

# REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 15

For Other Than An Authorized Committee  
(Summary Page)

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2000 AUG 10 P 2:29

1. NAME OF COMMITTEE (In full) <b>AMERICAN SOCIETY OF ANESTHESIOLOGISTS</b>		2. FEC IDENTIFICATION NUMBER CD0255752
ADDRESS (number and street) 520 N NORTHWEST HIGHWAY	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE, and ZIP CODE PARK RIDGE IL 60068		
3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)		

## 4. TYPE OF REPORT

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

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

Twelfth day report preceding \_\_\_\_\_ (election type) \_\_\_\_\_  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election \_\_\_\_\_  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/2000</u> through <u>07/31/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u> .....		259321.38
(b) Cash on Hand at Beginning of Reporting Period .....	342406.44	
(c) Total Receipts (from line 19) .....	27558.28	764342.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	369964.72	1023863.37
7. Total Disbursements (from line 30) .....	69783.36	723682.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	300181.36	300181.36
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
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 <b>Bruce R. Brookens, M.D., Treasurer</b>		Date <b>8.2.2000</b>
Signature of Treasurer <i>Bruce R. Brookens M.D., TREASURER</i>		

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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**FEC FORM 3X**  
(revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE <b>AMERICAN SOCIETY OF ANESTHESIOLOGISTS</b>		REPORT COVERING PERIOD FROM 07/01/2000 TO: 07/31/2000	
<b>I. Receipts</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	14700.00	514480.00	11.a.i.
ii. Unitemized .....	12490.00	247472.00	11.a.ii.
iii. Total .....	27190.00	761952.00	11.a.iii.
b. Political Party Committees .....	0.00	0.00	11.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	11.c.
d. Total Contributions .....	27190.00	761952.00	11.d.
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00	12.
13. All Loans Received .....	0.00	0.00	13.
14. Loan Repayments Received .....	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	500.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.) .....	368.28	2090.01	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	27558.28	764542.01	19.
20. Total Federal Receipts .....	27558.28	764542.01	20.
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....	0.00	0.00	21.a.i.
ii. Non-Federal Share .....	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures .....	0.00	0.00	21.b.
c. Total Operating Expenditures .....	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	50000.00	630689.57	23.
24. Independent Expenditures (use Schedule E) .....	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made .....	0.00	0.00	26.
27. Loans Made .....	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees .....	0.00	0.00	28.a.
b. Political Party Committees .....	0.00	0.00	28.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	28.c.
d. Total Contributions Refunds .....	0.00	0.00	28.d.
29. Other Disbursements .....	19783.36	82982.44	29.
30. Total Disbursements .....	69783.36	723682.01	30.
31. Total Federal Disbursements .....	69783.36	723682.01	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	27190.00	761952.00	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	27190.00	761952.00	34.
35. Total Federal Operating Expenditures .....	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	0.00	0.00	37.

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 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**

<b>Full Name, Mailing Address, and ZIP Code</b> SEAN ADAMS 5920 N SHERIDAN RD #1102  CHICAGO IL 60640	Name of Employer  Occupation	Date (month, day, year) 07/17/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> TIM ADAMS 172 JOHN HENRY CIR  FOLSOM CA 95630	Name of Employer SACRAMENTO ANESTH MED GRP  Occupation ANESTHESIOLOGIST	Date (month, day, year) 07/17/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> CLARITA AMURAO 7306 VISTA DEL MAR LN  PLAYA DEL REY CA 90263	Name of Employer SELF-EMPLOYED  Occupation PHYSICIAN	Date (month, day, year) 07/17/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> DANIELLE BELMORE 4617 BIRKSHIRE LN  PLANO TX 75024	Name of Employer PINNACLE ANESTH CONSULTS  Occupation ANESTHESIOLOGIST	Date (month, day, year) 07/18/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> MARK BIGALKE 3715 WANNA VISTA DR  VANCOUVER WA 98681	Name of Employer COLUMBIA ANESTH GRP  Occupation ANESTHESIOLOGIST	Date (month, day, year) 07/17/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ROBERT BINDA 8929 LINDEN LN  PRAIRIE VILLAGE KS 66207	Name of Employer ANESTH ASSOC OF KC  Occupation ANESTHESIOLOGIST	Date (month, day, year) 07/24/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS BOLLES 31 MONTROSE AVE  PORTLAND ME 04103	Name of Employer SPECTRUM MEDICAL GRP  Occupation PHYSICIAN	Date (month, day, year) 07/28/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

