

FEC
FORM 3XREPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

American Society of Anesthesiologists Political Action Committee (ASA PAC)

ADDRESS (number and street)

1061 American Lane

▼
 Check if different
than previously
reported. (ACC)

Schaumburg

IL

60173

-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

 C C002557523. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly
Report
Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11)
(Non-Election
Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
(Non-Election
Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the: General (30G) Runoff (30R) Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / 01

D D / 01

Y Y Y Y / 2026

through

M M / 01

D D / 31

Y Y Y Y / 2026

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

Manka, Mark, , ,

Signature of Treasurer

Manka, Mark, , ,

Date

M M / 02

D D / 11

Y Y Y Y / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
OnlyFEC FORM 3X
Rev. 05/2016

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Report Covering the Period: From:

M M
01D D
01Y Y Y Y Y
2026

To:

M M
01D D
31Y Y Y Y
2026**COLUMN A**
This Period**COLUMN B**
Calendar Year-to-Date

6. (a) Cash on Hand January 1,	Y Y Y Y Y 2026	813095.33
(b) Cash on Hand at Beginning of Reporting Period.....	813095.33	
(c) Total Receipts (from Line 19)	85678.69	85678.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	898774.02	898774.02
7. Total Disbursements (from Line 31).....	71951.86	71951.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	826822.16	826822.16
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Report Covering the Period: From:

M 01

D 01

Y 2026

To:

M 01

D 31

Y 2026

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).....	20569.98	20569.98
(ii) Unitemized	65108.71	65108.71
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....►	85678.69	85678.69
(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)	85678.69	85678.69
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))	85678.69	85678.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	85678.69	85678.69

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4431.86	4431.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4431.86	4431.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	67500.00	67500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	20.00	20.00
(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)).....	20.00	20.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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))..	71951.86	71951.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71951.86	71951.86

DETAILED SUMMARY PAGE
of Disbursements

Page 5

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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)	85678.69	85678.69
34. Total Contribution Refunds (from Line 28(d))	20.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	85658.69	85658.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4431.86	4431.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4431.86	4431.86

