

# REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 14

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

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

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

CITY, STATE, and ZIP CODE  
PARK RIDGE IL 60066

1999 OCT 20 A 9:28

2. FEC IDENTIFICATION NUMBER  
000255752

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

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- February 20  June 20  October 20
- March 20  July 20  November 20
- April 20  August 20  December 20
- May 20  September 20  January 31
- Twelfth day report preceding \_\_\_\_\_  
(election type) \_\_\_\_\_  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>09/01/1999</u> through <u>09/30/1999</u>		
6. (a) Cash on Hand, January 1, <u>1999</u> .....		233519.30
(b) Cash on Hand at Beginning of Reporting Period .....	160083.39	
(c) Total Receipts (from line 10) .....	12678.26	364031.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	172762.65	597550.95
7. Total Disbursements (from line 30) .....	35466.52	480254.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	137296.13	137296.13
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 988 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  
Susan M. Rogowski, Assistant Treasurer

Signature of Treasurer *Susan M. Rogowski* Date 10/19/99

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 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE <b>AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE</b>		REPORT COVERING PERIOD FROM 08/01/1998 TO: 08/30/1999	
<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) .....	9675.00	256909.97	11.a.i.
ii. Unitemized .....	2840.00	105742.00	11.a.ii.
iii. Total ..... (add i and ii)*	12515.00	361645.97	11.a.iii.
b. Political Party Committees .....	0.00	0.00	11.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	11.c.
d. Total Contributions ..... (add a iii, b and c)*	12515.00	361645.97	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	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.) .....	184.26	2385.69	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts ..... (add 11d, 12, 13, 14, 15, 16, 17, and 18)*	12679.26	364031.66	19.
20. Total Federal Receipts ..... (subtract line 18 from line 19)*	12679.26	364031.66	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	750.00	21.b.
c. Total Operating Expenditures ..... (add a i, a ii, and b)*	0.00	750.00	21.c.
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	35250.00	428009.58	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. Individual/Persons Other Than Political Committees .....	0.00	250.00	28.a.
b. Political Party Committees .....	0.00	0.00	28.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	28.c.
d. Total Contributions Refunds ..... (add a, b, and c)*	0.00	250.00	28.d.
29. Other Disbursements .....	216.62	33245.25	29.
30. Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)*	35466.62	460254.83	30.
31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30)*	35466.62	460254.83	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	12515.00	361645.97	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	250.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	12515.00	361395.97	34.
35. Total Federal Operating Expenditures ..... (add 21 a i and 21 b)*	0.00	750.00	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures ..... (subtract line 36 from 35)*	0.00	750.00	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 POLITICAL ACTION COMMITTEE**

<b>Full Name, Mailing Address, and ZIP Code</b> SIRAJ ALSERI 3435 RIVERBEND  ANN ARBOR MI 48105  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ANESTH ASSOC OF ANN ARBOR  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 08/28/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> MARK ANDERSON 367 VITORIA AVE  WINTER PARK FL 32789  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> JL ANESTH ASSOC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 08/29/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> VALERIE ARKDOSH 530 SPRING LN  WYNDMOOR PA 19038  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> MCP HAHNEMANN UNIV  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 08/07/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> JAMES ARTUSO 1041 STEEPLECHASE DR  LANCASTER PA 17601  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ANESTH ASSOC OF LANCASTER  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 09/29/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> R SCOTT BALLARD 415 VERDI LN  ATLANTA GA 30350  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> NORTHSIDE ANESTH CONSULTANTS  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 08/07/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> PHILIP BOYLE 3069 JOYCE ST  ST CLOUD MN 56309  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ANESTH ASSOC OF ST CLOUD  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 08/07/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> JOSEPH CARTER 101 ROCKINGHAM RD  GREENVILLE SC 29607  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> PALMETTO ANESTH ASSOC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 09/29/1999	<b>Amount of Each Receipt this Period</b> 500.00
<b>SUBTOTALS of Receipts This Page (Optional)</b> .....			
<b>TOTALS This Period (last page this line number only)</b> .....			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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 POLITICAL ACTION COMMITTEE**

