

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

FILED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

<b>1. NAME OF COMMITTEE (in full)</b> AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE	
<b>ADDRESS (number and street)</b> 520 N. NORTHWEST HIGHWAY	<input type="checkbox"/> Check if different than previously reported
<b>CITY, STATE, and ZIP CODE</b> PARK RIDGE IL 80088	<b>2. FEC IDENTIFICATION NUMBER</b> 100221752
<b>3.</b> <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)	

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20       | <input type="checkbox"/> June 20      | <input 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 checked="" type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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>04/01/1999</u> through <u>04/30/1999</u>		
6. (a) Cash on Hand, January 1, <u>1999</u>		233519.30
(b) Cash on Hand at Beginning of Reporting Period	318125.64	
(c) Total Receipts (from line 19)	36438.16	270139.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	352581.80	503658.97
7. Total Disbursements (from line 30)	58507.42	209604.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	294054.38	294054.38
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 899 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: ROGER MOORE

Signature of Treasurer:

Date: 5/5/99

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

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

(revised 1/1/91)

NAME OF COMMITTEE <b>AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE</b>		REPORT COVERING PERIOD FROM 04/01/1999 TO: 04/30/1999	
<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) .....	24650.00	193400.00	11.a.i.
II. Unitemized .....	11535.00	75748.00	11.a.ii.
III. Total .....	36205.00	269148.00	11.a.iii.
b. Political Party Committees .....	0.00	0.00	11.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	11.c.
d. Total Contributions .....	36205.00	269148.00	11.d.
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00	12.
13. All Loans Received .....	0.00	0.00	13.
14. Loan Repayments Received .....	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.) .....	231.16	993.67	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	36436.16	270139.67	19.
20. Total Federal Receipts .....	36436.16	270139.67	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 .....	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 .....	57000.00	203500.00	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	0.00	28.a.
b. Political Party Committees .....	0.00	0.00	28.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	28.c.
d. Total Contributions Refunds .....	0.00	0.00	28.d.
29. Other Disbursements .....	1507.42	5354.59	29.
30. Total Disbursements .....	58507.42	209604.59	30.
31. Total Federal Disbursements .....	58507.42	209604.59	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	36205.00	269148.00	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	36205.00	269148.00	34.
35. Total Federal Operating Expenditures .....	0.00	750.00	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	0.00	750.00	37.

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11A

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

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

<p><b>Full Name, Mailing Address, and ZIP Code</b>                  DAVID ANNAND                  5313 HICKORY HOLLOW RD                  KNOXVILLE TN 37919</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) :</p>	<p><b>Name of Employer</b>                  KNOXVILLE ANESTH GROUP</p> <p><b>Occupation</b>                  ANESTHESIOLOGIST</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b>                  04/16/1999</p>	<p><b>Amount of Each Receipt this Period</b>                  250.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b>                  STEPHEN BAILEY                  1815 WEST BLVD                  RAPID CITY SD 57701</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) :</p>	<p><b>Name of Employer</b>                  WEST RIVER ANESTH CONSULT</p> <p><b>Occupation</b>                  ANESTHESIOLOGIST</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500.00</p>	<p><b>Date (month, day, year)</b>                  04/20/1999</p>	<p><b>Amount of Each Receipt this Period</b>                  500.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b>                  CATHY BALBIA                  358 LA HACIENDA                  INDIAN ROCKS BEACH FL 33785</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) :</p>	<p><b>Name of Employer</b>                  SELF-EMPLOYED</p> <p><b>Occupation</b>                  ANESTHESIOLOGIST</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b>                  04/27/1999</p>	<p><b>Amount of Each Receipt this Period</b>                  250.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b>                  JOSEPH BERNSTEIN                  N2455 CARDINAL LN                  OOSTBURG WI 53070</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) :</p>	<p><b>Name of Employer</b>                  SELF-EMPLOYED</p> <p><b>Occupation</b>                  PHYSICIAN</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500.00</p>	<p><b>Date (month, day, year)</b>                  04/28/1999</p>	<p><b>Amount of Each Receipt this Period</b>                  500.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b>                  JEFFREY BLOCK                  7299 SW 79TH CT                  MIAMI FL 33143</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) :</p>	<p><b>Name of Employer</b>                  SELF-EMPLOYED</p> <p><b>Occupation</b>                  ANESTHESIOLOGIST</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b>                  04/16/1999</p>	<p><b>Amount of Each Receipt this Period</b>                  250.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b>                  JEROME BORMES                  933 PANSY CT                  NEENAH WI 54956</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) :</p>	<p><b>Name of Employer</b>                  SELF-EMPLOYED</p> <p><b>Occupation</b>                  ANESTHESIOLOGIST</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500.00</p>	<p><b>Date (month, day, year)</b>                  04/30/1999</p>	<p><b>Amount of Each Receipt this Period</b>                  500.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b>                  CHRISTINE BOTKIN                  4210 MORRIS AVE NW                  CEDAR RAPIDS IA 52405</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) :</p>	<p><b>Name of Employer</b>                  LINN COUNTY ANESTH</p> <p><b>Occupation</b>                  ANESTHESIOLOGIST</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b>                  04/20/1999</p>	<p><b>Amount of Each Receipt this Period</b>                  250.00</p>

