

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED

For Other Than An Authorized Committee
(Summary Page)

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JUL 18 11 35 AM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) American Society of Anesthesiologists Political Action Committee COO255752		2. FEC IDENTIFICATION NUMBER COO255752
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 520 N. Northwest Highway		
CITY, STATE and ZIP CODE Park Ridge, IL 60068		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) Prior to 1/1/94		

4. TYPE OF REPORT

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

Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

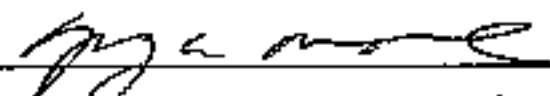
Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____

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

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>8/1/97</u> through <u>6/30/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 240,712.61
(b) Cash on Hand at Beginning of Reporting Period	\$ 274,959.23	
(c) Total Receipts (from Line 19)	\$ 66,616.02	\$ 278,680.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 341,575.24	\$ 519,393.27
7. Total Disbursements (from Line 30)	\$ 38,654.07	\$ 216,472.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 302,921.17	\$ 302,921.17
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 998 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-818-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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

Type or Print Name of Treasurer Roger A. Moore, M.D., Treasurer	Date 7/11/97
Signature of Treasurer 	

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
American Society of Anesthesiologists Political Action Committee C00255752	FROM 6/1/97	TO 6/30/97
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	\$31,450.00	\$155,550.00
ii. Unitemized	34,696.00	120,744.89
iii. Total (add i and ii) >	66,146.00	276,294.89
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a iii, b and c) >	66,146.00	276,294.89
12. Transfers From Affiliated/Other Party Committees	-0-	-0-
13. All Loans Received	-0-	-0-
14. Loan Repayments Received	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)	470.02	2,385.77
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	66,616.02	278,680.66
20. Total Federal Receipts (subtract line 18 from line 19) >	66,616.02	278,680.66
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	-0-	-0-
ii. Non-Federal Share	-0-	-0-
b. Other Federal Operating Expenditures	29.07	4,877.49
c. Total Operating Expenditures (add a i, a ii, and b) >	-0-	-0-
22. Transfers to Affiliated/Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	38,625.00	211,584.61
24. Independent Expenditures (Use Schedule E)	-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-
26. Loan Repayments Made	-0-	-0-
27. Loans Made	-0-	-0-
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	-0-	-0-
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contribution Refunds (add a, b and c) >	-0-	-0-
29. Other Disbursements	-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	38,654.07	216,472.10
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	38,654.07	216,472.10
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	66,146.00	276,294.89
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	66,146.00	276,294.89
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	29.07	4,877.49
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) >	29.07	4,877.49

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the
 Detail Summary Page **1** of **35**
 For Line No. **11a**

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 CD0253752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN AMMON 301 W MCLELLAN BLVD PHOENIX AZ 85013	VALLEY ANESTH CONSULTANTS Occupation ANESTHESIOLOGIST	06/06/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEVIN ANGERT 1294 RICHMOND RD WINTER PARK FL 32789	JLR ANESTH ASSOC Occupation ANESTHESIOLOGIST	06/10/97	
	Aggregate Year-to-Date >>>>>>> \$	500.00	500.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NISANTHA BANDARAWAYAKE 304 DOWNING DR PITTSBURGH PA 15238	NEW KENINGSTON ANESTH ASSOC Occupation ANESTHESIOLOGIST	06/06/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	100.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	850.00
TOTAL This Period (last page this line number only) >>>>>>>	850.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) Page of
 for each category of the: 2 : 35
 Detail Summary Page
 For line No.
 11a1

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 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 C00255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RISE BARKHOFF 27455 MEADOWOOD LN METTANA IL 60048	LAKE CO ANESTH Occupation ANESTHESIOLOGIST	06/06/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWIN BARTHE 4416 OLD FORGE DR GASTONIA NC 28054	GASTON ANESTH ASSOC Occupation ANESTHESIOLOGIST	04/26/97	
	Aggregate Year-to-Date >>>>>>> \$	350.00	350.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NOEL BECKFORD 107 ALEXANDER ST CHENOWETH WA 98532	SWAPS Occupation ANESTHESIOLOGIST	06/09/97	
	Aggregate Year-to-Date >>>>>>> \$	500.00	500.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	1190.00
TOTAL This Period (last page this line number only) >>>>>>>	1950.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the
 Detail Summary Page
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 For line No. 11a

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NAME OF COMMITTEE (in Full)
 AMERICAN SOCIETY OF ANESTHESIOLOGISTS
 POLITICAL ACTION COMMITTEE 000255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH BERNSTEIN 2455 CARDINAL LN ROSBURG NJ 53070	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	06/10/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	50.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN BIANROSA 2121 RACE ST PHILADELPHIA PA 19103	ALLEGHENY UNIV Occupation ANESTHESIOLOGIST	06/09/97	
	Aggregate Year-to-Date >>>>>>> \$	500.00	500.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICK BIRNBAUM 2300 CHILDRENS PLAZA CHICAGO IL 60614	PEDIATRIC ANESTH ASSOC Occupation ANESTHESIOLOGIST	06/23/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	800.00
TOTAL This Period (last page this line number only) >>>>>	2750.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detail Summary Page (Page of 4 35) For Line No. 11a1

