

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AllCare Clinical Associates, PA Anesthesia WNC PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="2152.00"/>	<input type="text" value="2152.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13478.06"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7980.00"/>	<input type="text" value="22440.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="21458.06"/>	<input type="text" value="24592.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2051.94"/>	<input type="text" value="5185.88"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19406.12"/>	<input type="text" value="19406.12"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AllCare Clinical Associates, PA Anesthesia WNC PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7950.00	20550.00
(ii) Unitemized	30.00	1890.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7980.00	22440.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7980.00	22440.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	7980.00	22440.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7980.00	22440.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	136.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	136.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2051.94	5051.94
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	-3.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2051.94	5185.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2051.94	5185.88

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7980.00	22440.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7980.00	22440.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	136.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	136.94

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
AllCare Clinical Associates, PA Anesthesia WNC PAC

A. Dr. Sanjay K Anand
Full Name (Last, First, Middle Initial)
Mailing Address 110 Braeside Circle

City Asheville	State NC	Zip Code 28803
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FEC ID number of contributing federal political committee. **C**

Name of Employer AllCare Clinical Associates, P	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : SA11AI.4225

Amount of Each Receipt this Period

300.00

Payroll Deductions Semimonthly: \$50.00 per pay

B. Dr. Margaret D Bell
Full Name (Last, First, Middle Initial)
Mailing Address 245 Anne Street

City Rutherfordton	State NC	Zip Code 28139
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FEC ID number of contributing federal political committee. **C**

Name of Employer AllCare Clinical Associates, P	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : SA11AI.4226

Amount of Each Receipt this Period

300.00

Payroll Deductions Semimonthly: \$50.00 per pay

C. Dr. John T Bryant IV
Full Name (Last, First, Middle Initial)
Mailing Address 33 White Ash Drive

City Asheville	State NC	Zip Code 28803
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FEC ID number of contributing federal political committee. **C**

Name of Employer AllCare Clinical Associates, P	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : SA11AI.4227

Amount of Each Receipt this Period

150.00

Payroll Deductions Semimonthly: \$25.00 per pay

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AllCare Clinical Associates, PA Anesthesia WNC PAC

A. Dr. Ladd M Campbell
Full Name (Last, First, Middle Initial)
Mailing Address 174 Brucemont Circle

City Asheville	State NC	Zip Code 28806
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FEC ID number of contributing federal political committee. **C**

Name of Employer AllCare Clinical Associates, P	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : SA11AI.4228

Amount of Each Receipt this Period

300.00

Payroll Deductions Semimonthly: \$50.00 per pay

B. Guy Cavaliere
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 785

City Clarksville	State GA	Zip Code 30523
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FEC ID number of contributing federal political committee. **C**

Name of Employer AllCare Clinical Associates	Occupation Anesthesiologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : SA11AI.4229

Amount of Each Receipt this Period

150.00

Payroll Deductions Semimonthly: \$25.00 per pay

C. William Eby
Full Name (Last, First, Middle Initial)
Mailing Address 9 Cedar Chine

City Asheville	State NC	Zip Code 28803
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FEC ID number of contributing federal political committee. **C**

Name of Employer AllCare Clinical Associates, P	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : SA11AI.4230

Amount of Each Receipt this Period

300.00

Payroll Deductions Semimonthly: \$50.00 per pay

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AllCare Clinical Associates, PA Anesthesia WNC PAC

Full Name (Last, First, Middle Initial) A. Dr. Glen S Gettinger		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4231
Mailing Address 98 Camp Allis Road		Amount of Each Receipt this Period 300.00
City Asheville	State NC	Zip Code 28805
FEC ID number of contributing federal political committee. C		Payroll Deductions Semimonthly: \$50.00 per pay
Name of Employer AllCare Clinical Associates, P	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. Dr. Benjamin T Gravatt		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4232
Mailing Address 1552 Bear Creek Rd		Amount of Each Receipt this Period 150.00
City Leicester	State NC	Zip Code 28748
FEC ID number of contributing federal political committee. C		Payroll Deductions Semimonthly: \$25.00 per pay
Name of Employer AllCare Clinical Associates, P	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Dr. Diane Hanks		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4233
Mailing Address 34 Robinhood Rd.		Amount of Each Receipt this Period 300.00
City Asheville	State NC	Zip Code 28804
FEC ID number of contributing federal political committee. C		Payroll Deductions Semimonthly: \$50.00 per pay
Name of Employer AllCare Clinical Associates, P	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AllCare Clinical Associates, PA Anesthesia WNC PAC