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

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

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code JAMES COLOMBO 647 N HARVEY AVE  OAK PARK IL 60302	Name of Employer UNIV ANESTH	Date (month, day, year) 07/17/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code CHRIS CREIGHTON 18 GEORGIAN ACRES  ST LOUIS MO 63131	Name of Employer ADVANCED PAIN SOLUTIONS	Date (month, day, year) 07/25/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code DIANE CZUK-SMITH 11215 SANDALWOOD DR  PLYMOUTH MI 48170	Name of Employer ANN ARBOR ANESTH ASSOC	Date (month, day, year) 07/28/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code DAVID DAVIS 300 CHARLES RD  SAN ANTONIO TX 78209	Name of Employer TEJAS ANESTH	Date (month, day, year) 07/28/2000	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code MARK FLANERY 32721 111TH PLACE SE  AUBURN WA 98092	Name of Employer AUBURN ANESTH ASSOC	Date (month, day, year) 07/28/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code PHILIP GILBERSTADT 3388 WESTOVER LN  EAU CLAIRE WI 54701	Name of Employer EAU CLAIRE ANESTH	Date (month, day, year) 07/17/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code KATHLEEN HODGES 1509 HEPPLWHITE CT  FT COLLINS CO 80525	Name of Employer NORTHERN CO ANESTH PROF	Date (month, day, year) 07/18/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 500.00	

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

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<b>Full Name, Mailing Address, and ZIP Code</b> WES HUBKA 3115 N 131ST  OMAHA NE 68164  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> ANESTH WEST  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 07/16/2000	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> CHRIS HUMPHREYS 5575 GRAFF RD  EAU CLAIRE WI 54701  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> EAU CLAIRE ANESTH  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 07/17/2000	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> TRACI JANSSEN 1108 LAKESIDE AVE S  SEATTLE WA 98144  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> VIRGINIA MASON HOSPITAL  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 07/25/2000	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> RAMA JOSHI 1248 MALVERN AVE  PITTSBURGH PA 15217  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> PITTSBURGH ANESTH ASSOC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 07/17/2000	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> TOM LAUGHLIN 1030 BURNING TREE  KANSAS CITY MO 64145  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> AAKC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 07/24/2000	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> NANCY LOEFFLER 6042 QUAIL RIDGE DR  TALLAHASSEE FL 32312  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> ANESTH ASSOC TALLAHASSEE  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 07/16/2000	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> TIMOTHY MADREN 307 PINEVIEW LN  LAFAYETTE IN 47905  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> ANESTH ASSOC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 07/18/2000	<b>Amount of Each Receipt this Period</b> 500.00
<b>SUBTOTALS of Receipts This Page (Optional)</b> .....			
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AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

<b>Full Name, Mailing Address, and ZIP Code</b> ROBERT MAYER 3473 DAUPHINE AVE  NORTHBROOK IL 60062  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> LUTHERAN GENERAL HOSP  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 07/17/2000	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> LIAM MCCARTHY 5860 S GLAYTON CT  GREENWOOD VILLAGE CO 80121  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 07/28/2000	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> PETER MESTAD 11905 GODDARD  OVERLAND PARK KS 66213  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> AAKC  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 07/17/2000	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> RAFAEL MIGUEL 12802 MAGNOLIA DR #2149  TAMPA FL 33612  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> U SOUTH FLORIDA  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 07/17/2000	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> BURNEY MILLER 820 S 1ST ST TERR  ODESSA MO 64076  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ANESTH ASSOC OF KANSAS CITY  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 07/18/2000	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> EUGENE MILLER 3165 TIMBER LN  VERONA WI 53593  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> UNIV OF WI MED FOUND  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 07/18/2000	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> RICHARD MORGAN 21301 WHISPERING DR  LENEXA KS 65220  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ST JOSEPHANES SERVICES  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 07/28/2000	<b>Amount of Each Receipt this Period</b> 250.00