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 CD0295792

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN BOUDREAUX 11 GRANT PL ARLINGTON TX 76013	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	06/12/97	
Aggregate Year-to-Date >>>>>>> \$		250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUSSELL BROCK 964 BIRCH CREEK DR WILMINGTON NC 28403	SELF-EMPLOYED Occupation PHYSICIAN	05/23/97	
Aggregate Year-to-Date >>>>>>> \$		300.00	300.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MATTHEW DUCKEN 1945 NW 28TH PL PORTLAND OR 97210	OREGON ANESTH GROUP Occupation ANESTHESIOLOGIST	06/24/97	
Aggregate Year-to-Date >>>>>>> \$		250.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	800.00
TOTAL This Period (last page this line number only) >>>>>>>	350.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule[] Page of
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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
 POLITICAL ACTION COMMITTEE C06255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN CARPSELL 227 BRANDYWINE DR SUMNERVILLE SC 29485	ANESTH ASSOC OF CHARLESTON Occupation ANESTHESIOLOGIST	06/10/97	
	Aggregate Year-to-Date >>>>>>> \$	218.64	100.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES CARLSEN 2211 LAKESIDE DR ORLANDO FL 32789	JLR ANESTH Occupation ANESTHESIOLOGIST	06/24/97	
	Aggregate Year-to-Date >>>>>>> \$	500.00	500.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN CARLTON P.O. BOX 789 TUALATIN OR 97062	OAS Occupation ANESTHESIOLOGIST	06/06/97	
	Aggregate Year-to-Date >>>>>>> \$	300.00	300.00

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	4450.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule[] for each category of the Detail Summary Page	Page of 6 35
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NAME OF COMMITTEE (in Full)
 AMERICAN SOCIETY OF ANESTHESIOLOGISTS
 POLITICAL ACTION COMMITTEE 000253752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN CARTER P.O. BOX 29301 SAN ANTONIO TX 78229	TEXAS ANESTHESIA Occupation ANESTHESIOLOGIST	06/18/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	100.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WELMUT CASEBORI 11300 EUCLID AVE CLEVELAND OH 44106	UNIV HOSP OF CLEVELAND Occupation ANESTHESIOLOGIST	06/19/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFF GESCHI 867 W29557 RICHTRE RD BARTLAND WI 53029	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	06/09/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	600.00
TOTAL This Period (last page this line number only) >>>>>>>	5050.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detail Summary Page
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NAME OF COMMITTEE (in Full)
 AMERICAN SOCIETY OF ANESTHESIOLOGISTS
 POLITICAL ACTION COMMITTEE 00255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
P 9 HILL POND RD CLOSTER NJ 07624	NV ANESTH Occupation ANESTHESIOLOGIST	06/13/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH 632 E 5TH AVE MT DORA FL 32757		06/09/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFFREY P.O. BOX 4458 MELTON FL 32572	SUNSET ANESTH Occupation ANESTHESIOLOGIST	06/10/97	
	Aggregate Year-to-Date >>>>>>> \$	500.00	500.00

SUBTOTAL of Receipts This Page (optional) >>>>>	1000.00
TOTAL This Period (last page this line number only) >>>>>	6050.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detail Summary Page
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NAME OF COMMITTEE (in full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
 POLITICAL ACTION COMMITTEE C09255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVID DEVERE 13 NOTTINGHAM WHEELING WV 26063	OHIO VALLEY MEDICAL CTR Occupation ANESTHESIOLOGIST	06/13/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ARISTEIDIE BIVERIS 2607-D NORTH GREENVIEW AVE CHICAGO IL 60614	AC LTD Occupation ANESTHESIOLOGIST	06/10/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PATRICK DOLAN P.O. BOX 410914 ST LOUIS MO 63141	WESTERN ANESTH ASSOC Occupation PHYSICIAN	06/06/97	
	Aggregate Year-to-Date >>>>>>> \$	500.00	500.00

SUBTOTAL of Receipts This Page (optional) >>>>>	1000.00
TOTAL This Period (last page this line number only) >>>>>	7050.00

