Mailing Address  
**11108 SMOKEY QUARTZ LN**

City State Zip Code  
**POTOMAC MD 20854**

Date of Receipt  
 N M / D E / Y Y Y Y  
**05 08 2001**

Amount of Each Receipt this Period  
**250.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**MAPMG ANESTHESIOLOGIST**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **250.00**

Transaction ID: **SA11A1.9837**

**C.** Full Name (Last, First, Middle Initial)  
**GEORGE LEDERHAAS**

Mailing Address  
**2155 NW 137TH ST**

City State Zip Code  
**CLIVE IA 50325**

Date of Receipt  
 N M / D E / Y Y Y Y  
**05 18 2001**

Amount of Each Receipt this Period  
**250.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**SELF-EMPLOYED ANESTHESIOLOGIST**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **550.00**

Transaction ID: **SA11A1.9846**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
THOMAS LEKAN

Mailing Address  
2138 AUBURN AVE

City State Zip Code  
CINCINNATI OH 45219

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 04 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ANESTH ASSOC CINCINNATI ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.9858

**B.** Full Name (Last, First, Middle Initial)  
JOLLY LI

Mailing Address  
3900 CLIFTON AVE

City State Zip Code  
CINCINNATI OH 45220

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
AAC ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.9891

**C.** Full Name (Last, First, Middle Initial)  
NANCY LILLEHEI

Mailing Address  
5808 GREENWOOD AVE N

City State Zip Code  
SEATTLE WA 98105

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 04 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.9873

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **800.00**

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
GREGAR LIND

Mailing Address  
7383 HIGHLINE CT

City State Zip Code  
MISSOULA MT 59808

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MISSOULA ANESTH PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.9841

**B.** Full Name (Last, First, Middle Initial)  
JEFF LINDSAY

Mailing Address  
7812 S GRANITE AVE

City State Zip Code  
TULSA OK 74136

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 18 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ASSOC ANESTH ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.9801

**C.** Full Name (Last, First, Middle Initial)  
EL SAYED MANGI

Mailing Address  
5750 LENTZIER TRACE

City State Zip Code  
JEFFERSONVILLE IN 47130

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 18 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ANESTH ASSOC CLARKSVILLE ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.9812

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
**ART MCCULLOCH**

Mailing Address  
**18519 PENINSULA CLUB**

City State Zip Code  
**CORNELIUS NC 28031**

Date of Receipt  
 M / D / Y Y Y Y  
**05 / 08 / 2001**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**SOUTHEAST ANESTH PHYSICIAN**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **500.00**

Amount of Each Receipt this Period  
**500.00**

Transaction ID: **SA11A1.9869**

**B.** Full Name (Last, First, Middle Initial)  
**JAMES MOSHER**

Mailing Address  
**2138 AUBURN AVE**

City State Zip Code  
**CINCINNATI OH 45219**

Date of Receipt  
 M / D / Y Y Y Y  
**05 / 04 / 2001**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**ANESTH ASSOC CINCINNATI ANESTHESIOLOGIST**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **250.00**

Amount of Each Receipt this Period  
**250.00**

Transaction ID: **SA11A1.9864**

**C.** Full Name (Last, First, Middle Initial)  
**PATRICK MURTHA**

Mailing Address  
**183 PEREGRINE DR**

City State Zip Code  
**INDIALANTIC FL 32905**

Date of Receipt  
 M / D / Y Y Y Y  
**05 / 08 / 2001**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**PALM BAY ANESTH ASSOC ANESTHESIOLOGIST**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **500.00**

Amount of Each Receipt this Period  
**500.00**

Transaction ID: **SA11A1.9875**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 52

11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
DEANNICHOLS

Mailing Address  
13113 GRANDVIEW ST

City State Zip Code  
OVERLAND PARK KS 66213

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 18 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ANESTH ASSOC PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Amount of Each Receipt this Period  
250.00