<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS DODDS 1 MEDICAL CENTER DR  LEBANON NH 03756  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> HITCHCOCK CLINIC  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 09/29/1999	<b>Amount of Each Receipt this Period</b> 125.00
<b>Full Name, Mailing Address, and ZIP Code</b> JAMES DUCKETT 227 HARVEST LN  BROOMALL PA 19008  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 08/28/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> WAYNE FORAN 3311 ROSSMOOR WAY  ROSSMOOR CA 90720  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> KAISER PERMANENTE  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 09/29/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> STEFAN GRENVIK 321 MIDWAY MEDICAL PARK #1  BRISTOL TN 37620  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> BRISTOL ANESTH SERVICES  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 09/28/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> RUSSELL HARRIS 7 ROSIER CT  LITTLE ROCK AR 72211  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> > \$ 500.00	<b>Date (month, day, year)</b> 08/28/1999	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> DAVID HEATON 5107 SUMMIT HILL  DALLAS TX 75287  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> PINNACLE ANESTH  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 09/29/1999	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> NANCY HIGH 11751 TAYLOR RD  THONOTOSASSA FL 33592  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> UNIVERSAL ANESTH CARE  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 08/29/1999	<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) .....

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JON JACOBY 282 SOUTHMORELAND PL DECATUR IL 62521	ASSOC ANESTH OF DECATUR	09/28/1999	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	
AHMET OZTURK 1340 HAL GREER BLVD HUNTINGTON WV 25701	HUNTINGTON ANESTH GRP	09/07/1999	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 500.00	
SCOTT PACIFIC 37 ELLSWORTH DR WARREN NJ 07059	SUMMIT ANESTH ASSOC	09/28/1999	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	
WENDY PARKINSON 2 ORCHARD LN GREENWOOD VILLAGE CO 80121	COLORADO ANESTH CONSULT	09/28/1999	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	
CATHY PETTY P.O. BOX 5776 MARYVILLE TN 37802	MARYVILLE ANESTH	09/07/1999	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	
VICTORY ROMAN 9440 N LOCKWOOD SKOKIE IL 60077	PARK RIDGE ANESTH ASSOC	09/28/1999	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	
THOMAS RYAN 4655 N MURRAY AVE WHITEFISH BAY WI 53211	SUMMIT ANESTH	09/28/1999	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 500.00	

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

<b>Full Name, Mailing Address, and ZIP Code</b> R MATTHEW SCHANTZ 6343 TRAILRIDGE CT  LOVELAND OH 45140  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ANESTH GROUP PRACTICE  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 09/28/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> PAUL SLAVENAS 401 E ONTARIO ST #1803  CHICAGO IL 60611  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> NORTHWESTERN MED FACULTY  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 09/28/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> CALVIN SMITH 3320 PRESCOTT WAY  RENO NV 89509  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ASSOC ANESTH OF RENO  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 09/28/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> CHARLES TORBERT 5105 SW 95TH TERRACE  GAINESVILLE FL 32608  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ANESTH ASSOC OF N FLORIDA  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 09/28/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> STEPHEN TUNSTILL 8978 ALMOURS DR  JACKSONVILLE FL 32217  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> N FLORIDA ANESTH CONSULT  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 09/28/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> CRAIG WAGNER 811 WAYSIDE LN  HADDONFIELD NJ 08033  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> GLOUCESTER COUNTY ANESTH ASSOC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 08/07/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> JOSEPH WALDNER 207 HOUSE AVE #102  CAMP HILL PA 17011  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ANESTH ASSOC OF PA  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 375.00	<b>Date (month, day, year)</b> 09/28/1999	<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**

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FOR LINE NUMBER 11A1

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

<b>Full Name, Mailing Address, and ZIP Code</b> HENRY WALTHER 6845 RANCHO LOS PAVOS  GRANITE BAY CA 95746	<b>Name of Employer</b> CASE MEDICAL GROUP	<b>Date (month, day, year)</b> 09/28/1999	<b>Amount of Each Receipt this Period</b> 50.00
	<b>Occupation</b> ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 600.00		
<b>Full Name, Mailing Address, and ZIP Code</b> STEVEN WEISSMAN 156 BALTIC CIR  TAMPA FL 33603	<b>Name of Employer</b> UNICOM ANESTH ASSOC	<b>Date (month, day, year)</b> 09/28/1999	<b>Amount of Each Receipt this Period</b> 500.00
	<b>Occupation</b> PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> JOHN WILKINSON 22222 NEFF RD  BEND OR 97701	<b>Name of Employer</b>	<b>Date (month, day, year)</b> 09/28/1999	<b>Amount of Each Receipt this Period</b> 1000.00
	<b>Occupation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 1000.00		

<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>9675.00</b>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER  
**17**