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NAME OF COMMITTEE (in Full)
 AMERICAN SOCIETY OF ANESTHESIOLOGISTS
 POLITICAL ACTION COMMITTEE 000255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARYAN BOYLE 8772 PARK VIEW CT WASHATOSA WI 53226	SUMMIT ANESTH Occupation ANESTHESIOLOGIST	06/18/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUZETTE DANBAR 3627 BRENNOCK LN HOUSTON TX 77025	BAYLOR COLLEGE OF MEDICINE Occupation ANESTHESIOLOGIST	06/25/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT EGAN 7301 HILLSIDE LN IRVING TX 75063	DFW ANESTH ASSOC Occupation PHYSICIAN	06/10/97	
	Aggregate Year-to-Date >>>>>>> \$	1000.00	500.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	1000.00
TOTAL This Period (last page this line number only) >>>>>>>	8050.00

SCHEME A

ITEMIZED RECEIPTS

Use separate schedule(s) Page of
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11a

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
POLITICAL ACTION COMMITTEE 000255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN EVANS 59 ABULHAS LAKE OSHEGO OR 97035	OREGON ANESTH GROUP Occupation PHYSICIAN	06/13/97	
Aggregate Year-to-Date >>>>>>> \$		250.00	150.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT FRANTZ 624 N PALM DR BEVERLY HILLS CA 90210	BASF Occupation PHYSICIAN	05/06/97	
Aggregate Year-to-Date >>>>>>> \$		300.00	200.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRADLEY FRY 765 MCCLENDON CT BRENTWOOD TN 37027	SELF-EMPLOYED Occupation PHYSICIAN	06/18/97	
Aggregate Year-to-Date >>>>>>> \$		250.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	550.00
TOTAL This Period (last page this line number only) >>>>>>>	8500.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) (Page of
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For line No.
11a)

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
POLITICAL ACTION COMMITTEE 006255782

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES BIRBS P.O. BOX 890 SARANAC LAKE NY 12983	ADIRONDACK ANESTH SERVICE Occupation ANESTHESIOLOGIST	06/06/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAWRENCE GOODMAN 16302 HEATHER BEND CT HOUSTON TX 77059	SELF-EMPLOYED Occupation PHYSICIAN	06/05/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GILBERT GRANT 23 ROLLING RIDGE RD WHITE PLAINS NY 10605	UNIBELL ANESTH Occupation ANESTHESIOLOGIST	06/09/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	750.00
TOTAL This Period (last page this line number only) >>>>>>>	9350.00

SCHEDULE B

ITEMIZED RECEIPTS

Use separate schedule(s) (Page of
for each category of the
Detail Summary Page **12 35**

For Line No.
11a1

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
POLITICAL ACTION COMMITTEE 000253782

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL GREENBERG 725 STURGES WAY ALPHARETTA GA 30202	NORTHSIDE ANESTH CONSULTANTS Occupation PHYSICIAN	06/18/97	
Aggregate Year-to-Date >>>>>>> \$		250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONALD BROSSMAN 8293 CEDARTRAIL CORDOVA TN 38018	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	06/10/97	
Aggregate Year-to-Date >>>>>>> \$		250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM HAFER 14 CASTLE HARBOR RD HUNTINGTON BAY NY 11743	SELF-EMPLOYED Occupation PHYSICIAN	06/10/97	
Aggregate Year-to-Date >>>>>>> \$		250.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>>> 750.00

TOTAL This Period (last page this line number only) >>>>>>> 10100.00

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 collateral 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 C00255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID HALL 1175 PINEVILLE RD #106 CHATTANOOGA TN 37403	ANESTH CONSULTANTS EXCHANGE Occupation ANESTHESIOLOGIST	06/09/97	
Aggregate Year-to-Date >>>>>>> \$		350.00	300.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAX HAMMONDS 165 WINDJAMMER WAY HENDERSONVILLE NC 28792	SELF-EMPLOYED Occupation PHYSICIAN	06/10/97	
Aggregate Year-to-Date >>>>>>> \$		250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN HARRIS P.O. BOX 2370 LUMBERTON NC 28359	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	06/10/97	
Aggregate Year-to-Date >>>>>>> \$		650.00	400.00

SUBTOTAL of Receipts This Page (optional) >>>>>>> 750.00

TOTAL This Period (last page this line number only) >>>>>>> 10650.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detail Summary Page	Page of
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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 000258752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RHETT RASELL 147 YORX ST CHESTER SC 29706	CHESTER ANESTH CONSULTANTS Occupation PHYSICIAN	06/19/97	
	Aggregate Year-to-Date >>>>>>> \$	300.00	300.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID HEATON 5107 SUMMIT HILL DALLAS TX 75297	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	06/18/97	
	Aggregate Year-to-Date >>>>>>> \$	1500.00	1000.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE HERR 42 RICHARD SWEET DR WOODBRIDGE CT 06525	BANK Occupation ANESTHESIOLOGIST	06/10/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>	1750.00
TOTAL This Period (last page this line number only) >>>>>	12660.00