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11A1

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

<b>Full Name, Mailing Address, and ZIP Code</b> NORMAN BRAHEN 1619 ATLANTIC AVE  SULLIVANS ISLAND SC 29482  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> TRIDENT ANESTH GROUP  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/30/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> ANTHONY BUECHLER 715 FLORENCE DR  ELM GROVE WI 53122  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ANESTH ASSOC OF WISCONSIN  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/18/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> LAN-ANH BUI 333 W HAMPTON #800  ENGLEWOOD CO 80110  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> S DENVER ANESTH  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/12/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> MARK BULT 1125 HICKORY RIDGE CT  NIXA MO 65714  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> OZARK ANESTH ASSOC  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/27/1999	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> JAMES BYLAND 9535 BUTLER DR  BRENTWOOD TN 37027  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> 04/05/1999	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> STEPHAN CARDON 7702 E PALM LN  SCOTTSDALE AZ 85257  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> VALLEY ANESTH  <b>Occupation</b> ANESTH  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/09/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> CANTWELL CLARK 221 FORESIDE RD  FALMOUTH ME 04105  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> SPECTRUM MEDICAL GROUP  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/20/1999	<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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**NAME OF COMMITTEE (In Full)**  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE**

<b>Full Name, Mailing Address, and ZIP Code</b> MICHAEL CONLEY 328 LAGRANGE  WEST LAFAYETTE IN 47906  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> ANESTH ASSOC  <b>Occupation</b> ANESTHESIOLOGIST  Aggregate Year-to-Date > \$ 250.00	<b>Date (month, day, year)</b> 04/27/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> KATHLEEN CONNOR 4 TANNERY DR  MEDFIELD MA 02052  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> COMMONWEALTH ANESTH ASSOC  <b>Occupation</b> ANESTHESIOLOGIST  Aggregate Year-to-Date > \$ 250.00	<b>Date (month, day, year)</b> 04/28/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> ROBERT CRAFT 3530 CHARTER OAK WAY  KNOXVILLE TN 37922  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> UNIV ANESTH  <b>Occupation</b> ANESTHESIOLOGIST  Aggregate Year-to-Date > \$ 250.00	<b>Date (month, day, year)</b> 04/09/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS CUTTING N 10670 PT HAYDEN DR  HAYDEN LAKE ID 83835  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  Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 04/18/1999	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> STEVE DITTO 23036 ROBERTS RUN  BAY VILLAGE OH 44140  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> LAKEWOOD ANESTH ASSOC  <b>Occupation</b> ANESTHESIOLOGIST  Aggregate Year-to-Date > \$ 250.00	<b>Date (month, day, year)</b> 04/05/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> RICHARD DULUDE 4359 CROISAN RIDGE WAY S  SALEM OR 97302  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> OREGON ANESTH GROUP  <b>Occupation</b> ANESTHESIOLOGIST  Aggregate Year-to-Date > \$ 250.00	<b>Date (month, day, year)</b> 04/16/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> JOHN ECKELS 615 PARROTT DR  SAN MATEO CA 94402  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> ACAMG  <b>Occupation</b> ANESTHESIOLOGIST  Aggregate Year-to-Date > \$ 250.00	<b>Date (month, day, year)</b> 04/16/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>SUBTOTALS of Receipts This Page (Optional)</b> .....			
<b>TOTALS This Period (last page this line number only)</b> .....			