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		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)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Albert, Mazin, T.,		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>01</td><td></td><td></td><td>09</td><td></td><td></td><td>2026</td><td></td><td></td><td></td></tr></table> Transaction ID : 46EAB4DB5196C5FCD2F0	M	M	/	D	D	/	Y	Y	Y	Y	01			09			2026			
M	M	/	D	D	/	Y	Y	Y	Y													
01			09			2026																
Mailing Address 1061 American Lane		Amount of Each Receipt this Period 500.00																				
City Schaumburg State IL Zip Code 60173		<input type="checkbox"/> Memo Item																				
FEC ID number of contributing federal political committee. C																						
Name of Employer (for Individual) Mayo Clinic Arizona		Occupation (for Individual) Anesthesiologist																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"><tr><td>500.00</td></tr></table>	500.00																			
500.00																						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Andraous, Wesam, F.,		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>01</td><td></td><td></td><td>27</td><td></td><td></td><td>2026</td><td></td><td></td><td></td></tr></table> Transaction ID : 4DB7ACA4E0DE1B8E48D9	M	M	/	D	D	/	Y	Y	Y	Y	01			27			2026			
M	M	/	D	D	/	Y	Y	Y	Y													
01			27			2026																
Mailing Address 1061 American Lane		Amount of Each Receipt this Period 250.00																				
City Schaumburg State IL Zip Code 60173		<input type="checkbox"/> Memo Item																				
FEC ID number of contributing federal political committee. C																						
Name of Employer (for Individual) Stonybrook University Hospital ,SUNY		Occupation (for Individual) Attending																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"><tr><td>250.00</td></tr></table>	250.00																			
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Azocar, Ruben, J.,		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>01</td><td></td><td></td><td>19</td><td></td><td></td><td>2026</td><td></td><td></td><td></td></tr></table> Transaction ID : 402299663633B0CB728D	M	M	/	D	D	/	Y	Y	Y	Y	01			19			2026			
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01			19			2026																
Mailing Address 1061 American Lane		Amount of Each Receipt this Period 208.33																				
City Schaumburg State IL Zip Code 60173		<input type="checkbox"/> Memo Item																				
FEC ID number of contributing federal political committee. C																						
Name of Employer (for Individual) Beth Israel Deaconess MC		Occupation (for Individual) VP Perip services and anesthesiologis																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"><tr><td>208.33</td></tr></table>	208.33																			
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SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		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)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bollimpalli, SRinivas, S., ,		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>01</td><td></td><td></td><td>06</td><td></td><td></td><td>2026</td><td></td><td></td><td></td><td></td> </tr> </table> Transaction ID : 4A0DB618B46E14B1D88C	M	M	/	D	D	/	Y	Y	Y	Y	Y	01			06			2026				
M	M	/	D	D	/	Y	Y	Y	Y	Y														
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City Schaumburg State IL Zip Code 60173		<input type="checkbox"/> Memo Item																						
FEC ID number of contributing federal political committee. C																								
Name of Employer (for Individual) EVHC		Occupation (for Individual) Physician																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																					
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Broderick, Gearin, E., ,		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>01</td><td></td><td></td><td>27</td><td></td><td></td><td>2026</td><td></td><td></td><td></td><td></td> </tr> </table> Transaction ID : D1744152513640688933	M	M	/	D	D	/	Y	Y	Y	Y	Y	01			27			2026				
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City Schaumburg State IL Zip Code 60173		<input type="checkbox"/> Memo Item																						
FEC ID number of contributing federal political committee. C																								
Name of Employer (for Individual) Department of Veteran's Affairs		Occupation (for Individual) Anesthesiologist																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																					
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Butkiewicz, Kyle, J., ,		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>01</td><td></td><td></td><td>31</td><td></td><td></td><td>2026</td><td></td><td></td><td></td><td></td> </tr> </table> Transaction ID : 4425A6E87C9C598E49F0	M	M	/	D	D	/	Y	Y	Y	Y	Y	01			31			2026				
M	M	/	D	D	/	Y	Y	Y	Y	Y														
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Mailing Address 1061 American Lane		Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																					
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City Schaumburg State IL Zip Code 60173		<input type="checkbox"/> Memo Item																						
FEC ID number of contributing federal political committee. C																								
Name of Employer (for Individual) Mayo Clinic Arizona		Occupation (for Individual) Anesthesiologist																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																					
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TOTAL This Period (last page this line number only)..... ►		 <table border="1"> <tr> <td></td> </tr> </table>																						