SCHEDULE A

ITEMIZED RECEIPTS

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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 C#0255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES HLAVACEN 2730 HUBBARD LN EUREKA CA 95501	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	06/24/97	
Aggregate Year-to-Date >>>>>>> \$		500.00	500.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT HOUGH 601 561 BARNSVILLE WA 97430	CAPE CO & ANESTH ASSOC Occupation PHYSICIAN	06/15/97	
Aggregate Year-to-Date >>>>>>> \$		250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVE HOWARTH 55 HUNES RD WATSONVILLE CA 95076	ANESTH MEDICAL BRGUP OF SANTA CRUZ Occupation ANESTHESIOLOGIST	06/18/97	
Aggregate Year-to-Date >>>>>>> \$		350.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	1000.00
TOTAL This Period (last page this line number only) >>>>>>>	15600.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 AMERICAN SOCIETY OF ANESTHESIOLOGISTS
 POLITICAL ACTION COMMITTEE 000255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOWARD BRIDSON 2525 ALLEN ST ALLENTOWN PA 18104	SELF-EMPLOYED Occupation PHYSICIAN	06/13/97	
Aggregate Year-to-Date >>>>>>> \$		475.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERIC HUMPHREYS 3477 WASHINGTON AVE VINNENNES IN 47591	ANESTH ASSOC OF VINNENNES Occupation ANESTHESIOLOGIST	06/12/97	
Aggregate Year-to-Date >>>>>>> \$		450.00	200.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH IMANAKA 1100 BLACK WOOD PL MODESTO CA 95358	GOULD MEDICAL GROUP Occupation PHYSICIAN	06/10/97	
Aggregate Year-to-Date >>>>>>> \$		250.00	250.00

SUBTOTAL of Receipts This Page (optional)	>>>>>	700.00
TOTAL This Period (last page this line number only)	>>>>>	1430.00

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
POLITICAL ACTION COMMITTEE 606255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL JOHNSON 1523 UNIVERSITY AVE SACRAMENTO CA 95825	SGS INC Occupation ANESTHESIOLOGIST	06/06/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES JOHNSON 54 HOWELL FARM RD CARLISLE MA 03743	LANEY CLINIC Occupation ANESTHESIOLOGIST	06/24/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVE KATZ 1650 H RIDLEY CREEK RD MEDIA PA 19063	ASPA OF DELAWARE Occupation ANESTHESIOLOGIST	06/23/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	1500.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
POLITICAL ACTION COMMITTEE 090255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JONATHAN KOHL 936 KAGAWA ST PACIFIC PALISADES CA 90272	SELF-EMPLOYED Occupation PHYSICIAN	06/13/97	
Aggregate Year-to-Date >>>>>>> \$		250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEROY KRUMPERMAN 202 BRINDLE BROOK RD SOUTH BLASTONBURY CT 06073	HARTFORD ANESTH ASSOC Occupation ANESTHESIOLOGIST	06/10/97	
Aggregate Year-to-Date >>>>>>> \$		250.00	150.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD LAMB 5736 HAMILTON ALEXTOWN PA 19104	ANESTH ASSOC OF AOMC Occupation PHYSICIAN	06/13/97	
Aggregate Year-to-Date >>>>>>> \$		250.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	650.00
TOTAL This Period (last page this line number only) >>>>>>>	15700.00

SCHEDULE A

IDENTIFIED RECEIPTS

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NAME OF COMMITTEE (in Full)
 AMERICAN SOCIETY OF ANESTHESIOLOGISTS
 POLITICAL ACTION COMMITTEE C00258752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MANUEL LEE 1003 COLONIAL DR NEWTON PA 18940	TRENTON ANESTH ASSOC Occupation ANESTHESIOLOGIST	06/12/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CATHERINE LINDBERGER 14 KENDALL DR CHAPEL HILL NC 27514	Duke Univ Medical Ctr Occupation ANESTHESIOLOGIST	06/06/97	
	Aggregate Year-to-Date >>>>>>> \$	500.00	500.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M L LIPPERT 2660 KITTRIDGE AVE COLORADO SPRINGS CO 80919	PIKES PEAK ANESTH ASSOC Occupation ANESTHESIOLOGIST	06/09/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional)	>>>>>	1000.00
TOTAL This Period (last page this line number only)	>>>>>	16700.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
POLITICAL ACTION COMMITTEE 000255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT LIPSON 402 FOULY RD #305 WILMINGTON DE 19803	MEDICAL CTR OF DELAWARE Occupation ANESTHESIOLOGIST	05/18/97	
	Aggregate Year-to-Date >>>>>>> \$	750.00	500.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES LOFTUS 8 W 78TH STREET HARVEY CEDARS NJ 08008	OCEAN ANESTH ASSOC Occupation ANESTHESIOLOGIST	06/10/97	
	Aggregate Year-to-Date >>>>>>> \$	450.00	200.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUSAN LONEERY 73 COTSWOLD CLOSE BLASTONBURY CT 06033	HARTFORD ANESTH ASSOC Occupation ANESTHESIOLOGIST	06/06/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	950.00
TOTAL This Period (last page this line number only) >>>>>>>	37650.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 AMERICAN SOCIETY OF ANESTHESIOLOGISTS
 POLITICAL ACTION COMMITTEE 00255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES HANEY 2470 SHELLY CT BROOKFIELD WI 53045	SUMMIT ANESTH Occupation ANESTHESIOLOGIST	06/18/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONALD MASON 903 8TH STREET N HOPKINS MN 55343	METRO ANESTH Occupation ANESTHESIOLOGIST	06/23/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JIMMY MCCHRISTIAN 5901 FOXBORO RD FT SMITH AR 72905	HOLT KROCK CLINIC Occupation PHYSICIAN	06/18/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	750.00
TOTAL This Period (last page this line number only) >>>>>>>	1840.00