Transaction ID: SA11A1.9919

**B.** Full Name (Last, First, Middle Initial)  
PERRY NYSTROM

Mailing Address  
488 DUNNIGAN DR

City State Zip Code  
VANDALIA OH 45377

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ANESTH SERVS NETWORK ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Amount of Each Receipt this Period  
250.00

Transaction ID: SA11A1.9898

**C.** Full Name (Last, First, Middle Initial)  
COLLEEN O'LEARY

Mailing Address  
750 E ADAMS ST

City State Zip Code  
SYRACUSE NY 13210

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 18 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
UPSTATE MED ANESTH GRP ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Amount of Each Receipt this Period  
250.00

Transaction ID: SA11A1.9834

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
**RONALD OSBORN**

Mailing Address  
**14621 WHITE OAK DR**

City State Zip Code  
**BURNSVILLE MN 55337**

Date of Receipt  
 N M / D E / Y Y Y Y  
**05 07 2001**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**ANESTH ASSOC ANESTHESIOLOGIST**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **500.00**

Amount of Each Receipt this Period  
**500.00**

Transaction ID: **SA11A1.9885**

**B.** Full Name (Last, First, Middle Initial)  
**JOHN PANK**

Mailing Address  
**2407 CHATTESWORTH LN**

City State Zip Code  
**LOUISVILLE KY 40242**

Date of Receipt  
 N M / D E / Y Y Y Y  
**05 08 2001**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**MEDICAL CTR ANESTH ANESTHESIOLOGIST**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **1000.00**

Amount of Each Receipt this Period  
**1000.00**

Transaction ID: **SA11A1.9706**

**C.** Full Name (Last, First, Middle Initial)  
**DAVID PASSAFIUME**

Mailing Address  
**1102 SPRINGSIDE CT**

City State Zip Code  
**LOUISVILLE KY 40225**

Date of Receipt  
 N M / D E / Y Y Y Y  
**05 08 2001**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**MEDICAL CENTER ANESTH ANESTHESIOLOGIST**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **1000.00**

Amount of Each Receipt this Period  
**1000.00**

Transaction ID: **SA11A1.9730**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2500.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
MARC PILATO

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2001

Mailing Address  
1603 DEER RUN RD

City State Zip Code  
GREENVILLE NC 27834

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PITT COUNTY ANESTH ASSOC ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.9873

**B.** Full Name (Last, First, Middle Initial)  
DONALD RAITHEL

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 04 / 2001

Mailing Address  
2139 AUBURN AVE

City State Zip Code  
CINCINNATI OH 45219

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ANESTH ASSOC CINCINNATI ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.9862

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL RICHARDSON

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 18 / 2001

Mailing Address  
62 KINGLET DR S

City State Zip Code  
CRANBURY NJ 08512

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ANESTH CONSULTS OF NJ ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.9828

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 22 / 52

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TIMOTHY ROBINSON

Mailing Address

2212 DALEWOOD RD

City

TIMONIUM

State

MD

Zip Code

21093

Date of Receipt

N M / D E / Y Y Y Y  
0 5 / 0 8 / 2 0 0 1

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer

YORK ROAD ANESTH ASSOC

Occupation

PHYSICIAN

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.9884

Full Name (Last, First, Middle Initial)

B. EDWARD ROTHSCHILD

Mailing Address

3006 LIME KILN LN

City

LOUISVILLE

State

KY

Zip Code

40222

Date of Receipt

N M / D E / Y Y Y Y  
0 5 / 0 8 / 2 0 0 1

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer

ANESTH ASSOC CLARK COUNTY

Occupation

ANESTHESIOLOGIST

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.9712

Full Name (Last, First, Middle Initial)