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<b>Full Name, Mailing Address, and ZIP Code</b> MARC GOLDBERG 1000 RIVERTON RD  CINNAMINSON NJ 08077  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> RANOCAS VALLEY ANESTH ASSOC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/05/1999	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> TIMOTHY GUNDLACH 14 APPLEWOOD CT  RACINE WI 53402  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> > \$ 300.00	<b>Date (month, day, year)</b> 04/16/1999	<b>Amount of Each Receipt this Period</b> 300.00
<b>Full Name, Mailing Address, and ZIP Code</b> JOSEPH GUNSELMAN 920 W COMSTOCK CT  SPOKANE WA 99203  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> PHYSICIAN ANESTH GROUP  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/20/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> DAVID HALL 1375 PINE BURR LN  CHATTANOOGA TN 37419  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ANESTH CONSULT EXCHANGE  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/09/1999	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> TORK HARMAN 1550 BOYSON RD  HIAWATHA IA 52233  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> SELF-EMPLOYED  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/20/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> MARTIN HARRISON 2886 JOYCE WAY  GOLDEN CO 80401  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> PHYSICIAN ANESTH SERVICES  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/20/1999	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> SAM HENNESSEE 4935 WINTERGREEN LN  CARMEL IN 46033  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ASSOC IN ANESTH  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/27/1999	<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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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> JIM FAUST 1029 59TH STREET  WEST DES MOINES IA 50268  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ASSOC ANESTH  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/18/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> RANDALL FELDER #8 GLOSTER PARKWAY  AMARILLO TX 78121  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> AMARILLO ANESTH CONSULT  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/27/1999	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> BRIAN FELIX 4107 WOODBRIAR CT  SUGAR LAND TX 77479  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> GHA  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/27/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> DAVID FINGARD 4870 N LAKE DR  MILWAUKEE WI 53217  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ANESTH ASSOC OF WISCONSIN  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/05/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> MICHAEL FOX 15 W PENNY RD  S BARRINGTON IL 60010  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> MIDWEST ANESTH  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/06/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> JAMES GLENSKI 4024 W 104TH TERR  OVERLAND PARK KS 66207  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ANESTH ASSOC OF KC  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/30/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> JAMES GLENSKI 4024 W 104TH TERR  OVERLAND PARK KS 66207  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ANESTH ASSOC OF KC  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/27/1999	<b>Amount of Each Receipt this Period</b> 250.00

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

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**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**

<p><b>Full Name, Mailing Address, and ZIP Code</b> LAUREEN HILL 318 MIDDLEFIELD RD  PALO ALTO CA 94301</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> STANFORD UNIV</p> <p><b>Occupation</b> PHYSICIAN</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> 04/05/1999</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> JEFFREY HOUSE 3048 ALATKA CT  LONGWOOD FL 32778</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> JLR MEDICAL GROUP</p> <p><b>Occupation</b> PHYSICIAN</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500.00</p>	<p><b>Date (month, day, year)</b> 04/09/1999</p>	<p><b>Amount of Each Receipt this Period</b> 500.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> ANITA JOHNSON 102 PARK CT  GOODLETTSVILLE TN 37072</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> MEHARRY MEDICAL COLLEGE</p> <p><b>Occupation</b> PHYSICIAN</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> 04/18/1999</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> JOHN JOHNSON P.O. BOX 6458  SPARTANBURG SC 29305</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> FOOTHILLS ANESTH CONSULT</p> <p><b>Occupation</b> PHYSICIAN</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> 04/18/1999</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> STEVEN KARP 8507 CAPO CT  VIENNA VA 22182</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> FAIR OAKS ANESTH ASSOC</p> <p><b>Occupation</b> ANESTHESIOLOGIST</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> 04/28/1999</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> JONATHAN KOHL 936 KAGAWA ST  PACIFIC PALISADES GA 90272</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> SELF-EMPLOYED</p> <p><b>Occupation</b> ANESTHESIOLOGIST</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> 04/05/1999</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> RICHARD KRIZMANICH 501 BLUE JAY CT  VALPARAISO IN 46383</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> SELF-EMPLOYED</p> <p><b>Occupation</b> ANESTHESIOLOGIST</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> 04/18/1999</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>