SCHEDULE A

(UNEMPLOYED RECEIPTS)

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
 POLITICAL ACTION COMMITTEE 000255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH MCGEE 1290 DANA AVE PALO ALTO CA 94301	FREMONY ANESTH ASSOC Occupation ANESTHESIOLOGIST	06/10/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD MCHUGH 508 FIVOLI DR GIBSONIA PA 15044	ALLEGHENY ANESTH ASSOC Occupation ANESTHESIOLOGIST	06/09/97	
	Aggregate Year-to-Date >>>>>>> \$	750.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JUDITH WEISNER 4547 WOODRIDGE DR MINNETONKA MN 55345	NORTHWEST ANESTH Occupation PHYSICIAN	06/09/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional)	>>>>>	750.00
TOTAL This Period (last page this line number only)	>>>>>	1950.00

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NAME OF COMMITTEE (in Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS
POLITICAL ACTION COMMITTEE C00255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
T STUART MELOY 2918 HWY 601 MCKESSVILLE NC 27028	PIEDMONT ANESTH & PAIN MGMT Occupation ANESTHESIOLOGIST	06/10/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN OSBORNE 5950 PINKSTAFF LN BEAUMONT TX 77706	ANESTH ASSOC OF NEAUMENT Occupation PHYSICIAN	06/09/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN PAYNE 11005 LITTLE PATUXENT PKWY COLUMBIA MD 21044	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	06/10/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional)	>>>>>	750.00
TOTAL This Period (last page this line number only)	>>>>>	1900.00

SCHEDULE A

IDENTIFIED RECEIPTS

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NAME OF COMMITTEE (in Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE C00255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN PENCA 997-B MEDICAL CENTRE DR ARLINGTON VA 76012	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	06/09/97	
Aggregate Year-to-Date >>>>>>> \$		500.00	500.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN PERRY P.O. BOX 1329 PARADISE AK 92453	PARADISE ANESTH Occupation PHYSICIAN	06/12/97	
Aggregate Year-to-Date >>>>>>> \$		500.00	500.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL PLUMER 3430 CHARRING LN CARRICHAEL CA 95609	CASE MEDICAL GROUP Occupation PHYSICIAN	06/23/97	
Aggregate Year-to-Date >>>>>>> \$		500.00	500.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	1500.00
TOTAL This Period (last page this line number only) >>>>>>>	21400.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 AMERICAN SOCIETY OF ANESTHESIOLOGISTS
 POLITICAL ACTION COMMITTEE 000258732

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES PRATA 32590 SIMONTHY CIRCLE SOLOON OH 44139	MAYFIELD ANESTH ASSOC Occupation PHYSICIAN	06/06/97	
	Aggregate Year-to-Date >>>>>>> \$	450.00	350.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VINCENT QUINNAN 6435 SHILOH CLOSE ROCKFORD IL 61107	ROCKFORD ANESTH ASSOC Occupation ANESTHESIOLOGIST	06/10/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERNE ANN REA P.O. BOX 817 SUMMIT MS 39666	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	06/25/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

GRTOTAL of Receipts This Page (optional)	>>>>>>>	850.00
TOTAL This Period (last page this line number only)	>>>>>>>	22250.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
 POLITICAL ACTION COMMITTEE 00255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
REDPATI REDDY 479 TULANE CT PARAPUS NJ 07652	HACKENSACK ANESTH ASSOC Occupation ANESTHESIOLOGIST	06/09/97	
	Aggregate Year-to-Date >>>>>>> \$	750.00	500.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOUGLAE REMMELS 1715 RIDGEMOOD AVE OMAHA NE 68124	ANESTH WEST Occupation ANESTHESIOLOGIST	06/13/97	
	Aggregate Year-to-Date >>>>>>> \$	350.00	100.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENT ROBERTSON 1070 14TH AVE CT NW HECKORY NC 28601	LANIFOUR ANESTH ASSOC Occupation ANESTHESIOLOGIST	06/12/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>>> 850.00

