

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION DATE 9/13/98

Oct 13 11 31 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Society of Anesthesiologists Political Action Committee 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	2. FEC IDENTIFICATION NUMBER C00255752 3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) Prior to 1/1/94
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## 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:

- |                                      |                                       |  |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input checked="" type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20           |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20           |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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>9/1/98</u> through <u>9/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		
(b) Cash on Hand at Beginning of Reporting Period	\$ 234,219.90	
(c) Total Receipts (from Line 19)	\$ 26,410.84	\$ 419,466.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 260,630.74	\$ 825,136.51
7. Total Disbursements (from Line 30)	\$ 129,450.45	\$ 693,956.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 131,180.29	\$ 131,180.29
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 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-	

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
Signature of Treasurer 	10/6/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5487g.

**FEC FORM 3X**  
(revised 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE American Society of Anesthesiologists Political Action Committee C00255752		REPORT COVERING PERIOD	
		FROM 8/1/98	TO 9/30/98
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$ 19,651.00	\$291,351.00	11(a)(i)
ii. Unitemized	6,345.00	106,586.00	11(a)(ii)
iii. Total (add i and ii) >	25,996.00	397,937.00	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a iii, b and c) >	25,996.00	397,937.00	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	14,025.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	1,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	414.84	6,504.79	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	26,410.84	419,466.79	19
20. Total Federal Receipts (subtract line 18 from line 19) >	26,410.84	419,466.79	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	200.45	41,918.19	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	200.45	41,918.19	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	175.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	119,250.00	608,165.06	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) >	-0-	-0-	28(d)
29. Other Disbursements	10,000.00	43,697.97	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	129,450.45	693,956.22	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	129,450.45	693,956.22	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	25,996.00	397,937.00	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	25,996.00	397,937.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	200.45	41,918.19	35
36. Offsets to Operating Expenditures (from line 15)	-0-	14,025.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	200.45	27,893.19	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detail Summary Page	Page of
	1 23
	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 000255732

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANN BAPTOLONE 1927 S FLORENCE PL TULSA OK 74104	TULSA ANESTH Occupation PHYSICIAN	09/06/98	
	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
MARGA BROCK 100 REVERFRONT DR APT 1711 DETROIT MI 48226	DETROIT MEDICAL CTR Occupation PHYSICIAN	09/25/98	
	Aggregate Year-to-Date >>>>>>> \$	300.00	100.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID BROWN 2191 BROWN DEER RD CORALVILLE IA 52241	UNIV OF IA Occupation PHYSICIAN	09/04/98	
	Aggregate Year-to-Date >>>>>>> \$	500.00	500.00

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 for each category of the Detail Summary Page

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For Line No. 18a

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 C00255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MRC BUTCHER 2525 E 28TH ST TULSA OK 74114	ANESTH ASSOC Occupation ANESTHESIOLOGIST	09/25/98	
	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 CARLSEN 2211 LAKESIDE DR ORLANDO FL 32803	SLR MEDICAL GROUP Occupation ANESTHESIOLOGIST	09/03/98	
	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
CANTWELL CLARK 221 FORESIDE RD FALMOUTH ME 04105	SPECTRUM MEDICAL GROUP Occupation ANESTHESIOLOGIST	09/03/98	
	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) .....	1600.00

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 006253752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN EDMAN 2830 WOODCLIFFE CIRCLE SE GRAND RAPIDS MI 49506	ASSOC ANESTH OF GRAND RAPIDS	09/03/98	
	Occupation PHYSICIAN		
	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
JOHN DELANEY 3260 SOMERSET ST SW ROANOKE VA 24014	BAR	09/25/98	
	Occupation PHYSICIAN		
	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 DENTZ 1463 N HIGHVIEW LN #206 ALEXANDRIA VA 22311	FAIRFAX ANESTH ASSOC	09/08/98	
	Occupation ANESTHESIOLOGIST		
	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) .....	2350.00