C. PATRICK SHANAHAN

Mailing Address

3500 GLENVIEW AVE

City

GLENVIEW

State

KY

Zip Code

40025

Date of Receipt

N M / D E / Y Y Y Y  
0 5 / 0 8 / 2 0 0 1

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer

MEDICAL CENTER ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.9732

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

**1750.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
DONALD SHOEMAKER

Mailing Address  
11704 E ARBOR DR

City State Zip Code  
ANCHORAGE KY 40223

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WILLIAMS & WAGNER ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.9710

**B.** Full Name (Last, First, Middle Initial)  
PAUL SIMON

Mailing Address  
2400 MELLWOOD AVE #810

City State Zip Code  
LOUISVILLE KY 40206

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MEDICAL CENTER ANESTH ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.9734

**C.** Full Name (Last, First, Middle Initial)  
JOHN SLAVIK

Mailing Address  
806 SHADOWSTONE PL

City State Zip Code  
NASHVILLE TN 37220

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 18 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ANESTH MED GRP ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.9914

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2000.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
STEPHEN SMITH

Mailing Address  
338 CONSORT DR

City State Zip Code  
BALLWIN MO 63011

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2001

FEC ID number of contributing federal political committee.

Name of Employer (WAA) Occupation  
WAA PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼

Amount of Each Receipt this Period  
500.00

Transaction ID: SA11A1.9853

**B.** Full Name (Last, First, Middle Initial)  
CHRIS SOUTHWICK

Mailing Address  
13238 GRANADA DR

City State Zip Code  
LEAWOOD KS 66209

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼

Amount of Each Receipt this Period  
250.00

Transaction ID: SA11A1.9853

**C.** Full Name (Last, First, Middle Initial)  
DOUGLAS STEWART

Mailing Address  
1214 RED ROAN DR

City State Zip Code  
LOVELAND OH 45140

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ANESTH ASSOC CINCINNATI PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼

Amount of Each Receipt this Period  
250.00

Transaction ID: SA11A1.9859

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 52	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial)  
**A. KENNETH THIELMEIER**

Mailing Address  
**7003 PENFIELD PL**

City State Zip Code  
**PROSPECT KY 40059**

Date of Receipt  
 N M / D E / Y Y Y Y  
**05 08 2001**

Amount of Each Receipt this Period  
**1000.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**MEDICAL CENTER ANESTH ANESTHESIOLOGIST**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **1000.00**

Transaction ID: **SA11A1.9736**

Full Name (Last, First, Middle Initial)  
**B. DAVID THOMAS**

Mailing Address  
**2161 BONNYCASTLE AVE**

City State Zip Code  
**LOUISVILLE KY 40205**

Date of Receipt  
 N M / D E / Y Y Y Y  
**05 08 2001**

Amount of Each Receipt this Period  
**1000.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**MEDICAL CENTER ANESTH ANESTHESIOLOGIST**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **1000.00**

Transaction ID: **SA11A1.9736**

Full Name (Last, First, Middle Initial)  
**C. KENNETH TUMAN**

Mailing Address  
**120 BERTLING LN**

City State Zip Code  
**WINNETKA IL 60093**

Date of Receipt  
 N M / D E / Y Y Y Y  
**05 08 2001**

Amount of Each Receipt this Period  
**500.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**UNIVERSITY ANESTH PHYSICIAN**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **500.00**

Transaction ID: **SA11A1.9857**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2500.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 / 52	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
ROBERT VILES

Mailing Address  
6D CRESTWOOD

City State Zip Code  
SUGAR LAND TX 77478

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Amount of Each Receipt this Period 500.00

Transaction ID: SA11A1.9861

**B.** Full Name (Last, First, Middle Initial)  
BATHINIAH VORAKKARA

Mailing Address  
203 MARKSFIELD CIR #3

City State Zip Code  
LOUISVILLE KY 40222

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1000.00

Amount of Each Receipt this Period 1000.00

Transaction ID: SA11A1.9740

**C.** Full Name (Last, First, Middle Initial)  
SEAN WHITE

Mailing Address  
18 JEFFREY DR

City State Zip Code  
YORK ME 03909

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 18 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
YORK HOSPITAL ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Amount of Each Receipt this Period 250.00

