

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

<p>Full Name, Mailing Address, and ZIP Code PORTER FOR CONGRESS P.O. BOX 7128 DEERFIELD IL 60015</p>	<p>Purpose of Disbursement (House - IL - 10) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 04/19/1999</p>	<p>Amount of Each Disbursement This Period 1000.00</p>
<p>Full Name, Mailing Address, and ZIP Code RAMSTAD VOLUNTEER COMMITTEE 8100 PENN AVENUE SOUTH #104 BLOOMINGTON MN 55431</p>	<p>Purpose of Disbursement (House - MN - 3) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 04/01/1999</p>	<p>Amount of Each Disbursement This Period 2000.00</p>
<p>Full Name, Mailing Address, and ZIP Code RANGEL FOR CONGRESS 40 W 135TH STREET NEW YORK NY 10037</p>	<p>Purpose of Disbursement (House - NY - 15) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 04/18/1999</p>	<p>Amount of Each Disbursement This Period 4000.00</p>
<p>Full Name, Mailing Address, and ZIP Code RANGEL FOR CONGRESS 40 W 135TH STREET NEW YORK NY 10037</p>	<p>Purpose of Disbursement (House - NY - 15) 2000 GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 04/26/1999</p>	<p>Amount of Each Disbursement This Period 5000.00</p>
<p>Full Name, Mailing Address, and ZIP Code REPUBLICAN HOUSE/SENATE DINNER C/O PORTER 320 FIRST STREET, SE WASHINGTON DC 20003</p>	<p>Purpose of Disbursement 1999 CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : 1999 CONTRIBUTION</p>	<p>Date (month, day, year) 04/01/1999</p>	<p>Amount of Each Disbursement This Period 5000.00</p>
<p>Full Name, Mailing Address, and ZIP Code ROS-LEHTINEN FOR CONGRESS 4451 BROOKFIELD CORPORATE PLAZA SUITE 200 CHANTILLY VA 20151</p>	<p>Purpose of Disbursement (House - FL - 18) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 04/26/1999</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>Full Name, Mailing Address, and ZIP Code ROTHMAN FOR CONGRESS 38 IVY STREET, SE WASHINGTON DC 20008</p>	<p>Purpose of Disbursement (House - NJ - 9) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 04/19/1999</p>	<p>Amount of Each Disbursement This Period 5000.00</p>
<p>Full Name, Mailing Address, and ZIP Code SHAW FOR CONGRESS P.O. BOX 2188 FT LAUDERDALE FL 33303</p>	<p>Purpose of Disbursement (House - FL - 22) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 04/05/1999</p>	<p>Amount of Each Disbursement This Period 2000.00</p>
<p>Full Name, Mailing Address, and ZIP Code SHERMAN FOR CONGRESS 20929 VENTURA BLVD WOODLAND HILLS CA 91364</p>	<p>Purpose of Disbursement (House - CA - 24) 2000 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 04/05/1999</p>	<p>Amount of Each Disbursement This Period 2000.00</p>

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)