

**FEC
FORM 3X****REPORT 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 C00255752

3. 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 M / D D D / Y Y 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 M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

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

through

M M M / D D D / Y Y Y Y Y Y
01 31 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 M / D D D / Y Y Y Y Y Y
02 11 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
Only**FEC 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:

MM / DD / YYYY
01 / 01 / 2026

To:

MM / DD / YYYY
01 / 31 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 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	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	6

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

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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	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

FEC Form 3X (Rev. 05/2016)

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)	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)

☒ 11a ☐ 11b ☐ 11c ☐ 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., ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mayo Clinic Arizona

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 09 / 2026

Transaction ID : 46EAB4DB5196C5FCD2F0

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Andraous, Wesam, F., ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stonybrook University Hospital ,SUNY

Occupation (for Individual)
Attending

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2026

Transaction ID : 4DB7ACA4E0DE1B8E48D9

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Azocar, Ruben, J., ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Beth Israel Deaconess MC

Occupation (for Individual)
VP Periop services and anesthesiologis

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.33

Date of Receipt

MM / DD / YYYY
01 / 19 / 2026

Transaction ID : 402299663633B0CB728D

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

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

958.33

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
<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)

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., ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EVHC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2026

Transaction ID : 4A0DB618B46E14B1D88C

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Broderick, Gearin, E., ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2026

Transaction ID : D1744152513640688933

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Butkiewicz, Kyle, J., ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mayo Clinic Arizona

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 31 / 2026

Transaction ID : 4425A6E87C9C598E49F0

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 23
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 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. Caramico, Lisa, A., ,

Mailing Address 1061 American Lane

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

C

Name of Employer (for Individual)
Yale UniversityOccupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 01 / 2026**Transaction ID : 4AD5A239EB965671F22F**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Casey, Matthew, , ,

Mailing Address 1061 American Lane

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

C

Name of Employer (for Individual)
WAAIOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 15 / 2026**Transaction ID : 469988EE504115BF3007**

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

C. Chiao, Franklin, , ,

Mailing Address 1061 American Lane

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

C

Name of Employer (for Individual)
WmcOccupation (for Individual)
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 01 / 2026**Transaction ID : 441EA1074317419E44A0**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1008.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 23
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 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., ,

Mailing Address 1061 American Lane

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

C

Name of Employer (for Individual)
The Washington Pain CenterOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 26 / 2026

Transaction ID : 4450A5FB1004E348CF7E

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Eggen, Mark, A., ,

Mailing Address 1061 American Lane

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

C

Name of Employer (for Individual)
Minglewood Anesthesia Services LLCOccupation (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 Y
01 / 15 / 2026

Transaction ID : 43B0BAC5119664395C0C

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Fuller, Scott, R., ,

Mailing Address 1061 American Lane

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

C

Name of Employer (for Individual)
CCF Mercy HospitalOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2026

Transaction ID : 433397072513F5218207

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 23
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 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. Goodman, Mark, N., ,

Mailing Address 1061 American Lane

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

C

Name of Employer (for Individual)
Affiliated AnesthesiologistsOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 02 / 2026

Transaction ID : 44618650F53E692D1592

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Green, Ryan, B., ,

Mailing Address 1061 American Lane

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

C

Name of Employer (for Individual)
CEP AmericaOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 04 / 2026

Transaction ID : 4DC0847CAD1906264CF2

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Harris, Ryan, D., ,

Mailing Address 1061 American Lane

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

C

Name of Employer (for Individual)
Northside Anesthesia ServicesOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 25 / 2026

Transaction ID : 4005A6BE756A77638081

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

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)
☒ 11a ☐ 11b ☐ 11c ☐ 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. Jenner, Kevin, S., ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CentraCare

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 24 / 2026

Transaction ID : 450D8CC15F8884948D48

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Kalhoefer, Eric, A., ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP Colorado

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

MM / DD / YYYY
01 / 01 / 2026

Transaction ID : 402B92B6ED3569BA25EE

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

C. Keshock, Maureen, , ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cleveland Clinic Foundation

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.33

Date of Receipt

MM / DD / YYYY
01 / 20 / 2026

Transaction ID : 45CBA293FF2A159F0E6A

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

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

1416.66

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)
☒ 11a ☐ 11b ☐ 11c ☐ 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. Koyyalamudi, Veerandra, , ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mayo Clinic

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 31 / 2026

Transaction ID : 41318C053D2642E1B44C

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Larsen, David, S, ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Oregon Health & Science University

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

01 / 25 / 2026

Transaction ID : 4C07B703C3F97B5E18DC

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Mappus, Elliott, , ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Elliott Mappus MD, PA

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2026

Transaction ID : 49BB8479AA4294CF1FAD

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1250.00

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)

<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)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. McConnell, Brian, A., ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthStar Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 10 / 2026

Transaction ID : 43DE90A45288D0138537

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Moore, Donald, A., ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiologist Consultants Exchange

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

MM / DD / YYYY
01 / 21 / 2026

Transaction ID : 49C4991D2C9C8D0432C6

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

C. Nikolaidis, Stavroula, I., ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor Scott and White Med center, Tem

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2026

Transaction ID : 41539D37E6D29DA656D5

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1208.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 23
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 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. Oladipupo, Oluwatosin, , ,

Mailing Address 1061 American Lane

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

C

Name of Employer (for Individual)
Rockdale Anestyhesia SpecialistOccupation (for Individual)
Anesthesiologist