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
MICHAEL DORSEY 3523 BARRY KNOLL ANN ARBOR MI 48108	ANESTH ASSOC OF ANN ARBOR		
	Occupation ANESTHESIOLOGIST	09/02/98	
	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
THOMAS DOUGLASS 3201 KANAWHA AVE CHARLESTON WV 25304	GENL ANESTH SERVICE		
	Occupation ANESTHESIOLOGIST	09/08/98	
	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
MICHAEL DUMRY P.O. BOX L7135 95-224 PHOENIX AZ 85011	VALLEY ANESTH CONSULTANTS		
	Occupation PHYSICIAN	09/08/98	
	Aggregate Year-to-Date >>>>>>> \$	400.00	200.00

SUBTOTAL of Receipts This Page (optional) >>>>>>> 550.00

TOTAL This Period (last page this line number only) >>>>>>> 2900.00

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)  
 AMERICAN SOCIETY OF ANESTHESIOLOGISTS  
 POLITICAL ACTION COMMITTEE 200255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IAN EHRlich 4250 SW PATRICK PL PORTLAND OR 97201	DR ANESTH GROUP Occupation ANESTHESIOLOGIST	09/02/98	
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
SHELDON FINEMAN 2269 KENDALL ST VIRGINIA BEACH VA 23451	ATLANTIC ANESTH Occupation PHYSICIAN	09/02/98	
Aggregate Year-to-Date >>>>>>> \$		251.00	251.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HEIDI GOETZ 425 SW ALDERIDGE DR PORTLAND OR 97225	DR ANESTH GROUP Occupation ANESTHESIOLOGIST	09/02/98	
Aggregate Year-to-Date >>>>>>> \$		250.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	751.00
TOTAL This Period (last page this line number only) >>>>>>>	2651.00

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ITEMIZED 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
MARILYN GOLDSTEIN 412 FAIRWAY ESTATES DR BLOUNTVILLE TN 37617	BRISTOL ANESTH SERVICE Occupation ANESTHESIOLOGIST	09/08/98	
	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
DAVID HEATON 5107 SUMMIT HILL DALLAS TX 75297	NORTH TX ANESTH ASSOC Occupation ANESTHESIOLOGIST	09/08/98	
	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
ADRIAN HERREN 214 A N GREENWOOD Ft SMITH AR 72901	WESTERN AR ANESTH ASSOC Occupation ANESTHESIOLOGIST	09/04/98	
	Aggregate Year-to-Date >>>>>>> \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	1500.00
TOTAL This Period (last page this line number only) >>>>>>>	5151.00



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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
NANCY HORIE 275 DILLINGHAM HILL RD AUBURN ME 04210	ANESTH ASSOC OF LEWISTON Occupation ANESTHESIOLOGIST	09/09/98	
Aggregate Year-to-Date >>>>>>> \$		750.00	750.00

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	09/25/98	
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
BRIAN HYMAN 14435 156TH AVE NE WOODINVILLE WA 98072	EAST VALLEY ANESTH Occupation ANESTHESIOLOGIST	09/08/98	
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) >>>>>	5901.00

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
# KEVIN JONES 5 PUERTO ROYAL SAN CLEMENTE CA 92672	CAH Occupation ANESTHESIOLOGIST	09/03/98	
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
STEVEN YERAN 495 ELL TIMBERS DR PINEHURST NC 28374	PINEHURST ANESTH ASSOC Occupation ANESTHESIOLOGIST	09/08/98	
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
KRY KARASEK 4606 WOODFIELD DR ST JOSEPH MO 64506	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	09/03/98	
Aggregate Year-to-Date >>>>>>> \$		250.00	250.00

SUBTOTAL of Receipts This Page (optional) .....	>>>>>>>	690.00
TOTAL This Period (last page this line number only) .....	>>>>>>>	690.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS  
 POLITICAL ACTION COMMITTEE 000295792