TOTAL This Period (last page this line number only) >>>>>>> 23160.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
 POLITICAL ACTION COMMITTEE 000255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VANCE ROBIERUX 1309 GLENBROOK DR OKLAHOMA CITY OK 73118	OKLAHOMA ANESTH CONSULTANTS Occupation PHYSICIAN	06/19/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GREG RYPEL 13565 W MAPLE RIDGE RD NEW BERLIN WI 53181	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	06/23/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GREGG SWATHE 4705 S COMMON AVE SPRINGFIELD MO 65804	DIARK HEALTH ASSOC Occupation ANESTHESIOLOGIST	06/26/97	
	Aggregate Year-to-Date >>>>>>> \$	350.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	750.00
TOTAL This Period (last page this line number only) >>>>>>>	23850.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detail Summary Page
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NAME OF COMMITTEE (in Full)
 AMERICAN SOCIETY OF ANESTHESIOLOGISTS
 POLITICAL ACTION COMMITTEE 000255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RAMAJAN SAMALA 110 BELLERIVE SPRINGFIELD IL 62704	ANESTH ASSOC OF SPRINGFIELD Occupation ANESTHESIOLOGIST	06/18/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH SCHMIDT 5 SPRUCE HOLLOW UPPER SADDLE RIVER NJ 07458	HACKENSACK ANESTH ASSOC Occupation PHYSICIAN	06/12/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RAKESH SHAH 1351 HEATHCLIFFE CT WOODBRIDGE VA 22192	IVA ASSOC Occupation ANESTHESIOLOGIST	06/09/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional)	>>>>>	750.00
TOTAL This Period (last page this line number only)	>>>>>	2460.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
POLITICAL ACTION COMMITTEE CD0255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEN SHANKS 420 GLEN WILLOW DR KNOXVILLE TN 37922	MHC ANESTH Occupation ANESTHESIOLOGIST	06/09/97	
	Aggregate Year-to-Date >>>>>>> \$	750.00	100.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GREGORY SMITH 209 MANCHESTER PL W GREENSBORO NC 27410	COMMUNITY ANESTH GROUP Occupation ANESTHESIOLOGIST	06/18/97	
	Aggregate Year-to-Date >>>>>>> \$	300.00	300.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
P BREE ST CLAIRE 2080 LAGOON DR OKEMOS MI 48864	PHYSICIANS ANESTH SERVICES Occupation ANESTHESIOLOGIST	06/10/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>>> 650.00

TOTAL This Period (last page this line number only) >>>>>>> 25250.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS
POLITICAL ACTION COMMITTEE 000255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BETTY STEPHENSON 1 TIFFANY LN SHEARLAND TX 77478	RETIRED Occupation ANESTHESIOLOGIST	06/24/97	
Aggregate Year-to-Date >>>>>>> \$		1000.00	1000.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TOM STEWART 2929 WINGFIELD DR COLUMBUS GA 31906	ANESTH ASSOC OF COLUMBUS Occupation ANESTHESIOLOGIST	06/13/97	
Aggregate Year-to-Date >>>>>>> \$		750.00	500.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM STEWART 4119 29TH AVE NW GIB HARBOR WA 98335	PACIFIC ANESTH Occupation PHYSICIAN	06/24/97	
Aggregate Year-to-Date >>>>>>> \$		250.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	1750.00
TOTAL This Period (last page this line number only) >>>>>>>	2700.00

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
POLITICAL ACTION COMMITTEE 000255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT STELTYNE 3666 WALDEN PL CARREL TN 44053	INDIANA UNIV Occupation PHYSICIAN	06/24/97	
Aggregate Year-to-Date >>>>>>> \$		500.00	500.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KRRL FALTS 245 PARKVIEW PL DANVILLE VA 24541	DANVILLE ANESTH Occupation ANESTHESIOLOGIST	06/06/97	
Aggregate Year-to-Date >>>>>>> \$		250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DDRAICRAJU THRYVASEELAN 27 RUTGERS RD ANDOVER MA 01810	LOWEN ANESTH Occupation ANESTHESIOLOGIST	06/26/97	
Aggregate Year-to-Date >>>>>>> \$		400.00	200.00

SUBTOTAL of Receipts This Page (optional)	>>>>>	950.00
TOTAL This Period (last page this line number only)	>>>>>	27950.00

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NAME OF COMMITTEE (in Full)
 AMERICAN SOCIETY OF ANESTHESIOLOGISTS
 POLITICAL ACTION COMMITTEE 000255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID UELUNTER 1329 LUGITANA ST 5295 HONOLULU HI 96813	SELF-EMPLOYED Occupation PHYSICIAN	06/18/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F1902 VASH 9504 BEARBROOK DR BLDGUERBUE WA 97131	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	06/10/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROSENDS VELA LABANA TERRACE CONDO 10-A SAN JUAN PR 00907	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	06/10/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>	750.00
TOTAL This Period (last page this line number only) >>>>>	28700.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detail Summary Page Page of 33 35 For line No. 11a1