Transaction ID: SA11A1.9830

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1750.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 / 52	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. JAY YEDLIN**

Mailing Address  
**4100 W 90TH TERR**

City State Zip Code  
**PRAIRIE VILLAGE KS 66207**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 08 / 2001**

FEC ID number of contributing federal political committee.  
 Amount of Each Receipt this Period  
**250.00**

Name of Employer <b>ANESTH ASSOC OF KC</b>	Occupation <b>PHYSICIAN</b>
---	--------------------------------

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **250.00**

Transaction ID: **SA11A1.9897**

**B.**

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>30400.00</b>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 28 / 52
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. NORTHERN TRUST CO**

Mailing Address  
50 S LASALLE

City State Zip Code  
CHICAGO IL 60675

Date of Receipt  
M / D / Y Y Y Y  
05 / 31 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
INTEREST INCOME

Amount of Each Receipt this Period  
504.25

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼  
2188.91

Transaction ID: SA17.10043

**B.**

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>504.25</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>504.25</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. AMERIPAC</b>			Date of Disbursement 05 / 14 / 2001	
Mailing Address 5304 MCKINLEY ST City: BETHESDA State: MD Zip Code: 20814			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2001 CONTRIBUTION			Category/ Type	
Candidate Name				
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.9768	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BECERRA FOR CONGRESS</b>			Date of Disbursement 05 / 24 / 2001	
Mailing Address P.O. BOX 281060 City: LOS ANGELES State: CA Zip Code: 90028			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement 2002			Category/ Type	
Candidate Name				
Office Sought: x House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: x Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.10036	
State: CA District: 30				

Full Name (Last, First, Middle Initial) <b>C. BERKLEY FOR CONGRESS</b>			Date of Disbursement 05 / 14 / 2001	
Mailing Address 349 KEATING ST City: HENDERSON State: NV Zip Code: 89014			Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement 2002			Category/ Type	
Candidate Name				
Office Sought: x House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: x Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.9797	
State: NV District: 1				

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>9000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. BURR FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001
Mailing Address P.O. BOX 5828 City WINSTON-SALEM State NC Zip Code 27113		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement 2002 Candidate Name		Transaction ID: SB23.9790
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 5	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CAPITOL PRESS/GANSKE FOR SENATE</b>		Date of Disbursement 05 / 31 / 2001
Mailing Address 1101 VERMONT AVE NW City WASHINGTON State DC Zip Code 20005		Amount of Each Disbursement this Period 33.84
Purpose of Disbursement 2002 IN-KIND CONTRIBUTION Candidate Name		Transaction ID: SB23.10041
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CATHOLIC RELIEF SERVICES</b>		Date of Disbursement 05 / 24 / 2001
Mailing Address P.O. BOX 17090 City BALTIMORE State MD Zip Code 21203		Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement 2001 CONTRIBUTION Candidate Name		Transaction ID: SB23.9959
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: Primary      General Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>12533.84</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. CLAYTON FOR CONGRESS COMMITTEE</b>		Date of Disbursement 05 / 24 / 2001
Mailing Address P.O. BOX 25627 City: RALEIGH State: NC Zip Code: 27611		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002	Candidate Name	Transaction ID: SB23.9963
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: NC District: 1	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. COMM TO RE-ELECT VITO FOSSELLA</b>		Date of Disbursement 05 / 24 / 2001
Mailing Address 2018 MT VERNON AVE 3RD FL City: ALEXANDRIA State: VA Zip Code: 22301		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002	Candidate Name	Transaction ID: SB23.10028
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: NV District: 13	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. COMM TO RE ELECT ED TOWNS</b>		Date of Disbursement 05 / 14 / 2001
Mailing Address 438 LEWIS AVE City: BROOKLYN State: NY Zip Code: 11233		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002	Candidate Name	Transaction ID: SB23.9776
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: NY District: 10	Category/ Type	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. DAVIS FOR CONGRESS</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address P.O. BOX 636 City ANNANDALE State VA Zip Code 22003		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement 2002		Transaction ID: SB23.10007	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: FL      District: 11	Category/ Type		