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

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANICE LODGE 5606 GOLF CREEK DR TOLEDO OH 43823		04/05/1999	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
RANGA MADABHUSHI 3 FLAMINGO ESTATES MISSOURI CITY TX 77459	GREATER HOUSTON ANESTH	04/16/1999	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 250.00	
THOMAS MALONE 11667 FAIRMONT PL JAMSVILLE MD 21754	SELF-EMPLOYED	04/16/1999	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 250.00	
JAMES MANEY 2470 SHELLY CT BROOKFIELD WI 53045	SUMMIT ANESTH	04/05/1999	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 250.00	
BILL MAUPIN 804 NW 145TH CIRCLE EDMOND OK 73013	AFFILIATED ANESTH	04/05/1999	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 500.00	
STEVEN MAVES 10050 DEER RUN CIR FISHERS IN 46038	ASSOC IN ANESTH	04/16/1999	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANESTHESIOLOGIST	Aggregate Year-to-Date > \$ 500.00	
DAVID MCCARTHY 325 W LARKSPUR LN ONALASKA WI 54650	GUNDERSON LUTHERAN	04/05/1999	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PHYSICIAN	Aggregate Year-to-Date > \$ 250.00	

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

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

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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> PETER MESTAD 11909 GODDARD  OVERLAND PARK KS 66213  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> AAKC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/27/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> DANIEL MONAHAN 19515 WATERFORD PL  SHOREWOOD MN 55331  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ANESTH PA  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/05/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS MUKKADA 41 WOODSHIRE DR  OTTUMWA IA 52501  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> OTTUMWA ANESTH  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/06/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> KENNETH NANNERS 9 ROLLING MEADOW LN  WHEELING WV 26003  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> MEDICAL PARK ANESTH  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/09/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> LAURIE NIEDEREE 3498 S MILLCREEK CIR  SALT LAKE CITY UT 84105  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> SELF-EMPLOYED  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/27/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> KATHLEEN O'LEARY 81 LEXINGTON AVE  BUFFALO NY 14222  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> ROBWELL PARK CANCER INST  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/15/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> CRAIG PADAVICH 4212 BARGE ST  YAKIMA WA 98908  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> PHYSICIAN ANESTH ASSOC  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/27/1999	<b>Amount of Each Receipt this Period</b> 500.00