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

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

<b>Full Name, Mailing Address, and ZIP Code</b> GARY MORTON 3510 MAGNOLIA BLVD  TEMPLE TX 76502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> SCOTT & WHITE CLINIC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 07/28/2000	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> JOEL MUMFORD 221 ELM HILL RD  SPRINGFIELD VT 05156  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> SPRINGFIELD HOSPITAL  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 07/18/2000	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> KENNETH NANNERS 9 ROLLING MEADOW LN  WHEELING WV 26003  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> MEDICAL PARK ANESTH  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 07/17/2000	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> KIM PARKER 6031 SUMMIT  KANSAS CITY MO 64113  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> AAKC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 07/24/2000	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> K FRANKLIN PATTON 1847 MOUNTAIN SHADOW  STONE MOUNTAIN GA 30087  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> SELF-EMPLOYED  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 07/18/2000	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> ROBERT PEASE 9521 ALBATROSS DR  ANCHORAGE AK 99515  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> PAAMG  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 07/17/2000	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> STANLEY PERKINS 5807 CHURCHILL  TYLER TX 75703  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> EAST TEXAS ANESTH ASSOC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 07/17/2000	<b>Amount of Each Receipt this Period</b> 250.00

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11A1

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**NAME OF COMMITTEE (in Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

<p><b>Full Name, Mailing Address, and ZIP Code</b> KEITH PHILLIPP 546 ZION HOPE RD  TIFTON GA 31794</p>	<p><b>Name of Employer</b> TIFTON ANESTH ASSOC</p>	<p><b>Date (month, day, year)</b> 07/17/2000</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Occupation</b> ANESTHESIOLOGIST</p>	<p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	
<p><b>Full Name, Mailing Address, and ZIP Code</b> JAMES PIONTEK 1495 HEMLOCK DR  LIBERTY MO 64068</p>	<p><b>Name of Employer</b> SELF-EMPLOYED</p>	<p><b>Date (month, day, year)</b> 07/24/2000</p>	<p><b>Amount of Each Receipt this Period</b> 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Occupation</b> ANESTHESIOLOGIST</p>	<p><b>Aggregate Year-to-Date</b> &gt; \$ 500.00</p>	
<p><b>Full Name, Mailing Address, and ZIP Code</b> DOUGLAS RENNELS 1715 RIDGEWOOD AVE  OMAHA NE 68124</p>	<p><b>Name of Employer</b> ANESTH WEST</p>	<p><b>Date (month, day, year)</b> 07/17/2000</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Occupation</b> ANESTHESIOLOGIST</p>	<p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	
<p><b>Full Name, Mailing Address, and ZIP Code</b> DAVID RYPKEMA 119 MANCHESTER DR  WAUKESHA WI 53186</p>	<p><b>Name of Employer</b> WAUKESHA MEM HOSP</p>	<p><b>Date (month, day, year)</b> 07/18/2000</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Occupation</b> ANESTHESIOLOGIST</p>	<p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	
<p><b>Full Name, Mailing Address, and ZIP Code</b> PETER SMITH 11215 SANDALWOOD DR  PLYMOUTH MI 48170</p>	<p><b>Name of Employer</b> METROPOLITAN ANESTH</p>	<p><b>Date (month, day, year)</b> 07/28/2000</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Occupation</b> ANESTHESIOLOGIST</p>	<p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	
<p><b>Full Name, Mailing Address, and ZIP Code</b> WALLACE SNEDDON 8921 PRAIRIE KNOLL DR  LONGMONT CO 80503</p>	<p><b>Name of Employer</b> SELF-EMPLOYED</p>	<p><b>Date (month, day, year)</b> 07/28/2000</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Occupation</b> ANESTHESIOLOGIST</p>	<p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	
<p><b>Full Name, Mailing Address, and ZIP Code</b> BETH SNIDER 8045 CLEARWATER PKY  INDIANAPOLIS IN 46240</p>	<p><b>Name of Employer</b> ANESTH SERVICES</p>	<p><b>Date (month, day, year)</b> 07/24/2000</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Occupation</b> ANESTHESIOLOGIST</p>	<p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	
<p><b>SUBTOTALS of Receipts This Page (Optional)</b> .....</p>			
<p><b>TOTALS This Period (last page this line number only)</b> .....</p>			