Full Name (Last, First, Middle Initial) <b>B. DEFAZIO FOR CONGRESS</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address P.O. BOX 1316 City SPRINGFIELD State OR Zip Code 97477		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002		Transaction ID: SB23.9961	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: OR      District: 4	Category/ Type		

Full Name (Last, First, Middle Initial) <b>C. ED BRYANT FOR CONGRESS</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address 1715 AARON BRENNER DR 8TH FLOOR City MEMPHIS State TN Zip Code 38120		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002		Transaction ID: SB23.10005	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: TN      District: 7	Category/ Type		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. EHRlich FOR CONGRESS</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address 8600 LASALLE RD #103 City BALTIMORE State MD Zip Code 21286		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: MD      District: 2	Transaction ID: SB23.10009		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF MAX BAUCUS 2002</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address P.O. BOX 586 City HELENA State MT Zip Code 59624		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: MT      District:	Transaction ID: SB23.10015		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF SCOTT MCINNIS INC</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address P.O. BOX 3157 City GRAND JUNCTION State CO Zip Code 81502		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement 2002		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: CO      District: 3	Transaction ID: SB23.9788		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF SHERROD BROWN</b>		Date of Disbursement 05 / 14 / 2001
Mailing Address P.O. BOX 2884 City: WASHINGTON State: DC Zip Code: 20013		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.9750
State: OH District: 13		

Full Name (Last, First, Middle Initial) <b>B. GARY MILLER FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001
Mailing Address 721 S BREAS CANYON RD #7 City: DIAMOND BAR State: CA Zip Code: 91789		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.9770
State: CA District: 41		

Full Name (Last, First, Middle Initial) <b>C. GENE GREEN FOR CONGRESS</b>		Date of Disbursement 05 / 24 / 2001
Mailing Address P.O. BOX 18128 City: HOUSTON State: TX Zip Code: 77222		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.10023
State: TX District: 29		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) <b>A. GONZALES FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address P.O. BOX 12612 City State Zip Code SAN ANTONIO TX 78212		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement 2002		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: TX      District: 20	Transaction ID: SB23.9754		

Full Name (Last, First, Middle Initial) <b>B. GONZALES FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address P.O. BOX 12612 City State Zip Code SAN ANTONIO TX 78212		Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement 2002		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: TX      District: 20	Transaction ID: SB23.9774		

Full Name (Last, First, Middle Initial) <b>C. GREEN FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address P.O. BOX 2776 City State Zip Code ARLINGTON VA 22202		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: WI      District: 8	Transaction ID: SB23.9822		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) <b>A. GUTNECHT FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address 1200 TRINITY DR City ALEXANDRIA		State VA	Zip Code 22314
Purpose of Disbursement 2002		Amount of Each Disbursement this Period 3500.00	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: MN      District: 1	Transaction ID: SB23.978D		

Full Name (Last, First, Middle Initial) <b>B. HASTERT FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address P.O. BOX 825 City BATAVIA		State IL	Zip Code 60510
Purpose of Disbursement 2002		Amount of Each Disbursement this Period 1000.00	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: IL      District: 14	Transaction ID: SB23.974B		

Full Name (Last, First, Middle Initial) <b>C. HOOLEY FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address 38 IVY ST SE City WASHINGTON		State DC	Zip Code 20003
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary      General Other (specify) ▼		
State: OR      District: 6	Transaction ID: SB23.974B		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. HOOLEY FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address 38 IVY ST SE City WASHINGTON State DC Zip Code 20003		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement 2002		Transaction ID: SB23.9778	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: OR      District: 5	Category/ Type		