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRUCE KAUFMAN 5 PATRIOTS FARM FL ARSONK NY 10904	SELF-EMPLOYED Occupation PHYSICIAN	09/25/98	
	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
* REZA KHARRAZI P.O. BOX 81349 PHOENIX AZ 95051	SELF-EMPLOYED Occupation PHYSICIAN	09/03/98	
	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 KING 570 PARKSIDE TRAIL MARIETTA GA 30064	NORTHSIDE ANESTH CONSULTANTS Occupation ANESTHESIOLOGIST	09/29/98	
	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) .....	>>>>>	750.00



SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL XUZMA 10210 HAYWOOD DR SILVER SPRING MD 20902	US ARMY Occupation PHYSICIAN	09/02/98	
	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
DAN LAIRD P.O. BOX 3193 INCLINE VILLAGE NV 89452	ASSOC ANESTH OF RENQ Occupation PHYSICIAN	09/04/98	
	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
KENNETH LANANTIA 25 FLY JIB CT JAMESTOWN RI 02835	AAH Occupation ANESTHESIOLOGIST	09/09/98	
	Aggregate Year-to-Date >>>>>>> \$	500.00	500.00

SUBTOTAL of Receipts This Page (optional) .....	>>>>>	1750.00
TOTAL This Period (last page this line number only) .....	>>>>>	9851.60

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detail Summary Page	Page of 12 of 23
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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
GORDON LANGSTON 109 SOUTHLAKE RD COLUMBIA SC 29223	ACC Occupation PHYSICIAN	09/09/98	
Aggregate Year-to-Date >>>>>>> \$		350.00	250.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
YEN LEE 200 HAWTHORNE LN CHARLOTTE NC 28233	PRESBYTERIAN ANESTH ASSOC Occupation ANESTHESIOLOGIST	09/25/98	
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
ROBERT MAY 3028 RIVA RIDGE RD TOLEDO OH 43615	ANESTH CONSULTANTS OF TOLEDO Occupation ANESTHESIOLOGIST	09/03/98	
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) >>>>>	1000.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) Page of  
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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 MCMANAMY 210 HIGH ST NEWBURYPORT MA 01950	SELF-EMPLOYED Occupation PHYSICIAN	09/25/98	
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
NITCH MERRINA 8112 E VISTA LN SPokane WA 99212	PHYSICIAN ANESTH GROUP Occupation PHYSICIAN	09/25/98	
Aggregate Year-to-Date >>>>>>> \$		550.00	100.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT MOBS 2017 BERKELEY DR WICHITA FALLS TX 76308	NORTH TX ANESTH GROUP Occupation ANESTHESIOLOGIST	09/03/98	
Aggregate Year-to-Date >>>>>>> \$		250.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	400.00
TOTAL This Period (last page this line number only) >>>>>>>	1120.00

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 C00255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD OLSON 1834 SOUTH AVE LA CROSSE WI 54601	BENDERSEN/LUTHERAN Occupation PHYSICIAN	09/25/98	
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
KARE PARADIS 37 JUNIPER RD BLOOMFIELD CT 06002	HARTFORD ANESTH ASSOC Occupation ANESTHESIOLOGIST	09/02/98	
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
ROBERT PEASE 9521 ALPATROSS DR BROOKFIELD AK 99513	PAA Occupation PHYSICIAN	09/25/98	
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)	>>>>>>>	12201.00



SCHEDULE A

ITEMIZED RECEIPTS

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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 009255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM PEASE P.O. BOX 142269 ANCHORAGE AK 99514	DEMLI ANESTH Occupation PHYSICIAN	09/29/98	
	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 PECSOK 528 WATERWHEEL RD CHESAPEAKE VA 23322	CHESAPEAKE ANESTH Occupation ANESTHESIOLOGIST	09/09/98	
	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
BRADLEY PELTIER 54 CANNON PL CORPUS CHRISTE TX 78412	GSSA Occupation PHYSICIAN	09/08/98	
	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) >>>>>>> 12983.00