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11A1

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**NAME OF COMMITTEE (in Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

<b>Full Name, Mailing Address, and ZIP Code</b> JAMES THOMAS 1403 N MADISON  RAYMORE MD 64083  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ANESTH ASSOC OF KC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 07/16/2000	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> ROBERT TUBBEN 909 GLENHAVEN  EAST LANSING MI 48823  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> LAPC  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 07/17/2000	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS VILLALOBOS 4950 LUXEMBURG SE  GRAND RAPIDS MI 49546  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ANESTH MED CONSULTS  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 07/18/2000	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> HENRY WALTHER 6845 RANCHO LOS PAVOS  GRANITE BAY CA 95748  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> CASE MEDICAL GRP  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 450.00	<b>Date (month, day, year)</b> 07/24/2000	<b>Amount of Each Receipt this Period</b> 50.00
<b>Full Name, Mailing Address, and ZIP Code</b> MATTHEW WENGER 3041 S PEORIA AVE  TULSA OK 74114  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ANESTH ASSOC  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 07/24/2000	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> ROBERT WESTMORELAND 1865 LOUDEN HEIGHTS RD  CHARLESTON WV 25314  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> GENERAL ANESTH SERV  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 07/18/2000	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> ERVIN YEN 1700 ELMHURST AVE  OKLAHOMA CITY OK 73120  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> SELF-EMPLOYED  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 07/24/2000	<b>Amount of Each Receipt this Period</b> 250.00
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>14700.00</b>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER  
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**NAME OF COMMITTEE (In Full)**  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name, Mailing Address, and ZIP Code

NORTHERN TRUST CO.  
50 S LASALLE

CHICAGO IL 60675

Name of Employer

Date (month,  
day, year)

07/31/2000

Amount of Each  
Receipt this Period

368.28

Occupation

Receipt For:  Primary  General

Other (specify): INTEREST INCOME

Aggregate Year-to-Date \$ 2090.01

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

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

**368.28**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER  
23

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMERIPAC 1341 G STREET NW  WASHINGTON DC 20005	2000 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000 CONTRIBUTION	07/31/2000	2500.00
ANNA ESHOO FOR CONGRESS P.O. BOX 2884  WASHINGTON DC 20013	(House - CA - 14) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/17/2000	1000.00
BALDACCI FOR CONGRESS 729 15TH ST NW 3RD FL  WASHINGTON DC 20005	(House - ME - 2) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/17/2000	500.00
BERKLEY 2000 P.O. BOX 2884  WASHINGTON DC 20013	(House - NV - 1) 2000 PRIMARY CHECK VOIDED Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/13/2000	-1000.00
BERKLEY 2000 348 KEATING ST  HENDERSON NV 89014	(House - NV - 1) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/13/2000	1000.00
BUCK MCKEON FOR CONGRESS 24255 SAN FERNANDO RD  SANTA CLARITA CA 91321	(House - CA - 25) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/08/2000	2000.00
CALIFORNIA 2000 PAC P.O. BOX 2823  SANTA CLARITA CA 91326	2000 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000 CONTRIBUTION	07/17/2000	2500.00
CAMP FOR CONGRESS P.O. BOX 423  MIDLAND MI 48640	(House - MI - 4) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/17/2000	1000.00
CITIZENS FOR GILLMOR 2318 S ROLFE ST  ARLINGTON VA 22202	(House - OH - 5) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/17/2000	1000.00