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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> REX PORTER 2817 B PARK RD  SPOKANE WA 99212	<b>Name of Employer</b> PHYS ANESTH GROUP  <b>Occupation</b> ANESTHESIOLOGIST	<b>Date (month, day, year)</b> 04/20/1999	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ALVIN RALSTON 15 HEDWIG CIR  HOUSTON TX 77024	<b>Name of Employer</b> GHA  <b>Occupation</b> ANESTHESIOLOGIST	<b>Date (month, day, year)</b> 04/20/1999	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> KOON RHEE 51 VALLEY DR  SALEM CT 06420	<b>Name of Employer</b> SELF-EMPLOYED  <b>Occupation</b> PHYSICIAN	<b>Date (month, day, year)</b> 04/12/1999	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ROBERT ROETTGER 4025 DEERWOOD TRAIL  EAGAN MN 55122	<b>Name of Employer</b> ASSOC ANESTH  <b>Occupation</b> PHYSICIAN	<b>Date (month, day, year)</b> 04/30/1999	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> RANDY ROSETT 11221 COUNTRY CLUB NE  ALBUQUERQUE NM 87111	<b>Name of Employer</b> SELF-EMPLOYED  <b>Occupation</b> PHYSICIAN	<b>Date (month, day, year)</b> 04/20/1999	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> MIKE SCHWEITZER 1927 HOLSTEIN LN  LAUREL MT 59044	<b>Name of Employer</b> SELF-EMPLOYED  <b>Occupation</b> PHYSICIAN	<b>Date (month, day, year)</b> 04/05/1999	<b>Amount of Each Receipt this Period</b> 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 450.00		
<b>Full Name, Mailing Address, and ZIP Code</b> WARREN SCHWEITZER 80 WHY WORRY LN  WOODSIDE CA 94062	<b>Name of Employer</b>   <b>Occupation</b> PHYSICIAN	<b>Date (month, day, year)</b> 04/27/1999	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>SUBTOTALS of Receipts This Page (Optional)</b> .....			
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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> DAVID SCOTT 15 STONEWALL CIR  PRINCETON NJ 08540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> PRINCETON ANESTH SERVICES  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/26/1998	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> MATTHEW SHATZ 54 CHICOPEE DR  WAYNE NJ 07470  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> NYACK MEDICAL ASSOC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/05/1998	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS SHULTZ 7153 BIRCH BARK DR  NASHVILLE TN 37221  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> AMG  <b>Occupation</b> PHYSICIAN  <b>Aggregate Year-to-Date</b> > \$ 400.00	<b>Date (month, day, year)</b> 04/05/1998	<b>Amount of Each Receipt this Period</b> 400.00
<b>Full Name, Mailing Address, and ZIP Code</b> RICHARD STARK 8379 PHOEBE  KALAMAZOO MI 49009  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> KALAMAZOO ANESTH  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 04/16/1998	<b>Amount of Each Receipt this Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> ERIK STENE 15331 BOULDER POINTE RD  EDEN PRAIRIE MN 55347  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> ANESTH ASSOC  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/12/1998	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> BETTY STEPHENSON 1 TIFFANY LN  SUGAR LAND TX 77478  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> RETIRED  <b>Occupation</b> ANESTHESIOLOGIST  <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 04/20/1998	<b>Amount of Each Receipt this Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> MARK STEWART 812 WALTON WOODS CT  AUGUSTA GA 30909  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> 04/16/1998	<b>Amount of Each Receipt this Period</b> 500.00

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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> MICHAEL SUTTER 300 CHURCHILL CT  NASHVILLE TN 37205	<b>Name of Employer</b> AMG  <b>Occupation</b> ANESTHESIOLOGIST	<b>Date (month, day, year)</b> 04/05/1999	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> JEFFREY THUE 228 28TH PLACE  MANHATTAN BEACH CA 90266	<b>Name of Employer</b> SELF-EMPLOYED  <b>Occupation</b> ANESTHESIOLOGIST	<b>Date (month, day, year)</b> 04/08/1999	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> JOSEPH TRIGARICO 25823 409TH AVENUE  MITCHELL SD 57301	<b>Name of Employer</b> MITCHELL ANESTH  <b>Occupation</b> ANESTHESIOLOGIST	<b>Date (month, day, year)</b> 04/09/1999	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ANN GRACE WELT 518-E FLEETWOOD CT  KINGSPORT TN 37860	<b>Name of Employer</b> HOLSTON ANESTH ASSOC  <b>Occupation</b> PHYSICIAN	<b>Date (month, day, year)</b> 04/16/1999	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ANNE WILHITE 3011 HARRINGTON MANOR  MIDLOTHIAN VA 23113	<b>Name of Employer</b> HARRIS COLE & ASSOC  <b>Occupation</b> ANESTHESIOLOGIST	<b>Date (month, day, year)</b> 04/05/1999	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> JOHN WILLIAMS 806 OVERLOOK DR  COLUMBUS GA 31906	<b>Name of Employer</b> ANESTH ASSOC OF COLUMBUS  <b>Occupation</b> ANESTHESIOLOGIST	<b>Date (month, day, year)</b> 04/18/1999	<b>Amount of Each Receipt this Period</b> 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 500.00		