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
MARY PETERSON 210 MAPLES CORPUS CHRISTI TX 78404	UTMB Occupation: PHYSICIAN	09/25/98	
	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
FRANK RADOSEVICH 5532 N ISABELL AVE MEMPHIS IL 63614	ASSOC ANESTH Occupation: PHYSICIAN	05/03/98	
	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
LARRY RABTRELLI 13807 CROWN BLUFF SAN ANTONIO TX 78216	TEJAS ANESTH Occupation: PHYSICIAN	09/25/98	
	Aggregate Year-to-Date >>>>>>> \$	500.00	500.00

SUBTOTAL of Receipts This Page (optional) .....	>>>>>	1250.00
TOTAL This Period (last page this line number only) .....	>>>>>	14201.00

SCHEDULE A

ITEMIZED 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
RODIN RHEE 51 VALLEY DR SALEM CT 06420	SELF-EMPLOYED		
	Occupation PHYSICIAN	09/09/98	
	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
EIRA RIDER 919 LANCELOT DR FLORENCE SC 29505	SELF-EMPLOYED		
	Occupation PHYSICIAN	09/02/98	
	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 RICHARDSON 254 EASTON AVE NEW BRUNSWICK NJ 08901	CENTRAL JERSEY ANESTH		
	Occupation ANESTHESIOLOGIST	09/03/98	
	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) >>>>>>>	15051.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS  
POLITICAL ACTION COMMITTEE 090235752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK RUTILE 3700 PEBBLE DR PALOS PARK IL 60464	PALOS ANESTH Occupation ANESTHESIOLOGIST	09/08/98	
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
GEORGE SCHAEZIER 4335 PEARSON LN DUBLIN TN 35804	ANESTH LTD Occupation PHYSICIAN	09/04/98	
Aggregate Year-to-Date >>>>>>> \$		300.00	100.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM SMITH 2223 EDGEWORTH AVE BRISTOL TN 37620	BRISTOL ANESTH SERVICES Occupation PHYSICIAN	09/25/98	
Aggregate Year-to-Date >>>>>>> \$		500.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>	600.00
TOTAL This Period (last page this line number only) >>>>>	15651.90

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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 SNYDER 2367 DEER VALLEY RD MIDLAND MI 48642	SELF-EMPLOYED Occupation PHYSICIAN	09/04/98	
Aggregate Year-to-Date >>>>>>> \$		1500.00	500.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEONARD SOLOMONIK P.O. BOX 994004 REDDING CA 96099	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	09/02/98	
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
MARK SPERKY 112 W PLEASANT LAKE RD NORTH OAKS MN 55123	MIDWEST ANESTH Occupation ANESTHESIOLOGIST	09/03/98	
Aggregate Year-to-Date >>>>>>> \$		500.00	250.00

SUBTOTAL of Receipts This Page (optional) .....	>>>>>	1000.00
TOTAL This Period (last page this line number only) .....	>>>>>	1651.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS  
POLITICAL ACTION COMMITTEE 009255752

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM STEBALL 997 B MEDICAL CENTRE DR ARLINGTON TX 76016	PAA Occupation ANESTHESIOLOGIST	09/02/98	
	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 STEWART 4119 29TH AVE NW 616 HARBOR WA 98535	PACIFIC ANESTH Occupation PHYSICIAN	09/09/98	
	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
MICHAEL SWANSON 2846 E 42ND CT DAVENPORT IA 52807	ANESTH & ANALGESIA Occupation ANESTHESIOLOGIST	09/25/98	
	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) .....	17401.00

SCHEDULE A

ITEMIZED RECEIPTS

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 committee to solicit contributions from such committee.