Full Name (Last, First, Middle Initial) <b>B. JOHN LEWIS FOR CONGRESS</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address 219 THIRD ST SE City WASHINGTON State DC Zip Code 20003		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement 2002		Transaction ID: SB23.10034	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: GA      District: 5	Category/ Type		

Full Name (Last, First, Middle Initial) <b>C. JOHN LINDER FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address P.O. BOX 842060 City CHAMBLEE State GA Zip Code 31141		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement 2002		Transaction ID: SB23.9817	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: GA      District: 11	Category/ Type		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>7500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. JW MARRIOTT/GANSKE FOR SENATE</b>		Date of Disbursement 05 / 31 / 2001
Mailing Address 1331 PENNSYLVANIA AVE NW City: WASHINGTON State: DC Zip Code: 20004		Amount of Each Disbursement this Period 3928.12
Purpose of Disbursement 2002 IN-KIND CONTRIBUTION		Transaction ID: SB23.10039
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary    General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KAREN THURMAN FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001
Mailing Address P.O. BOX 505B City: INVERNESS State: FL Zip Code: 34450		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002		Transaction ID: SB23.9828
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary    General Other (specify) ▼	
State: FL District: 5		

Full Name (Last, First, Middle Initial) <b>C. KIRK FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001
Mailing Address P.O. BOX 8 City: WINNETKA State: IL Zip Code: 60093		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002		Transaction ID: SB23.9810
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary    General Other (specify) ▼	
State: IL District: 10		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5928.12</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. KIRK FOR CONGRESS</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address P.O. BOX 8 City WINNETKA State IL Zip Code 60093		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: IL      District: 10	Transaction ID: SB23.10003		

Full Name (Last, First, Middle Initial) <b>B. LAMPSON FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address 38 IVY ST SE City WASHINGTON State DC Zip Code 20003		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement 2002 Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: TX      District: 9	Transaction ID: SB23.9806		

Full Name (Last, First, Middle Initial) <b>C. LEE FLETCHER FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address 3220 STOWERS DR City MONROE State LA Zip Code 71201		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2002 Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: LA      District: 6	Transaction ID: SB23.9801		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) <b>A. LUTHER FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001
Mailing Address 1399 GENEVA AVE N #202 City OAKDALE State MN Zip Code 55128		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.9784
State: MN District: 8		

Full Name (Last, First, Middle Initial) <b>B. MALONEY FOR CONGRESS</b>		Date of Disbursement 05 / 24 / 2001
Mailing Address 24 E 83RD STREET City NEW YORK State NY Zip Code 10128		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.10001
State: NY District: 14		

Full Name (Last, First, Middle Initial) <b>C. MANZULLO FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001
Mailing Address P.O. BOX 7783 City ROCKFORD State IL Zip Code 61128		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement 2002	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.9813
State: IL District: 18		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

<b>A.</b> Full Name (Last, First, Middle Initial) MCDERMOTT FOR CONGRESS		Date of Disbursement 05 / 14 / 2001	
Mailing Address 6282 OCCOQUAN FOREST DR City MANASSAS State VA Zip Code 20112		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002		Transaction ID: SB23.9793	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: WA      District: 7			

<b>B.</b> Full Name (Last, First, Middle Initial) MEL WATT FOR CONGRESS COMM		Date of Disbursement 05 / 14 / 2001	
Mailing Address P.O. BOX 36831 City CHARLOTTE State NC Zip Code 28238		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement 2002		Transaction ID: SB23.9772	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: NC      District: 12			

<b>C.</b> Full Name (Last, First, Middle Initial) MONTANA 2002		Date of Disbursement 05 / 24 / 2001	
Mailing Address 203 C STREET NE City WASHINGTON State DC Zip Code 20002		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2001 CONTRIBUTION		Transaction ID: SB23.10017	
Candidate Name			
Office Sought:      House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary      General <input type="checkbox"/> Other (specify) ▼		
State:      District:			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>7500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. MYRICK FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001
Mailing Address P.O. BOX 37091 City CHARLOTTE State NC Zip Code 37091		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2002	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.9808
State: NC District: 8		