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

<b>Full Name, Mailing Address, and ZIP Code</b> NORTHERN TRUST CO. 50 S. LASALLE  CHICAGO IL 60675	<b>Name of Employer</b>  	<b>Date (month, day, year)</b> 05/30/1999	<b>Amount of Each Receipt this Period</b> 164.26
	<b>Occupation</b>  		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		<b>Aggregate Year-to-Date</b> \$ 1782.75	
<input checked="" type="checkbox"/> Other (specify): INTEREST			

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

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

**164.26**



**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 POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - WI - 7) 2000 PRIMARY	Date (month, day, year)	Amount of Each Disbursement This Period
A LOT OF PEOPLE FOR OBEY P.O. BOX 75214 WASHINGTON DC 20013	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/18/1999	2000.00
ARMEY FOR CONGRESS 4451 BROOKFIELD CORPORATE PLAZA SUITE 200 CHANTILLY VA 20151	Purpose of Disbursement (House - TX - 26) 2000 PRIMARY	Date (month, day, year) 09/27/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
BECERRA FOR CONGRESS P.O. BOX 75214 WASHINGTON DC 20013	Purpose of Disbursement (House - CA - 30) 2000 PRIMARY	Date (month, day, year) 09/13/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
BOB MATSUJI FOR CONGRESS COMM 729 15TH STREET NW 3RD FL WASHINGTON DC 20005	Purpose of Disbursement (House - CA - 5) 2000 PRIMARY	Date (month, day, year) 09/16/1999	Amount of Each Disbursement This Period 2000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
BURR FOR CONGRESS P.O. BOX 5928 WINSTON-SALEM NC 27113	Purpose of Disbursement (House - NC - 5) 2000 PRIMARY	Date (month, day, year) 09/02/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
CAMP FOR CONGRESS 4451 BROOKFIELD PLAZA DR SUITE 200 CHANTILLY VA 20151	Purpose of Disbursement (House - MI - 4) 2000 PRIMARY	Date (month, day, year) 09/02/1999	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
CHRISTIAN-CHRISTENSEN CAMPAIGN COMM 421 NEW JERSEY AVE. SE WASHINGTON DC 20003	Purpose of Disbursement (House - VI - ) 2000 PRIMARY	Date (month, day, year) 08/02/1999	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
COVERDELL GOOD GOVERNMENT COMM 3091 MAPLE DR ATLANTA GA 30305	Purpose of Disbursement (Senate - GA - ) 2004 PRIMARY	Date (month, day, year) 08/02/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
DEAL FOR CONGRESS P.O. BOX 18021 ALEXANDRIA VA 22302	Purpose of Disbursement (House - GA - 8) 2000 PRIMARY	Date (month, day, year) 09/27/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		

**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 POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - CA - 4) 2000 PRIMARY	Date (month, day, year) 09/02/1999	Amount of Each Disbursement This Period 1000.00
DOOLITTLE FOR CONGRESS P.O. BOX 2776 ARLINGTON VA 22202	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
EHLERS FOR CONGRESS 4451 BROOKFIELD PLAZA DR SUITE 200 CHANTILLY VA 20151	Purpose of Disbursement (House - MI - 3) 2000 PRIMARY	Date (month, day, year) 09/02/1999	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
EHRlich FOR CONGRESS 8500 LA SALLE RD #103 BALTIMORE MD 21286	Purpose of Disbursement (House - MD - 2) 2000 PRIMARY	Date (month, day, year) 08/27/1999	Amount of Each Disbursement This Period 2000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
ENSIGN FOR SENATE C/O NRSC 425 SECOND STREET NE WASHINGTON DC 20002	Purpose of Disbursement (Senate - NV - ) 2000 PRIMARY	Date (month, day, year) 09/27/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
EVERETT FOR CONGRESS 4451 CORPORATE PLAZA DR SUITE 200 CHANTILLY VA 20151	Purpose of Disbursement (House - AL - 2) 2000 PRIMARY	Date (month, day, year) 09/02/1999	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
FRIENDS OF LAHOOD 4451 BROOKFIELD CORPORATE DR #200 CHANTILLY VA 20151	Purpose of Disbursement (House - IL - 18) 2000 PRIMARY	Date (month, day, year) 08/18/1999	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
FRIENDS OF SAM JOHNSON P.O. BOX 860096 PLANO TX 75096	Purpose of Disbursement (House - TX - 3) 2000 PRIMARY	Date (month, day, year) 09/02/1999	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
HAYES FOR CONGRESS P.O. BOX 2000 CONCORD NC 28026	Purpose of Disbursement (House - NC - 6) 2000 PRIMARY	Date (month, day, year) 08/16/1999	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
JERRY LEWIS FOR CONGRESS 4451 BROOKFIELD CORPORATE DR CHANTILLY VA 20151	Purpose of Disbursement (House - CA - 40) 2000 PRIMARY	Date (month, day, year) 09/16/1999	Amount of Each Disbursement This Period 2000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