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
GREG VANZANT 914 HENPHILL CLEBURNE TX 76031	SELF-EMPLOYED Occupation PHYSICIAN	09/02/98	
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
JAMES VINEY 652 ALONA RD SALT LAKE CITY UT 84103	PEDIATRIC ANESTH Occupation PHYSICIAN	09/25/98	
Aggregate Year-to-Date >>>>>>> \$		400.00	200.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVE WALSH 2835 WILLOW GREEN CT ROSELLE GA 30076	NORTH FULTON ANESTH ASSOC Occupation ANESTHESIOLOGIST	07/03/98	
Aggregate Year-to-Date >>>>>>> \$		500.00	500.00

SUBTOTAL of Receipts This Page (optional) .....	600.00
TOTAL This Period (last page this line number only) .....	16201.00

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
JIMMY WILLIAMS 220 DEAKIN RD JONESBOROUGH TN 37659	HOLSTON ANESTH Occupation ANESTHESIOLOGIST	09/25/98	
	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
RICHARD WU 12038 HICKORY GROVE RD DUNLAP IL 61525	ASSOC ANESTH Occupation ANESTHESIOLOGIST	09/02/98	
	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
FRANK YANG 1 HAYDEN LN HOUSTON TX 77024	GREATER HOUSTON ANESTH Occupation ANESTHESIOLOGIST	09/08/98	
	Aggregate Year-to-Date >>>>>>> \$	500.00	500.00

SUBTOTAL of receipts This Page (optional) >>>>>>>	1100.00
TOTAL This Period (last page this line number only) >>>>>>>	19301.00



SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) (Page of  
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committee to solicit contributions from such committee.

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
DAVID YASHINEH 2634 CROSBY RD WAYZATA MN 55391	MEDICAL ANESTH Occupation ANESTHESIOLOGIST	09/29/98	
Aggregate Year-to-Date >>>>>>> \$		225.00	166.00

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS YASHICA 21 SHIRE CT CHESHIRE CT 06430	SELF-EMPLOYED Occupation ANESTHESIOLOGIST	09/28/98	
Aggregate Year-to-Date >>>>>>> \$		250.00	250.00

SUBTOTAL of Receipts This Page (optional) >>>>>>>	350.00
TOTAL This Period (last page this line number only) >>>>>>>	14651.00

**SCHEDULE A**

**OTHER FEDERAL  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (In Full)**  
American Society of Anesthesiologists  
Political Action Committee C00255752

<b>A. Full Name, Mailing Address and ZIP Code</b> Northern Trust Company 50 S. LaSalle Street Chicago, IL 60675	Name of Employer  Occupation	Date (month, day, year)  9/30/98	Amount of Each Receipt this Period  \$414.84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest Income	Aggregate Year-to-Date > \$ 4,655.71		
<b>B. Full Name, Mailing Address and ZIP Code</b>	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<b>C. Full Name, Mailing Address and ZIP Code</b>	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<b>D. Full Name, Mailing Address and ZIP Code</b>	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<b>E. Full Name, Mailing Address and ZIP Code</b>	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<b>G. Full Name, Mailing Address and ZIP Code</b>	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

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

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

\$414.84

**SCHEDULE B**

**OTHER FEDERAL OPERATING  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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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 ACH Bank Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/30/98	Amount of Each Disbursement This Period \$200.45
B. 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
C. 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
D. 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
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) .....

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

\$200.45

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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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
Friends of Dan Miller Committee 1111 Third Ave., West, #200 Bradenton, FL 34205	Contrib to D. Miller for H of R 13th Dist FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	Orig. reported 8/20/98 Check voided 9/8/98	(\$5,000.00)
Adam Smith for Congress 27030 47th St., Ave., S Kent, WA 98032	Contrib to A. Smith for H of R 9th Dist WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/28/98	\$1,500.00
Benton for Congress P.O. Box 5076 Vancouver, WA 98668	Contrib to D. Benton for H of R 3rd Dist WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/28/98	\$1,000.00
McIntosh for Congress P.O. Box 2424 Muncie, IN 47307	Contrib to D. McIntosh for H of R 2nd Dist IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/28/98	\$2,000.00
Ramstad Volunteer Committee P.O. Box 25026 Washington, DC 20007	Contrib to J. Ramstad for H of R 3rd Dist MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/28/98	\$2,000.00
Faith, Family & Freedom PAC c/o CSD P.O. Box 324 Mt. Vernon, VA 22121-0324	contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 contribution	9/28/98	\$1,000.00
Thurman for Congress c/o Ellen Mazer 3610 38th St., NW Washington, DC 20016	Contrib to K. Thurman for H of R 5th Dist FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/28/98	\$1,500.00
Ehrlich for Congress Committee 1527 York Road Lutherville, MD 21093	Contrib to B. Ehrlich for H of R 2nd Dist MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/28/98	\$500.00
Congressional Majority Committee c/o Brian Boyle 3 Lenox St Chevy Chase, MD 20815	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 contribution	9/28/98	\$5,000.00