Full Name (Last, First, Middle Initial) <b>B. PASCRELL FOR CONGRESS</b>		Date of Disbursement 05 / 24 / 2001
Mailing Address 38 IVY ST City WASHINGTON State DC Zip Code 20008		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.10019
State: MD District: 8		

Full Name (Last, First, Middle Initial) <b>C. PAT TIBERI FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001
Mailing Address 211 S FIFTH ST City COLUMBUS State OH Zip Code 43215		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.9815
State: OH District: 12		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. PETE STARK RE-ELECTION COMM</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address P.O. BOX 8331 City FREMONT		State CA	
Zip Code 94537		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002		Category/ Type	
Candidate Name		Transaction ID: SB23.9744	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: CA      District: 13			

Full Name (Last, First, Middle Initial) <b>B. PHIL CRANE COMMITTEE</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address P.O. BOX 2776 City ARLINGTON		State VA	
Zip Code 22202		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement 2002		Category/ Type	
Candidate Name		Transaction ID: SB23.9752	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: IL      District: 8			

Full Name (Last, First, Middle Initial) <b>C. PRYCE FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address 1200 TRINITY DR City ALEXANDRIA		State VA	
Zip Code 22314		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002		Category/ Type	
Candidate Name		Transaction ID: SB23.9782	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: OH      District: 16			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. RANGEL FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address P.O. BOX 5577 MANHATTANVILLE STA City NEW YORK State NY Zip Code 10027		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: NY      District: 15	Transaction ID: SB23.9786		

Full Name (Last, First, Middle Initial) <b>B. RANGEL FOR CONGRESS</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address 2850 CONNECTICUT AVE NW City WASHINGTON State DC Zip Code 20008		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: NY      District: 15	Transaction ID: SB23.10032		

Full Name (Last, First, Middle Initial) <b>C. REYES FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address 505 E RIO GRANDE City EL PASO State TX Zip Code 79902		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: TX      District: 18	Transaction ID: SB23.9826		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) <b>A. REYES FOR CONGRESS</b>		Date of Disbursement 05 / 24 / 2001
Mailing Address 605 E RIO GRANDE City EL PASO State TX Zip Code 79002		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.10030
State: TX District: 16		

Full Name (Last, First, Middle Initial) <b>B. REYNOLDS FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001
Mailing Address 171 SULLY'S TRAIL PITTSFORD City NEW YORK State NY Zip Code 14634		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement 2002	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.9742
State: NY District: 27		

Full Name (Last, First, Middle Initial) <b>C. RICK KELLER FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001
Mailing Address P.O. BOX 1453 City ORLANDO State FL Zip Code 32802		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB23.9760
State: FL District: 8		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) <b>A. ROBERT ADERHOLT FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001
Mailing Address P.O. BOX 1158 940 HWY 13 City State Zip Code HALEYVILLE AL 35565		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002 Candidate Name		Transaction ID: SB23.9798
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 4	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ROBIN HAYES FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001
Mailing Address P.O. BOX 2000 City State Zip Code CONCORD NC 28028		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement 2002 Candidate Name		Transaction ID: SB23.9819
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 8	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. ROB SIMMONS FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001
Mailing Address 11 ALLEN ST City State Zip Code MYSTIC CT 06355		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement 2002 Candidate Name		Transaction ID: SB23.9764
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) <b>A. RUSH HOLT FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address P.O. BOX 782 City PENNINGTON State NJ Zip Code 08534		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ      District: 12	Transaction ID: SB23.9756		

Full Name (Last, First, Middle Initial) <b>B. SCHIFF FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address 38 IVY ST SE City WASHINGTON State DC Zip Code 20008		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA      District: 27	Transaction ID: SB23.9762		