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt		
A. Caramico, Lisa, ,		M M	/ D D	/ Y Y Y Y Y
Mailing Address 1061 American Lane		01	01	2026
City Schaumburg		State IL	Zip Code 60173	Transaction ID : 4AD5A239EB965671F22F
FEC ID number of contributing federal political committee.		300.00		
C				
Name of Employer (for Individual)		Occupation (for Individual)		
Yale University		anesthesiologist		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		300.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt		
B. Casey, Matthew, ,		M M	/ D D	/ Y Y Y Y Y
Mailing Address 1061 American Lane		01	15	2026
City Schaumburg		State IL	Zip Code 60173	
FEC ID number of contributing federal political committee.		208.33		
C				
Name of Employer (for Individual)		Occupation (for Individual)		
WAAI		Physician		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		208.33		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt		
C. Chiao, Franklin, ,		M M	/ D D	/ Y Y Y Y Y
Mailing Address 1061 American Lane		01	01	2026
City Schaumburg		State IL	Zip Code 60173	
FEC ID number of contributing federal political committee.		500.00		
C				
Name of Employer (for Individual)		Occupation (for Individual)		
Wmc		Doctor		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		500.00		
SUBTOTAL of Receipts This Page (optional).....		1008.33		
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Dombrowski, John, F.,		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>01</td><td></td><td></td><td>26</td><td></td><td></td><td>2026</td><td></td><td></td><td></td></tr></table> Transaction ID : 4450A5FB1004E348CF7E	M	M	/	D	D	/	Y	Y	Y	Y	01			26			2026			
M	M	/	D	D	/	Y	Y	Y	Y													
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Mailing Address 1061 American Lane		Amount of Each Receipt this Period <table border="1"><tr><td>500.00</td></tr></table>	500.00																			
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City Schaumburg State IL Zip Code 60173		Memo Item <table border="1"><tr><td></td></tr></table>																				
FEC ID number of contributing federal political committee. C																						
Name of Employer (for Individual) The Washington Pain Center		Occupation (for Individual) physician																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"><tr><td>500.00</td></tr></table>	500.00																			
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Eggen, Mark, A.,		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>01</td><td></td><td></td><td>15</td><td></td><td></td><td>2026</td><td></td><td></td><td></td></tr></table> Transaction ID : 43B0BAC5119664395C0C	M	M	/	D	D	/	Y	Y	Y	Y	01			15			2026			
M	M	/	D	D	/	Y	Y	Y	Y													
01			15			2026																
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City Schaumburg State IL Zip Code 60173		Memo Item <table border="1"><tr><td></td></tr></table>																				
FEC ID number of contributing federal political committee. C																						
Name of Employer (for Individual) Minglewood Anesthesia Services LLC		Occupation (for Individual) Physician																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Fuller, Scott, R.,		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>01</td><td></td><td></td><td>03</td><td></td><td></td><td>2026</td><td></td><td></td><td></td></tr></table> Transaction ID : 433397072513F5218207	M	M	/	D	D	/	Y	Y	Y	Y	01			03			2026			
M	M	/	D	D	/	Y	Y	Y	Y													
01			03			2026																
Mailing Address 1061 American Lane		Amount of Each Receipt this Period <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
City Schaumburg State IL Zip Code 60173		Memo Item <table border="1"><tr><td></td></tr></table>																				
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Name of Employer (for Individual) CCF Mercy Hospital		Occupation (for Individual) Anesthesiologist																				
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SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		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)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt		
A. Goodman, Mark, N.,		<input type="text"/> M / <input type="text"/> D / <input type="text"/> Y	<input type="text"/> M / <input type="text"/> D / <input type="text"/> Y	<input type="text"/> M / <input type="text"/> D / <input type="text"/> Y
Mailing Address 1061 American Lane		01	02	2026
City Schaumburg		State IL	Zip Code 60173	Transaction ID : 44618650F53E692D1592
FEC ID number of contributing federal political committee.		<input type="text"/> C		
Name of Employer (for Individual) Affiliated Anesthesiologists		Occupation (for Individual) Physician		
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B. Green, Ryan, B.,		<input type="text"/> M / <input type="text"/> D / <input type="text"/> Y	<input type="text"/> M / <input type="text"/> D / <input type="text"/> Y	<input type="text"/> M / <input type="text"/> D / <input type="text"/> Y
Mailing Address 1061 American Lane		01	04	2026
City Schaumburg		State IL	Zip Code 60173	Transaction ID : 4DC0847CAD1906264CF2
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Name of Employer (for Individual) CEP America		Occupation (for Individual) Anesthesiologist		
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt		
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SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 23

(check only one)

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13	14	15	16
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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 (ASA PAC)	
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Jenner, Kevin, S.,		Date of Receipt <table border="1"> <tr> <td>M M 01</td> <td>/</td> <td>D D 24</td> <td>/</td> <td>Y Y Y Y 2026</td> </tr> </table> Transaction ID : 450D8CC15F8884948D48	M M 01	/	D D 24	/	Y Y Y Y 2026
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Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00				
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Name of Employer (for Individual) USAP Colorado		Occupation (for Individual) Anesthesiologist					
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FEC ID number of contributing federal political committee. C							
Name of Employer (for Individual) Cleveland Clinic Foundation		Occupation (for Individual) Anesthesiologist					
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SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 23

(check only one)

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13	14	15	16
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Koyyalamudi, Veerandra, , ,			Date of Receipt <table border="1"> <tr> <td>M M M 01</td> <td>/</td> <td>D D D 31</td> <td>/</td> <td>Y Y Y Y Y 2026</td> </tr> </table> Transaction ID : 41318C053D2642E1B44C	M M M 01	/	D D D 31	/	Y Y Y Y Y 2026
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City Schaumburg		State IL	Zip Code 60173					
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SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 23

(check only one)