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NAME OF COMMITTEE (in Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE 000255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN VONBRELL 2025 BURWOOD CT GRODOKFIELD WI 53045	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	06/10/97	
Aggregate Year-to-Date >>>>>>> \$		250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHILLIP WHITNER 3612 SHANTARA LN PLANO TX 75093	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	06/18/97	
Aggregate Year-to-Date >>>>>>> \$		500.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANA WHYTE 2407 HOWELL HILL RD NW ATLANTA GA 30318	NORTHSIDE ANESTH CONSULTANTS Occupation ANESTHESIOLOGIST	06/06/97	
Aggregate Year-to-Date >>>>>>> \$		500.00	500.00

SUBTOTAL of Receipts This Page (optional) >>>>>	1000.00
TOTAL This Period (last page this line number only) >>>>>	29700.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detail Summary Page
 Page of
 34 35
 For Line No.
 1111

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
 POLITICAL ACTION COMMITTEE 000255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VINCENT WILLEFORD P.O. BOX 3083 PORTLAND OR 97208	CAS Occupation PHYSICIAN	06/10/97	
	Aggregate Year-to-Date >>>>>>> \$	500.00	500.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FINDTHY WILLIAMS 2320 PENERIDGE LN ALBANY GA 31707	ALBANY ANESTH ASSOC Occupation ANESTHESIOLOGIST	06/25/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G EDWIN WILSON 150 W PERDIE WAY WINTER PARK FL 32789	JLR ANESTH Occupation PHYSICIAN	06/18/97	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>> 1000.00

TOTAL This Period (last page this line number only) >>>>> 30700.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detail Summary Page
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 35 35
 For Line No. 11a1

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NAME OF COMMITTEE (in Full)
 AMERICAN SOCIETY OF ANESTHESIOLOGISTS
 POLITICAL ACTION COMMITTEE 000255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID 405 DAVID ST FRIENDSWOOD TX 77546	SELF-EMPLOYED Occupation PHYSICIAN	06/06/97	
Aggregate Year-to-Date >>>>>>> \$		250.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES 567 32ND AVE DR NW HICKORY NC 28601	UNIFOUR ANESTH ASSOC Occupation PHYSICIAN	05/19/97	
Aggregate Year-to-Date >>>>>>> \$		500.00	500.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	750.00
TOTAL This Period (last page this line number only) >>>>>>>	3450.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists
Political Action Committee C00265762

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Thomas Campaign Committee P.O. Box 493 Bakersfield, CA 93302	Contrib to B.Thomas for H of R 21st Dist CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/26/97 (Check Voided)	(\$4,000.00)
Fazio for Congress P.O. Box 990 Washington, DC 20044-0990	Contrib to V.Fazio for H of R 3rd Dist CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/26/97	\$2,000.00
Bill Thomas Campaign Committee P.O. Box 493 Bakersfield, CA 93302	Contrib to B.Thomas for H of R 21st Dist CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/26/97	\$4,000.00
Goodlatte for Congress P.O. Box 292 Roanoke, VA 24002	Contrib to B.Goodlatte for H of R 6th Dist VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/26/97	\$500.00
Diana DeGette for Congress 770 Grant St., Suite 238 Denver, CO 80203	Contrib to D.DeGette for H of R 1st Dist CO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/19/97	\$500.00
Engel for Congress 12 Harding Parkway Mt. Vernon, NY 10552	Contrib to E.Engel for H of R 17th Dist NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/19/97	\$1,000.00
Citizens for Arlen Specter 900 Second St., NE Washington, DC 20002	Contrib to A.Specter for Senate - PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/19/97	\$1,000.00
Cooksey for Congress Committee P.O. Box 7600 Monroe, LA 71211-7600	Contrib to J.Cooksey for H of R 5th Dist LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/19/97	\$2,000.00
Weygand Committee P.O. Box 28405 Providence, RI 02908	Contrib to R.Weygand for H of R 2nd Dist RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/19/97	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)

\$8,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
American Society of Anesthesiologists
Political Action Committee C00255752