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

**TOTALS** This Period (last page this line number only) ..... **24650.00**

**SCHEDULE A****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER  
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**NAME OF COMMITTEE (in Full)****AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE****Full Name, Mailing Address, and ZIP Code**NORTHERN TRUST CO.  
50 S. LASALLE

CHICAGO IL 80875

**Name of Employer****Occupation****Date (month,  
day, year)**

04/07/1999

**Amount of Each  
Receipt this Period**

231.16

**Receipt For:** Primary General Other (specify): INTEREST**Aggregate Year-to-Date** > \$

993.67

**SUBTOTALS** of Receipts This Page (Optional) .....**TOTALS** This Period (last page this line number only) .....

231.16

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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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 - GA - 7) 2000 PRIMARY	Date (month, day, year)	Amount of Each Disbursement This Period
BARR FOR CONGRESS P.O. BOX 4323  MARIETTA GA 30061	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/01/1999	1000.00
BERKLEY 2000 64 QUITE DESERT LANE  HENDERSON NV 89014	Purpose of Disbursement (House - NV - 1) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 04/18/1999	Amount of Each Disbursement This Period 1500.00
BILIRAKIS FOR CONGRESS 1350 I STREET NW SUITE 1010 WASHINGTON DC 20005	Purpose of Disbursement (House - FL - 9) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 04/18/1999	Amount of Each Disbursement This Period 1000.00
BRADY FOR CONGRESS 1212 N VERNON ST  ARLINGTON VA 22201	Purpose of Disbursement (House - TX - 8) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 04/01/1999	Amount of Each Disbursement This Period 1000.00
CONTINUE THE MAJORITY ATTN: BARBARA BONFIGLIO 1155 21ST STREET, NW, SUITE 300 WASHINGTON DC 20036	Purpose of Disbursement  1999 CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 1999 CONTRIBUTION	Date (month, day, year) 04/08/1999	Amount of Each Disbursement This Period 3000.00
COX FOR CONGRESS C/O NRCC 320 FIRST STREET, SE WASHINGTON DC 20003	Purpose of Disbursement (House - GA - 47) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 04/19/1999	Amount of Each Disbursement This Period 1000.00
DEGETTE FOR CONGRESS P.O. BOX 75214  WASHINGTON DC 20013	Purpose of Disbursement (House - CO - 1) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 04/05/1999	Amount of Each Disbursement This Period 1000.00
DINGELL FOR CONGRESS P.O. BOX 75214  WASHINGTON DC 20013-5214	Purpose of Disbursement (House - MI - 15) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 04/01/1999	Amount of Each Disbursement This Period 1000.00
DODD LITTLE FOR CONGRESS P.O. BOX 2776  ARLINGTON VA 22202	Purpose of Disbursement (House - CA - 4) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 04/01/1999	Amount of Each Disbursement This Period 1500.00