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13	14	15	16
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NAME OF COMMITTEE (In Full)	American Society of Anesthesiologists Political Action Committee (ASA PAC)	
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01			10			2026																		
Mailing Address 1061 American Lane		Transaction ID : 43DE90A45288D0138537																						
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Receipt For:		Aggregate Year-to-Date ▼																						
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01			21			2026																		
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Anesthesiologist Consultants Exchange		Anesthesiologist																						
Receipt For:		Aggregate Year-to-Date ▼																						
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01			05			2026																		
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City Schaumburg		State IL	Zip Code 60173	Amount of Each Receipt this Period																				
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Name of Employer (for Individual)		Occupation (for Individual)																						
Baylor Scott and White Med center, Tem		Anesthesiologist																						
Receipt For:		Aggregate Year-to-Date ▼																						
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SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 23

(check only one)

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NAME OF COMMITTEE (In Full)	American Society of Anesthesiologists Political Action Committee (ASA PAC)	
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01			17			2026																
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State IL		250.00																				
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Name of Employer (for Individual)		Occupation (for Individual)																				
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Receipt For:		Aggregate Year-to-Date ▼																				
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt																				
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01			20			2026																
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Name of Employer (for Individual)		Occupation (for Individual)																				
Hendrick Anesthesia Network		Physician																				
Receipt For:		Aggregate Year-to-Date ▼																				
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01			06			2026																
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Receipt For:		Aggregate Year-to-Date ▼																				
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SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 23

(check only one)

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Porter, Jason, ,		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>01</td><td></td><td></td><td>06</td><td></td><td></td><td>2026</td><td></td><td></td><td></td> </tr> </table> Transaction ID : 4DAD884CAAE99FA1C65F	M	M	/	D	D	/	Y	Y	Y	Y	01			06			2026			
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01			06			2026																
Mailing Address 1061 American Lane		Amount of Each Receipt this Period <table border="1"> <tr> <td>200.00</td> </tr> </table>	200.00																			
200.00																						
City Schaumburg State IL Zip Code 60173		<input type="checkbox"/> Memo Item																				
FEC ID number of contributing federal political committee. C																						
Name of Employer (for Individual) USAP Nevada		Occupation (for Individual) Anesthesiologist																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>325.00</td> </tr> </table>	325.00																			
325.00																						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sexton, Matthew, A., ,		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>01</td><td></td><td></td><td>06</td><td></td><td></td><td>2026</td><td></td><td></td><td></td> </tr> </table> Transaction ID : 49999378B66838338DF7	M	M	/	D	D	/	Y	Y	Y	Y	01			06			2026			
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01			06			2026																
Mailing Address 1061 American Lane		Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
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City Schaumburg State IL Zip Code 60173		<input type="checkbox"/> Memo Item																				
FEC ID number of contributing federal political committee. C																						
Name of Employer (for Individual) Pikeville Medical Center		Occupation (for Individual) Physician																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Shantha, Devendra, T., ,		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>01</td><td></td><td></td><td>01</td><td></td><td></td><td>2026</td><td></td><td></td><td></td> </tr> </table> Transaction ID : 4B06897781D6B365A48B	M	M	/	D	D	/	Y	Y	Y	Y	01			01			2026			
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City Schaumburg State IL Zip Code 60173		<input type="checkbox"/> Memo Item																				
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Name of Employer (for Individual) Self Employed		Occupation (for Individual) Physician																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1095.00</td> </tr> </table>	1095.00																			
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SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Sijansky, Kevin, , ,			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>01</td><td></td><td></td><td>24</td><td></td><td></td><td>2026</td><td></td><td></td><td></td><td></td> </tr> </table> Transaction ID : 471780713BD27A3CB093	M	M	/	D	D	/	Y	Y	Y	Y	Y	01			24			2026				
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Mailing Address 1061 American Lane			Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																					
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City Schaumburg		State IL	Zip Code 60173																						
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Name of Employer (for Individual) Anesthesia Consultants		Occupation (for Individual) Anesthesiologist																							
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Mailing Address 1061 American Lane			Amount of Each Receipt this Period <table border="1"> <tr> <td>208.33</td> </tr> </table>	208.33																					
208.33																									
City Schaumburg		State IL	Zip Code 60173																						
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item																						
Name of Employer (for Individual) Western Anesthesiology Associates, Inc		Occupation (for Individual) Physician Anesthesiologist																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>208.33</td> </tr> </table>		208.33																					
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Tavel, Heidi, A., , ,			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>01</td><td></td><td></td><td>31</td><td></td><td></td><td>2026</td><td></td><td></td><td></td><td></td> </tr> </table> Transaction ID : 4AC49301ED544BA8FC1E	M	M	/	D	D	/	Y	Y	Y	Y	Y	01			31			2026				
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Mailing Address 1061 American Lane			Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																					
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City Schaumburg		State IL	Zip Code 60173																						
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item																						
Name of Employer (for Individual) Banner		Occupation (for Individual) Anesthesiologist																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1083.33</td> </tr> </table>		1083.33																					
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SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt																						
A. Valencia, Miguel, A.,		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>01</td><td></td><td></td> <td>13</td><td></td><td></td> <td>2026</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	01			13			2026			
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01			13			2026																		
Mailing Address 1061 American Lane		Transaction ID : 4C6D8CBA4B16D46E623D																						
City Schaumburg		State IL	Zip Code 60173	Amount of Each Receipt this Period																				
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C	250.00																							
Name of Employer (for Individual)		Occupation (for Individual)																						
Vituity, John Muir Med Ctr		Anesthesiologist																						
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt																						
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01			31			2026																		
Mailing Address 1061 American Lane		Transaction ID : 4E9692A4115CDC1859B8																						
City Schaumburg		State IL	Zip Code 60173	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> <td colspan="4">500.00</td> </tr> </table>			C	500.00																		
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Deborah M. Vernasco MD		Anesthesiologist																						
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt																						
C. Wilhoit, Christopher, A.,		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>01</td><td></td><td></td> <td>01</td><td></td><td></td> <td>2026</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	01			01			2026			
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01			01			2026																		
Mailing Address 1061 American Lane		Transaction ID : 4479A7736A6303599A67																						
City Schaumburg		State IL	Zip Code 60173	Amount of Each Receipt this Period																				
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C	1000.00																							
Name of Employer (for Individual)		Occupation (for Individual)																						
Anesthesiology Associates of Tallahassee		Physician																						
Receipt For:		Aggregate Year-to-Date ▼																						
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SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Woods, Brian, , ,