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

\$9,500.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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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
Friends of Scott McInnis 1212 N. Vernon St. Arlington, VA 22201	Contrib to S. McInnis for H of R 3rd Dist CO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/28/98	\$1,500.00
B. Full Name, Mailing Address and ZIP Code Camp for Congress P.O. Box 423 Midland, MI 48640	Contrib to D. Camp for H of R 4th Dist MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/28/98	\$5,000.00
C. Full Name, Mailing Address and ZIP Code Wicker for Congress P.O. Box 874 Tupelo, MS 38802	Contrib to R. Wicker for H of R 1st Dist MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/28/98	\$1,500.00
D. Full Name, Mailing Address and ZIP Code Scarborough for Congress P.O. Box 13012 Pensacola, FL 32591	Contrib to J. Scarborough for H of R 1st Dist FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/28/98	\$3,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Congressman Mike Forbes P.O. Box 505 Farmingville, NY 11738-0505	Contrib to M. Forbes for H of R 1st Dist NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/28/98	\$3,000.00
F. Full Name, Mailing Address and ZIP Code Hastert for Congress 6344 Cavalier Corridor Falls Church, VA 22044-1203	Contrib to D. Hastert for H of R 14th Dist IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/24/98	\$750.00
G. Full Name, Mailing Address and ZIP Code McCollum for Congress 605 E. Robinson St., No. 305 Orlando, FL 32801	Contrib to E. McCollum for H of R 8th Dist FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/21/98	\$5,000.00
H. Full Name, Mailing Address and ZIP Code Daniel Inouye in '98 600 Kapiolani Blvd. - 1st Floor Honolulu, HI 96813	Contrib to D. Inouye for Senate HI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/21/98	\$5,000.00
I. Full Name, Mailing Address and ZIP Code Davis for Congress P.O. Box 2884 Washington, DC 20013	Contrib to J. Davis for H of R 11th Dist FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/21/98	\$500.00

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

\$25,250.00

**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 7  
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
Luther for Congress 1399 Geneva Ave., North Suite 202 Oakdale, MN 55128	Contrib to B. Luther for H of R 6th Dist MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 1998	9/21/98	\$500.00
Mike Thompson for Congress P.O. Box 1998 St. Helena, CA 94574	Contrib to M. Thompson for H of R 1st Dist CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 1998	9/21/98	\$1,000.00
Committee to Re-Elect Cong. Chris Smith p.O. Box 3184 Hamilton, NJ 08619	Contrib to C. Smith for H of R 4th Dist NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 1998	9/21/98	\$5,000.00
Santorum 2000 P.O. Box 10495 Pittsburgh, PA 15234	Contrib to R. Santorum for Senate PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000	9/17/98	\$1,000.00
Mikulski for Senate 711 West 40th St., Suite 460 Baltimore, MD 21211	Contrib to B. Mikulski for Senate MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 1998	9/17/98	\$1,000.00
Hayes for Congress 102 Church Street, North Concord, NC 28025	Contrib to R. Hayes for H of R 8th Dist NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 1998	9/17/98	\$500.00
Matsui for Congress P.O. Box 1347 Sacramento, CA 95012	Contrib to R. Matsui for H of R 5th Dist CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 1998	9/17/98	\$1,000.00
People for Patty Murray c/o Lori LaFave 6282 Occoquan Forest Drive Manassas, VA 20112	Contrib to P. Murray for Senate WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 1998	9/17/98	\$1,000.00
Upton for All of Us P.O. Box 490 St. Joseph, MI 49085	Contrib to F. Upton for H of R 1st Dist MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 1998	9/14/98	\$500.00