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

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

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	12 / 15
					FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS					
Full Name, Mailing Address, and ZIP Code CLAY JR FOR CONGRESS 6023 WATERMAN UNIT 1W  ST LOUIS MO 63112		Purpose of Disbursement (House - MO - 1) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year) 07/31/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code COMM TO REELECT ED TOWNES 360 CLINTON AVE #6R  BROOKLYN NY 11238		Purpose of Disbursement (House - NY - 10) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year) 07/17/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code DEGETTE FOR CONGRESS P.O. BOX 61337  DENVER CO 80208		Purpose of Disbursement (House - CO - 1) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year) 07/17/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code EVERETT FOR CONGRESS 4451 BROOKFIELD CORPORATE DR #200  CHANTILLY VA 20151		Purpose of Disbursement (House - AL - 2) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year) 07/17/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code FORBES FOR CONGRESS P.O. BOX 505  FARMINGVILLE NY 11738		Purpose of Disbursement (House - NY - 1) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year) 07/24/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code FRIENDS OF DAN MILLER P.O. BOX 748  BRADENTON FL 34206		Purpose of Disbursement (House - FL - 13) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year) 07/17/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code FRIENDS OF JIM SAXTON P.O. BOX 795  MOUNT HOLLY NJ 08060		Purpose of Disbursement (House - NJ - 3) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year) 07/17/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code GENE GREEN CONGRESSIONAL COMM P.O. BOX 15128  HOUSTON TX 77222		Purpose of Disbursement (House - TX - 29) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year) 07/08/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code HAYWORTH FOR CONGRESS 4451 BROOKFIELD CORPORATE DR #200  CHANTILLY VA 20151		Purpose of Disbursement (House - AZ - 6) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year) 07/17/2000	Amount of Each Disbursement This Period 1000.00
SUBTOTALS of Disbursements This Page (Optional) .....					
TOTALS This Period (last page this line number only) .....					

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER  
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**NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

<p><b>Full Name, Mailing Address, and ZIP Code</b> HULSHOF FOR CONGRESS P.O. BOX 18021  ALEXANDRIA VA 22302</p>	<p><b>Purpose of Disbursement</b> (House - MD - 9) 2000 PRIMARY</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Date (month, day, year)</b> 07/24/2000</p>	<p><b>Amount of Each Disbursement This Period</b> 1000.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> JOHN LEWIS FOR CONGRESS 729 15TH STREET NW  WASHINGTON DC 20005</p>	<p><b>Purpose of Disbursement</b> (House - GA - 5) 2000 GENERAL</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Date (month, day, year)</b> 07/06/2000</p>	<p><b>Amount of Each Disbursement This Period</b> 1000.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> KAY B HUTCHINSON FOR SENATE 425 SECOND ST NE  WASHINGTON DC 20002</p>	<p><b>Purpose of Disbursement</b> (Senate - TX - ) 2000 GENERAL</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Date (month, day, year)</b> 07/31/2000</p>	<p><b>Amount of Each Disbursement This Period</b> 1000.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> LARGENT FOR CONGRESS 1530 O STREET NW  WASHINGTON DC 20005</p>	<p><b>Purpose of Disbursement</b> (House - DK - 1) 2000 GENERAL</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Date (month, day, year)</b> 07/06/2000</p>	<p><b>Amount of Each Disbursement This Period</b> 2000.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> LAZIO 2000 1212 NEW YORK AVE #350  WASHINGTON DC 20005</p>	<p><b>Purpose of Disbursement</b> (Senate - NY - ) 2000 GENERAL</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Date (month, day, year)</b> 07/31/2000</p>	<p><b>Amount of Each Disbursement This Period</b> 2000.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> MEL WATT FOR CONGRESS P.O. BOX 36831  CHARLOTTE NC 28238</p>	<p><b>Purpose of Disbursement</b> (House - NC - 12) 2000 GENERAL</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Date (month, day, year)</b> 07/24/2000</p>	<p><b>Amount of Each Disbursement This Period</b> 1000.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> MEL WATT FOR CONGRESS COMM P.O. BOX 36831  CHARLOTTE NC 28238</p>	<p><b>Purpose of Disbursement</b> (House - NC - 12) 2000 GENERAL</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Date (month, day, year)</b> 07/31/2000</p>	<p><b>Amount of Each Disbursement This Period</b> 2000.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> NY STATE SENATE REPUBLICAN COMM P.O. BOX 7229  ALBANY NY 12224</p>	<p><b>Purpose of Disbursement</b> 2000 CONTRIBUTION</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000 CONTRIBUTION</p>	<p><b>Date (month, day, year)</b> 07/24/2000</p>	<p><b>Amount of Each Disbursement This Period</b> 1000.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> OXLEY FOR CONGRESS 1530 O STREET NW  WASHINGTON DC 20005</p>	<p><b>Purpose of Disbursement</b> (House - OH - 4) 2000 GENERAL</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Date (month, day, year)</b> 07/06/2000</p>	<p><b>Amount of Each Disbursement This Period</b> 3000.00</p>