Mailing Address 1061 American Lane

City
SchaumburgState
ILZip Code
60173FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NYCA

Occupation (for Individual)

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
01		15		2026

Transaction ID : 4CC790B49BBA8775AD2B

Amount of Each Receipt this Period

300.00

 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zucker, David, B., ,

Mailing Address 1061 American Lane

City
SchaumburgState
ILZip Code
60173FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ProMedica

Occupation (for Individual)

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
01		01		2026

Transaction ID : 426E8B2D4CB61F8AFBAB

Amount of Each Receipt this Period

1000.00

 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y

Amount of Each Receipt this Period

,	,	,	,	,	,	,
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 Memo Item

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

1300.00

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

20569.98

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)

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<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 19 OF 23

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address P.O. Box 6600

Date of Disbursement

<input type="checkbox"/> M	<input type="checkbox"/> M	/	<input type="checkbox"/> D	<input type="checkbox"/> D	/	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
01			02			2026			

City Hagerstown	State MD	Zip Code 21741
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Purpose of Disbursement

Merchant Credit Card Fees

001

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

2796.88

FEC Identification Number

C

Transaction ID : V4E09D9F24I

Amount of Each Disbursement this Period

2796.88

 Memo Item

Full Name (Last, First, Middle Initial)

B. First Data

Mailing Address P.O. Box 6600

Date of Disbursement

<input type="checkbox"/> M	<input type="checkbox"/> M	/	<input type="checkbox"/> D	<input type="checkbox"/> D	/	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
01			02			2026			

City Hagerstown	State MD	Zip Code 21741
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Purpose of Disbursement

