

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>		813095.33
(b) Cash on Hand at Beginning of Reporting Period.....	826822.16	
(c) Total Receipts (from Line 19)	80105.50	165784.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	906927.66	978879.52
7. Total Disbursements (from Line 31).....	173683.30	245635.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	733244.36	733244.36
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

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17162.97	37732.95
(ii) Unitemized	62942.53	128051.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	80105.50	165784.19
(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)	80105.50	165784.19
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)).....▶	80105.50	165784.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	80105.50	165784.19

DETAILED SUMMARY PAGE

of Disbursements

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	4503.30	8935.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4503.30	8935.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	149000.00	216500.00
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	180.00	200.00
(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)).....	180.00	200.00
29. Other Disbursements (Including Non-Federal Donations).....	20000.00	20000.00
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)) ..	173683.30	245635.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	173683.30	245635.16

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)	80105.50	165784.19
34. Total Contribution Refunds (from Line 28(d))	180.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	79925.50	165584.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4503.30	8935.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4503.30	8935.16

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee (ASA PAC)

A. Agarwal, Rita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Stanford University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 28 / 2026
Transaction ID : 4F0AB7AE540457EE2B
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Azocar, Ruben, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 416.66

Date of Receipt 02 / 19 / 2026
Transaction ID : 4149A92487C604472EF3
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Brull, Sorin, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 23 / 2026
Transaction ID : 3AA85639A0DF44BC9128
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	428.33
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee (ASA PAC)

A. Brull, Sorin, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 23 / 2026
Transaction ID : 8442D04E4D174A4CBBD7
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Brull, Sorin, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 23 / 2026
Transaction ID : 9E3E0B442D20461FABA8
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Casey, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) WAAI Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt 02 / 15 / 2026
Transaction ID : 411DBD33030760682700
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	408.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 37
	<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)

A. Cattano, Davide, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) UTHEALTH Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 27 / 2026
Transaction ID : 4DF38026EE4B12847A02
 Amount of Each Receipt this Period 105.00
 Memo Item

B. Daahir, Christian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 University Medical Center Occupation (for Individual) Attending Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 24 / 2026
Transaction ID : 41E1A3000CEC448742A1
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Dunn, Mark, H., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Orthopedic Associates at Muskegon Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2026
Transaction ID : 4E60B0761164121EDFDB
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	855.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)

A. Dunn, Mark, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Orthopedic Associates at Muskegon Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2026
Transaction ID : FBDFC92847724792953D
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ebede, Kenechi, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Thomas Jefferson University Hospital Occupation (for Individual) Clinical Assistant Professor - Anesthe
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2026
Transaction ID : 42DCA4F2B7563BA64C1D
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Gessner, Maxwell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Sanford Health Bemidji Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 02 / 27 / 2026
Transaction ID : 1360FBCFDD1B487ABEC9
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2875.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 37
<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)

A. Gessner, Maxwell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Sanford Health Bemidji Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 02 / 27 / 2026
Transaction ID : C255A9ACF73844619391
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Gessner, Maxwell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Sanford Health Bemidji Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 02 / 27 / 2026
Transaction ID : 4E0FA573B099FD2CE8BE
 Amount of Each Receipt this Period 2500.00
 Memo Item
 Excessive contribution to be refunded March 2, 2026

C. Getachew, Yohannes, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Pediatric Anesthesiology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 08 / 2026
Transaction ID : 4B1DBD03A29E142F86FB
 Amount of Each Receipt this Period 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee (ASA PAC)

A. Girgiss, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Cedars Sinai Medical Sinai Occupation (for Individual) Anesthesia resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2026
Transaction ID : 677C070517D24328B10C
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Girgiss, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Cedars Sinai Medical Sinai Occupation (for Individual) Anesthesia resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2026
Transaction ID : 87089119F61B4EE08701
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Girgiss, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Cedars Sinai Medical Sinai Occupation (for Individual) Anesthesia resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2026
Transaction ID : A7DA58992A5446078E1B
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee (ASA PAC)

A. Girgiss, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Cedars Sinai Medical Sinai Occupation (for Individual) Anesthesia resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 26 / 2026
Transaction ID : 4732902284BB6B8AA98C
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Haney, Jeremy, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) OU Health Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.66