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - NJ - 8) 2000 GENERAL	Date (month, day, year)	Amount of Each Disbursement This Period
FALLONE FOR CONGRESS P.O. BOX 3176  LONG BRANCH NJ 07740	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/31/2000	1000.00
PEOPLE FOR GANSKE 521 E LOCUST 2ND FLOOR  DES MOINES IA 50309	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/06/2000	2000.00
RE-ELECT BRIAN BILBRAY FOR CONGRESS 370 SEACOAST DR #7  IMPERIAL BEACH CA 91932	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/08/2000	2000.00
ROTH SENATE COMMITTEE 425 SECOND ST NE  WASHINGTON DC 20002	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/17/2000	1000.00
RUSH HOLT FOR CONGRESS P.O. BOX 782  PENNINGTON NJ 08534	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/06/2000	2000.00
SPIRIT OF DEM CAPITALISM FUND PAC 4451 BROOKFIELD CORPORATE DR #200  CHANTILLY VA 20151	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000 CONTRIBUTION	07/08/2000	5000.00
STEVE ROTHMAN FOR CONGRESS P.O. BOX 714  HACKENSACK NJ 07602	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/24/2000	1500.00
SUE MYRICK FOR CONGRESS 1850 E THIRD ST #350  CHARLOTTE NC 28204	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/24/2000	1500.00
SUE MYRICK FOR CONGRESS P.O. BOX 37001  CHARLOTTE NC 28237	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/31/2000	1500.00
<b>SUBTOTALS of Disbursements This Page (Optional)</b> .....			
<b>TOTALS This Period (last page this line number only)</b> .....			<b>50000.00</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>15 / 15</b>  FOR LINE NUMBER <b>29</b>
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.			
<b>NAME OF COMMITTEE (In Full)</b> <b>AMERICAN SOCIETY OF ANESTHESIOLOGISTS</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> DCCC 430 S CAPITOL ST  WASHINGTON DC 20003	<b>Purpose of Disbursement</b> 2000 NON-FEDERAL CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000 CONTRIBUTION	<b>Date (month, day, year)</b> 07/24/2000	<b>Amount of Each Disbursement This Period</b> 2500.00
<b>Full Name, Mailing Address, and ZIP Code</b> NATL REPUBLICAN SENATORIAL COMM 425 SECOND ST NE  WASHINGTON DC 20002	<b>Purpose of Disbursement</b> 2000 NON-FEDERAL CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000 CONTRIBUTION	<b>Date (month, day, year)</b> 07/17/2000	<b>Amount of Each Disbursement This Period</b> 1500.00
<b>Full Name, Mailing Address, and ZIP Code</b> NORTHERN TRUST CO. 50 S LASALLE  CHICAGO IL 60675	<b>Purpose of Disbursement</b>   Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): VISA BANK CHARGE	<b>Date (month, day, year)</b> 07/31/2000	<b>Amount of Each Disbursement This Period</b> 783.36
<b>Full Name, Mailing Address, and ZIP Code</b> NRCC 320 FIRST STREET SE  WASHINGTON DC 20003	<b>Purpose of Disbursement</b> 2000 NON-FEDERAL CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000 CONTRIBUTION	<b>Date (month, day, year)</b> 07/06/2000	<b>Amount of Each Disbursement This Period</b> 15000.00
<b>SUBTOTALS of Disbursements This Page (Optional)</b> .....			
<b>TOTALS This Period (last page this line number only)</b> .....			<b>19783.36</b>

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 8-7-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	8-10-00 DATE PREPARED