Merchant Credit Card Fees

001

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

149.94

FEC Identification Number

C

Transaction ID : VC07A6EF22I

Amount of Each Disbursement this Period

149.94

 Memo Item

Full Name (Last, First, Middle Initial)

C. First Data

Mailing Address P.O. Box 6600

Date of Disbursement

<input type="checkbox"/> M	<input type="checkbox"/> M	/	<input type="checkbox"/> D	<input type="checkbox"/> D	/	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
01			05			2026			

City Hagerstown	State MD	Zip Code 21741
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Purpose of Disbursement

Merchant Credit Card Fees

001

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

382.35

FEC Identification Number

C

Transaction ID : VC354DF8AC

Amount of Each Disbursement this Period

382.35

 Memo Item

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

3329.17

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

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)

21b 22 23 26 27
 28a 28b 28c 29 30b

PAGE 20 OF 23

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address P.O. Box 6600

Date of Disbursement

M M / D D / Y Y Y Y Y
01 05 2026

City Hagerstown State MD Zip Code 21741

FEC Identification Number

C
Transaction ID : V6EF1E9FA4

Purpose of Disbursement

Merchant Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought: House

Senate

Disbursement For:

President

Primary

General

Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y Y

City State Zip Code

FEC Identification Number

C

Purpose of Disbursement

Amount of Each Disbursement this Period

1102.69

Candidate Name

Category/
Type

Office Sought: House

Senate

Disbursement For:

President

Primary

General

Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y Y

City State Zip Code

FEC Identification Number

C

Purpose of Disbursement

Amount of Each Disbursement this Period

1102.69

Candidate Name

Category/
Type

Office Sought: House

Senate

Disbursement For:

President

Primary

General

Other (specify) ▼

State: District:

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

1102.69

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

4431.86

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)

PAGE 22 OF 23

21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. DCCC

Mailing Address 430 S Capitol St SE
Fl 2

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement

2026 Contribution

Candidate Name

DCCC

Office Sought: House Disbursement For: 2026
 Senate Primary General
 President Other (specify) ▼
 Contribution

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 01 08 2026

FEC Identification Number

C C00000935

Transaction ID : 57DFD037169

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Louisiana Freedom Fund

Mailing Address 3157 Gentilly Blvd
2336

City New Orleans State LA Zip Code 70122-3872

Purpose of Disbursement

2026 Contribution

Candidate Name

Louisiana Freedom Fund

Office Sought: House Disbursement For: 2026
 Senate Primary General
 President Other (specify) ▼
 Contribution

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 01 08 2026

FEC Identification Number

C C00906263

Transaction ID : 4528D68F454

Amount of Each Disbursement this Period

50000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

60000.00

Memo Item

Office Sought: House Disbursement For:

Senate Primary General
 President Other (specify) ▼
 Contribution

State: District:

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

60000.00

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

67500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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 21b 22 23 26 27
 28a 28b 28c 29 30b

PAGE 23 OF 23

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Zundel, Michael, T., ,		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 01 06 2026	
Mailing Address 20795 Bridgetown Ct		FEC Identification Number	
City Brookfield		State WI	Zip Code 53045-3382
Purpose of Disbursement		<input type="checkbox"/> 010 Refund of 12/28/25 Contribution	
Candidate Name		Category/Type	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
State:	District:		
Full Name (Last, First, Middle Initial)		Amount of Each Disbursement this Period	
B.		<input type="text"/> 20.00	
Mailing Address		Memo Item	
City		State	Zip Code
Purpose of Disbursement		FEC Identification Number	
Candidate Name		<input type="checkbox"/> C Transaction ID : B2B607E984I	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
State:	District:	Amount of Each Disbursement this Period	
Full Name (Last, First, Middle Initial)		<input type="text"/>	
C.		Memo Item	
Mailing Address		Date of Disbursement	
City		State	Zip Code
Purpose of Disbursement		<input type="checkbox"/> C Date of Disbursement	
Candidate Name		FEC Identification Number	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
State:	District:	Amount of Each Disbursement this Period	
SUBTOTAL of Disbursements This Page (optional)..... ►		<input type="text"/> 20.00	
TOTAL This Period (last page this line number only)..... ►		<input type="text"/> 20.00	