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

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**ITEMIZED DISBURSEMENTS**

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (Senate - AZ - ) 2000 PRIMARY	Date (month, day, year)	Amount of Each Disbursement This Period
JON KYL FOR SENATE 507 CAPITOL CT NE #100 WASHINGTON DC 20002	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/27/1999	1000.00
JONES FOR CONGRESS P.O. BOX 98687 RALEIGH NC 27624	Purpose of Disbursement (House - NC - 3) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/27/1999	1000.00
JONES FOR CONGRESS P.O. BOX 98687 RALEIGH NC 27624	Purpose of Disbursement (House - NC - 3) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/02/1999	1000.00
LIEBERMAN FOR SENATE 430 S CAPITOL ST SE GPO DSCC WASHINGTON DC 20003	Purpose of Disbursement (Senate - CT - ) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/13/1999	250.00
MALONEY FOR CONGRESS 24 EAST 93RD STREET #4B NEW YORK NY 10128	Purpose of Disbursement (House - NY - 14) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/27/1999	1000.00
MILLER FOR CONGRESS 811 CHETWORTH PL ALEXANDRIA VA 22314	Purpose of Disbursement (House - CA - 41) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/16/1999	500.00
MYRICK FOR CONGRESS 1850 E THIRD ST SUITE 350 CHARLOTTE NC 28204	Purpose of Disbursement (House - NC - 9) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/18/1999	1000.00
NAPOLITANO FOR CONGRESS 227 MASSACHUSETTS AVE, NE, #302 WASHINGTON DC 20002	Purpose of Disbursement (House - CA - 34) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/27/1999	500.00
NETHERCUTT FOR CONGRESS 3001 PARK CENTER DR SUITE 1105 ALEXANDRIA VA 22302	Purpose of Disbursement (House - WA - 5) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/27/1999	1000.00

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - State - District) 2000 PRIMARY	Date (month, day, year)	Amount of Each Disbursement This Period
NORWOOD FOR CONGRESS P.O. BOX 499 EVANS GA 30809	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/02/1999	500.00
PELOSI FOR CONGRESS 44 CANAL CENTER PLAZA SUITE 400 ALEXANDRIA VA 22314	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/16/1999	2000.00
RYAN FOR CONGRESS P.O. BOX 2776 ARLINGTON VA 22202	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/16/1999	500.00
SMITH FOR CONGRESS 2520 174TH AVE NE REDMOND WA 98052	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/27/1999	1500.00
STEARNS FOR CONGRESS 4451 BROOKFIELD PLAZA DR SUITE 200 CHANTILLY VA 20151	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/02/1999	1000.00
THOMAS CAMPAIGN COMMITTEE P.O. BOX 395 BAKERSFIELD CA 93302	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/27/1999	1000.00
THOMPSON FOR CONGRESS P.O. BOX 100 BOLTON MS 39041	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/27/1999	1000.00
LIPTON FOR CONGRESS 4451 BROOKFIELD PLAZA DR SUITE 200 CHANTILLY VA 20151	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/02/1999	1000.00
VITTER FOR CONGRESS 2520 METARIE RD METARIE LA 70001	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/27/1999	500.00

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<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	13 / 14
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**NAME OF COMMITTEE (In Full)**  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - DK - 4)	Date (month, day, year)	Amount of Each Disbursement This Period
WATTS FOR CONGRESS 320 FIRST ST SE C/O NRCC WASHINGTON DC 20003	2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	08/16/1999	500.00

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<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>35250.00</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	14 / 14
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**NAME OF COMMITTEE (In Full)**  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE**

<b>Full Name, Mailing Address, and ZIP Code</b> NORTHERN TRUST COMPANY 50 S LASALLE  CHICAGO IL 60675	<b>Purpose of Disbursement</b>	<b>Date (month, day, year)</b> 09/30/1999	<b>Amount of Each Disbursement This Period</b> 216.52
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): BANK CHARGES		

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<b>SUBTOTALS of Disbursements This Page (Optional)</b> .....	
<b>TOTALS This Period (last page this line number only)</b> .....	<b>216.52</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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10-20-99</i>
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<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
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<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
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