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
01 / 17 / 2026**Transaction ID : 4E2FB611EC34455B1962**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Perry, Jeremie, J., ,

Mailing Address 1061 American Lane

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

C

Name of Employer (for Individual)
Hendrick Anesthesia NetworkOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 20 / 2026**Transaction ID : 4EB58FD6AAA1FD46AB37**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Porter, Jason, , ,

Mailing Address 1061 American Lane

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

C

Name of Employer (for Individual)
USAP NevadaOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 06 / 2026**Transaction ID : 4E70A80544AF7E4BCFE4**

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

675.00

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)

<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)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Porter, Jason, , ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP Nevada

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2026

Transaction ID : 4DAD884CAAE99FA1C65F

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Sexton, Matthew, A., ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pikeville Medical Center

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2026

Transaction ID : 49999378B66838338DF7

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Shantha, Devendra, T., ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

MM / DD / YYYY
01 / 01 / 2026

Transaction ID : 4B06897781D6B365A48B

Amount of Each Receipt this Period

1095.00

☐ Memo Item

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

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

2295.00

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)

☒ 11a ☐ 11b ☐ 11c ☐ 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, , ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Consultants

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 24 / 2026

Transaction ID : 471780713BD27A3CB093

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Smith, Stephen, R., ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western Anesthesiology Associates, Inc

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

MM / DD / YYYY
01 / 20 / 2026

Transaction ID : 4479A69A27DBC056B80D

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

C. Tavel, Heidi, A., ,

Mailing Address 1061 American Lane

City
Schaumburg

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Banner

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1083.33

Date of Receipt

MM / DD / YYYY
01 / 31 / 2026

Transaction ID : 4AC49301ED544BA8FC1E

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1708.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 23
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 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. Valencia, Miguel, A., ,

Mailing Address 1061 American Lane

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

C

Name of Employer (for Individual)

Vituity, John Muir Med Ctr

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2026**Transaction ID : 4C6D8CBA4B16D46E623D**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Vernasco, Deborah, M., ,

Mailing Address 1061 American Lane

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

C

Name of Employer (for Individual)

Deborah M. Vernasco MD

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2026**Transaction ID : 4E9692A4115CDC1859B8**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Wilhoit, Christopher, A., ,

Mailing Address 1061 American Lane

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

C

Name of Employer (for Individual)

Anesthesiology Associates of Tallahass

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 Y
01 / 01 / 2026**Transaction ID : 4479A7736A6303599A67**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 23
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 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)
NYCAOccupation (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 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)
ProMedicaOccupation (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 Y
01 / 01 / 2026**Transaction ID : 426E8B2DACB61F8AFBAB**

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 Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1300.00

20569.98

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 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. First Data

Mailing Address P.O. Box 6600

City
HagerstownState
MDZip Code
21741

Purpose of Disbursement

Merchant Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	2	6		

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

City
HagerstownState
MDZip Code
21741

Purpose of Disbursement

Merchant Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	2	6		

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

City
HagerstownState
MDZip Code
21741

Purpose of Disbursement

Merchant Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	2	6		

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 PageFOR LINE NUMBER:
(check only one)

PAGE 20 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. First Data

Mailing Address P.O. Box 6600

City
HagerstownState
MDZip Code
21741

Purpose of Disbursement

Merchant Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		0	5		2	0	2	6		

FEC Identification Number

C

Transaction ID : V6EF1E9FA4

Amount of Each Disbursement this Period

1102.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Cantwell Victory FundMailing Address 401 2nd Ave S
Ste 303City
SeattleState
WAZip Code
98104-2862

Purpose of Disbursement

2026 Contribution

Candidate Name

Cantwell Victory Fund

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

Contribution

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	4		2	0	2	6		

FEC Identification Number

C C00723189**Transaction ID : B147852BAB**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Washington State Democratic Central Committee

Mailing Address PO Box 4027

City
SeattleState
WAZip Code
98194-0027

Purpose of Disbursement

Allocation of JFC contribution

Candidate Name

Washington State Democratic Central Committee

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

Contribution

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	4		2	0	2	6		

FEC Identification Number

C C00114439**Transaction ID : B61BE3991E**

Amount of Each Disbursement this Period

2500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Climer For Congress

Mailing Address PO Box 4898

City
Rock HillState
SCZip Code
29732-6898

Purpose of Disbursement

2026 Primary

Candidate Name

Climer, Wes, , ,

Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: SC

District: 05

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8		2	0	2	6		

FEC Identification Number

C C00914408**Transaction ID : CBDE5DB42**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. DCCCMailing Address 430 S Capitol St SE
FI 2City
WashingtonState
DCZip Code
20003-4024

Purpose of Disbursement

2026 Contribution

Candidate Name

DCCC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

Contribution

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	6		

FEC Identification Number

C C00000935

Transaction ID : 57DFD037165

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Louisiana Freedom FundMailing Address 3157 Gentilly Blvd
2336City
New OrleansState
LAZip Code
70122-3872

Purpose of Disbursement

2026 Contribution

Candidate Name

Louisiana Freedom Fund

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

Contribution

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	6		

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

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) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60000.00

67500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

A. Zundel, Michael, T., ,

Mailing Address 20795 Bridgetown Ct

City
BrookfieldState
WIZip Code
53045-3382

Purpose of Disbursement

Refund of 12/28/25 Contribution

Candidate Name

010

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) ▼		

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		0	6		2	0	2	6		

FEC Identification Number

C

Transaction ID : B2B607E984I

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20.00

20.00