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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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	Date (month, day, year)	Amount of Each Disbursement This Period
DOOLITTLE FOR CONGRESS P.O. BOX 2778  ARLINGTON VA 22202	(House - CA - 4) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	04/26/1999	1500.00
DSCC 430 S CAPITOL ST SE  WASHINGTON DC 20003	PURPOSE OF DISBURSEMENT ORIGINALLY REPORTED 3/15/99 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : 99 CONTRIBUTION	04/01/1999 CHECK VOIDED 4/1/99	-7500.00
ESHOO FOR CONGRESS 555 BRYANT ST BOX 335 PALO ALTO CA 94301	(House - CA - 14) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	04/19/1999	1000.00
FRIENDS OF DAVE WELDON P.O. BOX 16021  ALEXANDRIA VA 22302	(House - FL - 15) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	04/05/1999	3500.00
FRIENDS OF NEWT GINGRICH PAC P.O. BOX 1030  ROSWELL GA 30077	1999 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : 99 CONTRIBUTION	04/18/1999	2000.00
FRIST 2000 4205 HILLSBORO RD SUITE 305 NASHVILLE TN 37215	(Senate - TN - ) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	04/19/1999	4000.00
GORTON FOR SENATE 10808 SE 18TH STREET  BELLEVUE WA 98004	(Senate - WA - ) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	04/01/1999	1000.00
HOLT FOR CONGRESS P.O. BOX 782  PENNINGTON NJ 08534	(House - NJ - 12) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	04/25/1999	500.00
HOYER FOR CONGRESS 7905 MALCOLM RD SUITE 102 CLINTON MD 20735	(House - MD - 5) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	04/28/1999	1000.00

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

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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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 - MO - 5) 2000 PRIMARY	Date (month, day, year)	Amount of Each Disbursement This Period
KAREN MCCARTHY FOR CONGRESS P.O. BOX 2884  WASHINGTON DC 20013	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	04/26/1999	500.00
LAZLO FOR CONGRESS P.O. BOX 2776  ARLINGTON VA 22202	Purpose of Disbursement (House - NY - 2) 2000 PRIMARY	Date (month, day, year) 04/19/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
LEWIS FOR CONGRESS P.O. BOX 247  REDLAND CA 92373	Purpose of Disbursement (House - CA - 40) 2000 PRIMARY	Date (month, day, year) 04/26/1999	Amount of Each Disbursement This Period 1500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
LUCILLE ROYBAL-ALLARD FOR CONGRESS P.O. BOX 2884  WASHINGTON DC 20013	Purpose of Disbursement (House - CA - 33) 2000 PRIMARY	Date (month, day, year) 04/28/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
LUTHER FOR CONGRESS 1399 GENEVA AVE, N SUITE 202 OAKDALE MN 55126	Purpose of Disbursement (House - MN - 6) 2000 PRIMARY	Date (month, day, year) 04/19/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
MCCOLLUM FOR CONGRESS 605 E ROBINSON ST #305  ORLANDO FL 32801	Purpose of Disbursement (House - FL - 8) ORIGINALLY REPORTED 3/15/99	Date (month, day, year) 04/14/1999	Amount of Each Disbursement This Period -3000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : 2000 PRIMARY	CHECK VOIDED 4/14/99	
MILLER FOR CONGRESS 2384 ROGUE RIVER DR  SACRAMENTO CA 95826	Purpose of Disbursement (House - CA - 41) 1998 GEN DEBT RETIREMENT	Date (month, day, year) 04/19/1999	Amount of Each Disbursement This Period 1500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
MILLER FOR CONGRESS 2384 ROGUE RIVER DR  SACRAMENTO CA 95826	Purpose of Disbursement (House - CA - 41) ORIGINALLY REPORTED 12/14/88	Date (month, day, year) 04/01/1999	Amount of Each Disbursement This Period -2000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : 98 GENL DEBT RETIRE	CHECK VOIDED 4/1/99	
NATIONAL LEADERSHIP PAC P.O. BOX 5577  NEW YORK NY 10027	Purpose of Disbursement  1999 CONTRIBUTION	Date (month, day, year) 04/26/1999	Amount of Each Disbursement This Period 5000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : 99 CONTRIBUTION		