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

\$11,500.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full) American Society of Anesthesiologists Political Action Committee C00255752			
<b>A. Full Name, Mailing Address and ZIP Code</b> ARMPAC 513 Capital Court, NE Suite 100 Washington, DC 20002	<b>Purpose of Disbursement</b> contribution  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 contribution	<b>Date (month, day, year)</b> 9/14/98	<b>Amount of Each Disbursement This Period</b> \$2,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Committee to Reelect Loretta Sanchez 12553 S. Harbor Blvd. Garden Grove, CA 92840	<b>Purpose of Disbursement</b> Contrib to L. Sanchez for H of R 46th Dist CA  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	<b>Date (month, day, year)</b> 9/14/98	<b>Amount of Each Disbursement This Period</b> \$500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Heather Wilson for Congress P.O. Box 14070 Albuquerque, NM 87191	<b>Purpose of Disbursement</b> Contrib to H. Wilson for H of R 1st Dist NM  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	<b>Date (month, day, year)</b> 9/14/98	<b>Amount of Each Disbursement This Period</b> \$2,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Friends of Jennifer Dunn P.O. Box 40110 Bellevue, WA 98015	<b>Purpose of Disbursement</b> Contrib to J. Dunn for H of R 8th Dist WA  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	<b>Date (month, day, year)</b> 9/14/98	<b>Amount of Each Disbursement This Period</b> \$2,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Friends of Congressman Michael Forbes P.O. Box 505 Farmingville, NY 11738-0505	<b>Purpose of Disbursement</b> Contrib to M. Forbes for H of R 1st Dist NY  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	<b>Date (month, day, year)</b> 9/14/98	<b>Amount of Each Disbursement This Period</b> \$1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Hoyer for Congress 970 Parlett Morgan Road Mechanicville, MD 20659	<b>Purpose of Disbursement</b> Contrib to S. Hoyer for H of R 5th Dist MD  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	<b>Date (month, day, year)</b> 9/14/98	<b>Amount of Each Disbursement This Period</b> \$1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Herger for Congress P.O. Box 1500 Chico, CA 95827	<b>Purpose of Disbursement</b> Contrib to W. Herger for H of R 2nd Dist CA  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	<b>Date (month, day, year)</b> 9/14/98	<b>Amount of Each Disbursement This Period</b> \$1,000.00
<b>H. Full Name, Mailing Address and ZIP Code</b> Souder for Congress P.O. Box 400 Grabill, IN 46741	<b>Purpose of Disbursement</b> Contrib to M. Souder for H of R 4th Dist IN  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	<b>Date (month, day, year)</b> 9/14/98	<b>Amount of Each Disbursement This Period</b> \$5,000.00
<b>I. Full Name, Mailing Address and ZIP Code</b> Levin for Congress 145 Georgetown Square N. Royal Oak, MI 48067	<b>Purpose of Disbursement</b> Contrib to S. Levin for H of R 12th Dist MI  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	<b>Date (month, day, year)</b> 9/14/98	<b>Amount of Each Disbursement This Period</b> \$1,000.00
<b>SUBTOTAL of Disbursements This Page (optional)</b>			\$15,500.00
<b>TOTAL This Period (last page this line number only)</b>			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 7