Date of Receipt 02 / 15 / 2026
Transaction ID : 430A894E427FB525736E
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Haney, Jeremy, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) OU Health Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 266.66

Date of Receipt 02 / 15 / 2026
Transaction ID : 408DA0DF6E21D5CF13DE
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	283.33
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee (ASA PAC)

A. Idowu, Tehecia, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) MD Anderson Cancer Center Occupation (for Individual) physician
 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
 02 / 13 / 2026
Transaction ID : 4B19A0A4530EBD21C05B
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Johnson, Jodie, Lynn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Northside Anesthesia Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2026
Transaction ID : 4535BB8E753A481B55DC
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Keshock, Maureen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 416.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2026
Transaction ID : 464D91A903C67CD0B1B6
 Amount of Each Receipt this Period
 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	533.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)

A. Lacombe, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Woodland Anesthesiology Occupation (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
 02 / 15 / 2026
Transaction ID : 408D8E6953A53EAA79EE
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Larsen, David, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2026
Transaction ID : 4D0C9142B4CD8A26741C
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. McDade, William, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) ACGME Occupation (for Individual) Chief DEI Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2026
Transaction ID : 072EAA9F1140408C860A
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 37
<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. McDade, William, 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) ACGME	Occupation (for Individual) Chief DEI Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2026

Transaction ID : 0776AC87C98C434E8E0B

Amount of Each Receipt this Period
1000.00

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 ▼
416.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2026

Transaction ID : 47ED98638F24CCB67E2C

Amount of Each Receipt this Period
208.33

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Oladipupo, Oluwatosin, , ,

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) Rockdale Anestyhesia Specialist	Occupation (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
 02 / 17 / 2026

Transaction ID : 440F98198073DFC1BCF6

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1458.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. Paticoff, Joshua, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Seven Hills Anesthesia Occupation (for Individual) Anesthesiologist (M.D.)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2026
Transaction ID : 46C8AAEFAD51E0C1BE83
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Perry, Jeremie, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hendrick Anesthesia Network Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 20 / 2026
Transaction ID : 436ABF32986C8007177E
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Phillips, Mark, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) UAB Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 02 / 15 / 2026
Transaction ID : 4753BCF62212103A8A20
 Amount of Each Receipt this Period 166.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	966.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)

A. Porter, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 450.00

Date of Receipt 02 / 06 / 2026
Transaction ID : 4338A8F0463C922D1EC1
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Przkora, Rene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) University of Florida Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 02 / 28 / 2026
Transaction ID : 4FCAAD76FB887C269102
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Rodriguez Alfonso, Luis, Ignacio, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Nicklaus Childrens Health System Occupation (for Individual) Pediatric Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 02 / 26 / 2026
Transaction ID : 4FDCB57B24555B10C131
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	959.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 37
<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)

A. Rosenfeld, David, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 03 / 2026
Transaction ID : 4EDA896C3869E003DBEC
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Satterly, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) WAAI Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.33

Date of Receipt 02 / 23 / 2026
Transaction ID : 4189B208511180D9A86E
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Smith, Stephen, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 416.66

Date of Receipt 02 / 20 / 2026
Transaction ID : 4653B0C01A4833E3F737
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	492.33
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 37
<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)

A. Tauriello, Carin, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Ambulatory medical anesthesia services Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 09 / 2026
Transaction ID : 4020A9A0356642134725
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Tavel, Heidi, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 1166.66

Date of Receipt 02 / 02 / 2026
Transaction ID : 40DF97B5FD864510AC15
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Valencia, Miguel, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Vituity, John Muir Med Ctr Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 13 / 2026
Transaction ID : 4E59B9A82DFAFC7A8CAC
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	633.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 37
	<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)

A. Wallace, Austin, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 28 / 2026
Transaction ID : 497982CB5E011F4D48D2
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Wallace, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) The CORE Institute Occupation (for Individual) Pain management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 26 / 2026
Transaction ID : 4B41B4D8688A2CA50646
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Wetzell, Lindsay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Seven Hills Anesthesia Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2026
Transaction ID : 474483D603DAF3D0A98B
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	17162.97

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. First Data

Mailing Address P.O. Box 6600

City
Hagerstown

State
MD

Zip Code
21741

Purpose of Disbursement
Merchant Credit Card Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [Redacted]