<p>A. Full Name, Mailing Address and ZIP Code Pallone for Congress P.O. Box 3176 Long Branch, NJ 07740</p>	<p>Purpose of Disbursement: Contrib to F.Pallone for H of R 6th Dist NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998</p>	<p>Date (month, day, year) 6/16/97</p>	<p>Amount of Each Disbursement This Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Northrup for Congress Committee P.O. Box 7313 Louisville, KY 40257</p>	<p>Purpose of Disbursement: Contrib to A.Northrup for H of R 3rd Dist KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998</p>	<p>Date (month, day, year) 6/16/97</p>	<p>Amount of Each Disbursement This Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Friends of Chris Dodd 203 C Street, NE Washington, DC 20002</p>	<p>Purpose of Disbursement: Contrib to C.Dodd for Senate CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998</p>	<p>Date (month, day, year) 6/16/97</p>	<p>Amount of Each Disbursement This Period \$1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Gephardt in Congress Committee 530 Seventh St., SE Second Floor Washington, DC 20003</p>	<p>Purpose of Disbursement: Contrib to R.Gephardt for H of R 3rd Dist MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998</p>	<p>Date (month, day, year) 6/16/97</p>	<p>Amount of Each Disbursement This Period \$1,500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code John Lewis for Congress Committee 219 Third St., SE Washington, DC 20003</p>	<p>Purpose of Disbursement: Contrib to J.Lewis for H of R 5th Dist GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998</p>	<p>Date (month, day, year) 6/16/97</p>	<p>Amount of Each Disbursement This Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Combest Congressional Committee 383 S. Pickett St. Alexandria, VA 22304</p>	<p>Purpose of Disbursement: Contrib to L.Combest for H of R 19th Dist TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998</p>	<p>Date (month, day, year) 6/16/97</p>	<p>Amount of Each Disbursement This Period \$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Matsui for Congress Committee P.O. Box 1347 Sacramento, CA 95806</p>	<p>Purpose of Disbursement: Contrib to B.Matsui for H of R 5th Dist CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998</p>	<p>Date (month, day, year) 6/9/97</p>	<p>Amount of Each Disbursement This Period \$500.00</p>
<p>H. Full Name, Mailing Address and ZIP Code Stabenow for Congress P.O. Box 2884 Washington, DC 20013</p>	<p>Purpose of Disbursement: Contrib to D.Stabenow for H of R 8th Dist MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998</p>	<p>Date (month, day, year) 6/9/97</p>	<p>Amount of Each Disbursement This Period \$500.00</p>
<p>I. Full Name, Mailing Address and ZIP Code 1997 Republican House-Senate Dinner Trust 425 Second St., NE Washington, DC 20002</p>	<p>Purpose of Disbursement: 1997 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997 Dinner</p>	<p>Date (month, day, year) 6/9/97</p>	<p>Amount of Each Disbursement This Period \$12,125.00</p>

SUBTOTAL of Disbursements This Page (optional) \$19,125.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
American Society of Anesthesiologists
Political Action Committee CO0255752

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressman Bart Gordon committee P.O. Box 2008 Murfreesboro, TN 37133	Contrib to B.Gordon for H of R 6th Dist TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/5/97	\$1,000.00
Tierney for Congress 209 C Street, NE Washington, DC 20002	Contrib to J.Tierney for H of R 6th Dist MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/5/97	\$500.00
Cooksey for Congress P.O. Box 7600 Monroe, LA 71211-7600	Contrib to J.Cooksey for H of R 5th Dist LA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 general debt retirement	6/5/97	\$1,000.00
Citizens for Joe Kennedy 233 Needham St., Suite 200 Newton, MA 02184	Contrib to J.Kennedy for H of R 8th Dist MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/5/97	\$1,000.00
Wes Watkins for Congress P.O. Box WW Stillwater, OK 74076	Contrib to W.Watkins for H of R 3rd Dist OK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/5/97	\$1,000.00
Jim Moran for Congress P.O. Box 2518 Alexandria, VA 22301	Contrib to J.Moran for H of R 8th Dist VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/5/97	\$1,000.00
Ehrlich for Congress 1527 York Road Lutherville, MD 21093	Contrib to B.Ehrlich for H of R 2nd Dist MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/5/97	\$500.00
John Ensign for Congress P.O. Box 98407 Las Vegas, NV 89193	Contrib to J.Ensign for H of R 1st Dist NV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/5/97	\$2,000.00
Friends of George Nethercutt 723 Second St., NE Washington, DC 20002	Contrib to G.Nethercutt for H of R 5th Dist WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/5/97	\$500.00

SUBTOTAL of Disbursements This Page (optional)

\$8,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
American Society of Anesthesiologists
Political Action Committee C00255752

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lazio for Congress Committee P.O. Box 5063 Bay Shore, NY 11706	Contrib to R.Lazio for H of R 2nd Dist NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/5/97	\$500.00
B. Full Name, Mailing Address and ZIP Code John Lewis for Congress Committee 219 Third St., SE Washington, DC 20003	Contrib to J.Lewis for H of R 5th Dist GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/5/97	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Ted Strickland for Congress P.O. Box 580 Lucasville, OH 45648	Contrib to T.Strickland for H of R 6th Dist OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/5/97	\$500.00
D. Full Name, Mailing Address and ZIP Code Matsui for Congress Committee P.O. Box 1347 Sacramento, CA 95806	Contrib to B.Matsui for H of R 5th Dist CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/5/97	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) \$3,000.00

TOTAL This Period (last page this line number only) \$38,625.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

7/15/97

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

O.A.C.
PREPARER

7/18/97
DATE PREPARED