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
John Lewis for Congress 1520 Pinehurst Dr., SW Atlanta, GA 30311	Contrib to J. Lewis for H of R 5th Dist GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/14/98	\$1,000.00
Northern Lights PAC 1537 Shipview Road Annapolis, MD 21401	contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 contribution	9/14/98	\$1,000.00
Shadegg for Congress 2310 S. Arlington Ridge Road Arlington, VA 22202	Contrib to J. Shadegg for H of R 4th Dist AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/14/98	\$5,000.00
Gutknecht for U.S. Congress 1530 Greenview Drive SW, #114 Rochester, MN 55902	Contrib to G. Gutknecht for H of R 1st Dist MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/14/98	\$1,000.00
Condit for Congress 44 Canal Center Plaza Alexandria, VA 22314	Contrib to G. Condit for H of R 18th Dist CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/14/98	\$500.00
Leadership 2000 c/o Foley for Congress P.O. Box 30505 Palm Beach Garden, FL 33420	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) contribution-1998	9/14/98	\$1,000.00
Price for Congress P.O. Box 16021 Alexandria, VA 22302	Contrib. to B. Price for H of R 12th Dist IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/14/98	\$500.00
Gil Aust for Congress P.O. Box 203 Muntsville, AL 35801	Contrib. to G. Aust for H of R 4th Dist AL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/14/98	\$500.00
The Freedom Project PAC 111 C Street, SE Washington, DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) contribution 1998	9/14/98	\$2,000.00

SUBTOTAL of Disbursements This Page (optional) .....

\$12,500.00

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 6 OF 7  
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
Berkley for Congress 7432 Silver Palm Court Las Vegas, NV 89117	Contrib to S. Berkley for H of R 1st Dist NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/14/98	\$1,000.00
Citizens for Specter 300 I St., NE Suite 100B. Washington, DC 20002	Contrib to A. Specter for Senate PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/14/98	\$1,000.00
Citizens for Specter 300 I St., NE Suite 100B Washington, DC 20002	Contrib to A. Specter for Senate PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/14/98	\$1,000.00
Gregg for Senate P.O. Box 1812 Concord, NH 03302-1812	Contrib to J. Gregg for Senate NH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/14/98	\$1,000.00
Xavier Becerra for Congress P.O. Box 261060 Los Angeles, CA 90026	Contrib to X. Becerra for H of R 30th Dist CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/14/98	\$1,000.00
Republican National Committee 310 1st St., SE Washington, DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 contribution	9/3/98	\$15,000.00
Myrick for Congress P.O. Box 37091 Charlotte, NC 28237	Contrib to S. Myrick for H of R 9th Dist NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/3/98	\$1,500.00
Business Leaders Salute Faircloth P.O. Box 17522 Raleigh, NC 27619	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 contribution	9/3/98	\$10,000.00
Ehlers for Congress P.O. Box 3340 Grand Rapids, MI 49501	Contrib to V. Ehlers for H of R 3rd Dist MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/3/98	\$2,000.00

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

\$33,500.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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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
Friends of Harry Reid 616 S. 3rd St. Las Vegas, NV 89101	Contrib to H.Reid for Senate NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/3/98	\$2,500.00
Ensign for U.S. Senate P.O. Box 98407 Las Vegas, NV 89193	Contrib to J.Ensign for H of R 1st Dist NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/3/98	\$2,500.00
DeFazio for congress P.O. Box 1316 Springfield, OR 97477	Contrib to P.DeFazio for H of R 4th Dist OR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/3/98	\$5,000.00
Jim Walsh for Congress P.O. Box 1974 Syracuse, NY 13201	Contrib to J.Walsh for H of R 25th Dist NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	9/3/98	\$1,500.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$11,500.00
<b>TOTAL</b> This Period (last page this line number only) .....	\$119,250.00

**SCHEDULE B**

**NON-FEDERAL  
ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER  
29

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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 1998 contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) contribution	Date (month, day, year) 8/17/98	Amount of Each Disbursement This Period \$10,000.00
B. 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
C. 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
D. 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
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) .....

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

\$10,000.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED <i>10-08-98</i>
<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>KRT</i> PREPARER	<i>10-13-98</i> DATE PREPARED