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

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

<p><b>Full Name, Mailing Address, and ZIP Code</b> PORTER FOR CONGRESS P.O. BOX 7128  DEERFIELD IL 60015</p>	<p><b>Purpose of Disbursement</b> (House - IL - 10) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p><b>Date (month, day, year)</b> 04/19/1999</p>	<p><b>Amount of Each Disbursement This Period</b> 1000.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> RAMSTAD VOLUNTEER COMMITTEE 8100 PENN AVENUE SOUTH #104  BLOOMINGTON MN 55431</p>	<p><b>Purpose of Disbursement</b> (House - MN - 3) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p><b>Date (month, day, year)</b> 04/01/1999</p>	<p><b>Amount of Each Disbursement This Period</b> 2000.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> RANGEL FOR CONGRESS 40 W 135TH STREET  NEW YORK NY 10037</p>	<p><b>Purpose of Disbursement</b> (House - NY - 15) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p><b>Date (month, day, year)</b> 04/18/1999</p>	<p><b>Amount of Each Disbursement This Period</b> 4000.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> RANGEL FOR CONGRESS 40 W 135TH STREET  NEW YORK NY 10037</p>	<p><b>Purpose of Disbursement</b> (House - NY - 15) 2000 GENERAL  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p><b>Date (month, day, year)</b> 04/26/1999</p>	<p><b>Amount of Each Disbursement This Period</b> 5000.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> REPUBLICAN HOUSE/SENATE DINNER C/O PORTER 320 FIRST STREET, SE WASHINGTON DC 20003</p>	<p><b>Purpose of Disbursement</b>  1999 CONTRIBUTION  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : 1999 CONTRIBUTION</p>	<p><b>Date (month, day, year)</b> 04/01/1999</p>	<p><b>Amount of Each Disbursement This Period</b> 5000.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> ROS-LEHTINEN FOR CONGRESS 4451 BROOKFIELD CORPORATE PLAZA SUITE 200 CHANTILLY VA 20151</p>	<p><b>Purpose of Disbursement</b> (House - FL - 18) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p><b>Date (month, day, year)</b> 04/26/1999</p>	<p><b>Amount of Each Disbursement This Period</b> 500.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> ROTHMAN FOR CONGRESS 38 IVY STREET, SE  WASHINGTON DC 20003</p>	<p><b>Purpose of Disbursement</b> (House - NJ - 9) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p><b>Date (month, day, year)</b> 04/19/1999</p>	<p><b>Amount of Each Disbursement This Period</b> 5000.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> SHAW FOR CONGRESS P.O. BOX 2188  FT LAUDERDALE FL 33303</p>	<p><b>Purpose of Disbursement</b> (House - FL - 22) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p><b>Date (month, day, year)</b> 04/05/1999</p>	<p><b>Amount of Each Disbursement This Period</b> 2000.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> SHERMAN FOR CONGRESS 20929 VENTURA BLVD  WOODLAND HILLS CA 91364</p>	<p><b>Purpose of Disbursement</b> (House - CA - 24) 2000 PRIMARY  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p><b>Date (month, day, year)</b> 04/05/1999</p>	<p><b>Amount of Each Disbursement This Period</b> 2000.00</p>

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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

<b>Full Name, Mailing Address, and ZIP Code</b> SMITH FOR CONGRESS 27030 47TH STREET AVENUE, S  KENT WA 98032	Purpose of Disbursement (House - WA - 9) 2000 PRIMARY	Date (month, day, year) 04/19/1999	Amount of Each Disbursement This Period 2000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS CAMPAIGN COMMITTEE P.O. BOX 385  BAKERSFIELD CA 93302	Purpose of Disbursement (House - CA - 21) 2000 PRIMARY	Date (month, day, year) 04/05/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS CAMPAIGN COMMITTEE P.O. BOX 385  BAKERSFIELD CA 93302	Purpose of Disbursement (House - CA - 21)	Date (month, day, year) 04/06/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Full Name, Mailing Address, and ZIP Code</b> WELLER FOR CONGRESS 4451 BROOKFIELD CORPORATE DR SUITE 200 CHANTILLY VA 20151	Purpose of Disbursement (House - IL - 11) 2000 PRIMARY	Date (month, day, year) 04/19/1999	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>57000.00</b>

**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	Date (month, day, year)	Amount of Each Disbursement This Period
NORTHERN TRUST CO. 50 S. LASALLE  CHICAGO IL 60675	BANK CHARGE  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): BANK CHARGE	04/30/1999	1507.42

<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>1507.42</b>

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 5-10-99
<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>SLH</i> PREPARER	5-14-99 DATE PREPARED