A. Dr. Andrew P Hart
Full Name (Last, First, Middle Initial)
Mailing Address 60 Baird Street
City Asheville State NC Zip Code 28801
FEC ID number of contributing federal political committee. **C**
Name of Employer AllCare Clinical Associates, P Occupation Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1800.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : SA11AI.4234
Amount of Each Receipt this Period **600.00**
Payroll Deductions Semimonthly: \$100.00 per pay

B. Thomas Hill
Full Name (Last, First, Middle Initial)
Mailing Address 857 Hemlock Dr
City Newland State NC Zip Code 28657
FEC ID number of contributing federal political committee. **C**
Name of Employer AllCare Clinical Associates PA Occupation Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : SA11AI.4235
Amount of Each Receipt this Period **300.00**
Payroll Deductions Semimonthly: \$50.00 per pay

C. Dr. Randall R Joe
Full Name (Last, First, Middle Initial)
Mailing Address 14 Dianthus Drive
City Asheville State NC Zip Code 28803
FEC ID number of contributing federal political committee. **C**
Name of Employer AllCare Clinical Associates, P Occupation Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1800.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : SA11AI.4236
Amount of Each Receipt this Period **600.00**
Payroll Deductions Semimonthly: \$100.00 per pay

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AllCare Clinical Associates, PA Anesthesia WNC PAC

A. Dr. Brian Kane
Full Name (Last, First, Middle Initial)
Mailing Address 27 Thurland Ave
City Asheville State NC Zip Code 28803
FEC ID number of contributing federal political committee. **C**
Name of Employer AllCare Clinical Associates, P Occupation Anesthesiologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : SA11AI.4237
Amount of Each Receipt this Period **150.00**
Payroll Deductions Semimonthly: \$25.00 per pay

B. Dr. William S Kirkpatrick
Full Name (Last, First, Middle Initial)
Mailing Address 1090 Coxe Road
City Rutherfordton State NC Zip Code 28139
FEC ID number of contributing federal political committee. **C**
Name of Employer AllCare Clinical Associates, P Occupation Anesthesiologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : SA11AI.4238
Amount of Each Receipt this Period **300.00**
Payroll Deductions Semimonthly: \$50.00 per pay

C. Dr. Steven L Kovach
Full Name (Last, First, Middle Initial)
Mailing Address 175 Busbee Mtn Rd
City Asheville State NC Zip Code 28803
FEC ID number of contributing federal political committee. **C**
Name of Employer AllCare Clinical Associates, P Occupation Anesthesiologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : SA11AI.4239
Amount of Each Receipt this Period **300.00**
Payroll Deductions Semimonthly: \$50.00 per pay

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AllCare Clinical Associates, PA Anesthesia WNC PAC

A. Julia McKillen
Full Name (Last, First, Middle Initial)

Mailing Address 115 Ball Gap Road

City Arden State NC Zip Code 28704

FEC ID number of contributing federal political committee. **C**

Name of Employer AllCare Clinical Associates PA Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : SA11AI.4240

Amount of Each Receipt this Period **300.00**

Payroll Deductions Semimonthly: \$50.00 per pay

B. Dr. John Meyer
Full Name (Last, First, Middle Initial)

Mailing Address 51 Emmet Hollar

City Fairview State NC Zip Code 28730

FEC ID number of contributing federal political committee. **C**

Name of Employer AllCare Clinical Associates, P Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : SA11AI.4241

Amount of Each Receipt this Period **150.00**

Payroll Deductions Semimonthly: \$25.00 per pay

C. Dr. Frank H Moretz
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5244

City Asheville State NC Zip Code 28813

FEC ID number of contributing federal political committee. **C**

Name of Employer AllCare Clinical Associates, P Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : SA11AI.4242