Full Name (Last, First, Middle Initial) <b>C. SHADEGG FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address 2D18 MOUNT VERNON AVE 3RD FL City ALEXANDRIA State VA Zip Code 22301		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement 2002 Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ      District: 4	Transaction ID: SB23.9758		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. SMITH FOR U.S. SENATE</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address 228 S WASHINGTON ST #200 City: ALEXANDRIA State: VA Zip Code: 22314		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement 2002		Transaction ID: SB23.9786	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District:		Category/Type	

Full Name (Last, First, Middle Initial) <b>B. TAUZIN CONGRESSIONAL COMM</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address 550 S VAN City: HOUMA State: LA Zip Code: 70361		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002		Transaction ID: SB23.10011	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 3		Category/Type	

Full Name (Last, First, Middle Initial) <b>C. TOOMEY FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address 410 NEW JERSEY AVE SE City: WASHINGTON State: DC Zip Code: 20003		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002		Transaction ID: SB23.9824	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 15		Category/Type	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) <b>A. WALTER JONES FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address P.O. BOX 99667 City State Zip Code RALEIGH NC 27624		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement 2002		Transaction ID: SB23.9803	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: NC      District: 3			

Full Name (Last, First, Middle Initial) <b>B. WILLIAM JEFFERSON FOR CONGRESS</b>		Date of Disbursement 05 / 14 / 2001	
Mailing Address 850 PYDRAS ST #2245 City State Zip Code NEW ORLEANS LA 70190		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002		Transaction ID: SB23.9795	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: LA      District: 2			

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>115961.96</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) <b>A. FLORIDA REPUBLICAN PARTY</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address 420 E JEFFERSON ST City TALLAHASSEE		State FL	Zip Code 32301
Purpose of Disbursement 2001 NON-FEDERAL CONTRIBUTION		Amount of Each Disbursement this Period 10000.00	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.10026	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. NORTHERN TRUST CO</b>		Date of Disbursement 05 / 31 / 2001	
Mailing Address 50 S LASALLE City CHICAGO		State IL	Zip Code 60675
Purpose of Disbursement VISA BANK CHARGE		Amount of Each Disbursement this Period 696.45	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.10044	
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. PRESIDENT'S DINNER COMMITTEE</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address P.O. BOX 1721 City WASHINGTON		State DC	Zip Code 20013
Purpose of Disbursement 2001 NON-FEDERAL CONTRIBUTION		Amount of Each Disbursement this Period 20000.00	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.9967	
State:	District:		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>30696.45</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input checked="" type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) <b>A. PRESIDENT'S DINNER COMMITTEE</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address P.O. BOX 1721 City State Zip Code WASHINGTON DC 20013		Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement 2001 NON-FEDERAL CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary          General Other (specify) ▼		
State:                  District:	Transaction ID: SB29.9969		

Full Name (Last, First, Middle Initial) <b>B. PRESIDENT'S DINNER COMMITTEE</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address P.O. BOX 1721 City State Zip Code WASHINGTON DC 20013		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2001 NON-FEDERAL CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary          General Other (specify) ▼		
State:                  District:	Transaction ID: SB29.9970		

Full Name (Last, First, Middle Initial) <b>C. PRESIDENT'S DINNER COMMITTEE</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address P.O. BOX 1721 City State Zip Code WASHINGTON DC 20013		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2001 NON-FEDERAL CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary          General Other (specify) ▼		
State:                  District:	Transaction ID: SB29.9971		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>20000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) <b>A. PRESIDENT'S DINNER COMMITTEE</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address P.O. BOX 1721 City State Zip Code WASHINGTON DC 20013		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2001 NON-FEDERAL CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.9972	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. PRESIDENT'S DINNER COMMITTEE</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address P.O. BOX 1721 City State Zip Code WASHINGTON DC 20013		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2001 NON-FEDERAL CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.9989	
State: District:			

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>10000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>60696.45</b>