Amount of Each Receipt this Period **300.00**

Payroll Deductions Semimonthly: \$50.00 per pay

SUBTOTAL of Receipts This Page (optional)..... **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AllCare Clinical Associates, PA Anesthesia WNC PAC

A. Dr. Thomas B Mulford
Full Name (Last, First, Middle Initial)
Mailing Address 25 Eastwood Road

City Asheville	State NC	Zip Code 28803
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FEC ID number of contributing federal political committee. **C**

Name of Employer AllCare Clinical Associates, P	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : SA11AI.4243

Amount of Each Receipt this Period
150.00

Payroll Deductions Semimonthly: \$25.00 per pay

B. Dr. Rodney V Pugh
Full Name (Last, First, Middle Initial)
Mailing Address 9 Deerfield Road

City Asheville	State NC	Zip Code 28803
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FEC ID number of contributing federal political committee. **C**

Name of Employer AllCare Clinical Associates, P	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : SA11AI.4244

Amount of Each Receipt this Period
300.00

Payroll Deductions Semimonthly: \$50.00 per pay

C. Dr. Kenneth J Sauve
Full Name (Last, First, Middle Initial)
Mailing Address 430 Chisholm Trail

City Rutherfordton	State NC	Zip Code 28139
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FEC ID number of contributing federal political committee. **C**

Name of Employer AllCare Clinical Associates, P	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : SA11AI.4245

Amount of Each Receipt this Period
300.00

Payroll Deductions Semimonthly: \$50.00 per pay

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AllCare Clinical Associates, PA Anesthesia WNC PAC

A. Dr. John M Smith III
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 640

City Candler	State NC	Zip Code 28715
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AllCare Clinical Associates, P	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2014

Transaction ID : SA11AI.4246

Amount of Each Receipt this Period

300.00

Payroll Deductions Semimonthly: \$50.00 per pay

B. Dr. David M Stanley
Full Name (Last, First, Middle Initial)
Mailing Address 16 Dayflower Drive

City Asheville	State NC	Zip Code 28803
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AllCare Clinical Associates, P	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2014

Transaction ID : SA11AI.4247

Amount of Each Receipt this Period

150.00

Payroll Deductions Semimonthly: \$25.00 per pay

C. Dr. Thomas E Stanley III
Full Name (Last, First, Middle Initial)
Mailing Address 24 Ashbrook Meadows

City Fletcher	State NC	Zip Code 28732
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AllCare Clinical Associates, P	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2014

Transaction ID : SA11AI.4248

Amount of Each Receipt this Period

150.00

Payroll Deductions Semimonthly: \$25.00 per pay

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AllCare Clinical Associates, PA Anesthesia WNC PAC

A. Dr. Bradley A Stone
Full Name (Last, First, Middle Initial)
Mailing Address 5 Cedar Chine
City Asheville State NC Zip Code 28803
FEC ID number of contributing federal political committee. **C**
Name of Employer AllCare Clinical Associates, P Occupation Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1800.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : SA11AI.4249
Amount of Each Receipt this Period **600.00**
Payroll Deductions Semimonthly: \$100.00 per pay

B. Dr. Frank Sutton Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 135 Courtland Ave
City Asheville State NC Zip Code 28801
FEC ID number of contributing federal political committee. **C**
Name of Employer AllCare Clinical Associates, P Occupation Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1800.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : SA11AI.4251
Amount of Each Receipt this Period **600.00**
Payroll Deductions Semimonthly: \$100.00 per pay

C. Dr. Nancy E Whatley
Full Name (Last, First, Middle Initial)
Mailing Address 10 Shamrock Hills Dr
City Fletcher State NC Zip Code 28732
FEC ID number of contributing federal political committee. **C**
Name of Employer AllCare Clinical Associates, P Occupation Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : SA11AI.4252
Amount of Each Receipt this Period **150.00**
Payroll Deductions Semimonthly: \$25.00 per pay

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	7950.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AllCare Clinical Associates, PA Anesthesia WNC PAC

Full Name (Last, First, Middle Initial)

A. Mr. Nathan Ramsey

Mailing Address 26 Ramsey Farm Rd

City Fairview State NC Zip Code 28730

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2014

Transaction ID : SB23.4260

Amount of Each Disbursement this Period

2051.94

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

2051.94

2051.94