Transaction ID : V84B4599F1c

Amount of Each Disbursement this Period

[Redacted] 2944.14

Memo Item

Full Name (Last, First, Middle Initial)

B. First Data

Mailing Address P.O. Box 6600

City
Hagerstown

State
MD

Zip Code
21741

Purpose of Disbursement
Merchant Credit Card Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [Redacted]

Transaction ID : VB6C3B6299I

Amount of Each Disbursement this Period

[Redacted] 149.94

Memo Item

Full Name (Last, First, Middle Initial)

C. First Data

Mailing Address P.O. Box 6600

City
Hagerstown

State
MD

Zip Code
21741

Purpose of Disbursement
Merchant Credit Card Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [Redacted]

Transaction ID : V1C2C90118

Amount of Each Disbursement this Period

[Redacted] 377.65

Memo Item

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

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

[Redacted] 3471.73

[Redacted]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. First Data

Mailing Address P.O. Box 6600

City
Hagerstown

State
MD

Zip Code
21741

Purpose of Disbursement
Merchant Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

Transaction ID : V6652B15154

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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)

<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. Aaron Bean For Congress

Mailing Address 2640A MITCHAM DRIVE

City
TALLAHASSEE

State
FL

Zip Code
32308

Purpose of Disbursement
2026 General

011

Candidate Name

Bean, Aaron, . .

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: FL District: 04

Date of Disbursement

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

FEC Identification Number

C C00816983

Transaction ID : 75A1941FDF

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Aaron Bean For Congress

Mailing Address 2640A MITCHAM DRIVE

City
TALLAHASSEE

State
FL

Zip Code
32308

Purpose of Disbursement
2026 Primary

011

Candidate Name

Bean, Aaron, . .

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: FL District: 04

Date of Disbursement

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

FEC Identification Number

C C00816983

Transaction ID : C8BA0AE8B6

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Aaron Bean For Congress

Mailing Address 2640A MITCHAM DRIVE

City
TALLAHASSEE

State
FL

Zip Code
32308

Purpose of Disbursement
2026 General

011

Candidate Name

Bean, Aaron, . .

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: FL District: 04

Date of Disbursement

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

FEC Identification Number

C C00816983

Transaction ID : 30BD07523C

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5000.00

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)

<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. Andy Harris For Congress

Mailing Address PO Box 6

City
Cambridge

State
MD

Zip Code
21613-0006

Purpose of Disbursement
2026 General

011

Candidate Name

Harris, Andy, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	11	/	2026

FEC Identification Number

C C00435974

Transaction ID : DB677FCEC7

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Beth Van Duyne For Congress

Mailing Address PO Box 630167

City
Irving

State
TX

Zip Code
75063-0113

Purpose of Disbursement
2026 General

011

Candidate Name

Van Duyne, Beth, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: TX District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	11	/	2026

FEC Identification Number

C C00714865

Transaction ID : 280999E7B80

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Brian Fitzpatrick For All Of Us

Mailing Address PO Box 939

City
Langhorne

State
PA

Zip Code
19047-0939

Purpose of Disbursement
2026 General

011

Candidate Name

Fitzpatrick, Brian, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: PA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	05	/	2026

FEC Identification Number

C C00607416

Transaction ID : 7448C9C5F0

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Brittany Pettersen For Colorado

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2026

Mailing Address PO Box 150887

City Lakewood	State CO	Zip Code 80215-0887
------------------	-------------	------------------------

FEC Identification Number

C C00637215

Transaction ID : 4641B727907

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement
2026 General

011

Category/
Type

Candidate Name

Pettersen, Brittany, . .

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: CO District: 07

Full Name (Last, First, Middle Initial)

B. Carey For Congress

Date of Disbursement

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

Mailing Address PO Box 16032

City Columbus	State OH	Zip Code 43216-6032
------------------	-------------	------------------------

FEC Identification Number

C C00779603

Transaction ID : 32162E150C2

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement
2026 Primary

011

Category/
Type

Candidate Name

Carey, Mike, . .

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: OH District: 15

Full Name (Last, First, Middle Initial)

C. Carey For Congress

Date of Disbursement

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

Mailing Address PO Box 16032

City Columbus	State OH	Zip Code 43216-6032
------------------	-------------	------------------------

FEC Identification Number

C C00779603

Transaction ID : 5FEDA54FB5

Amount of Each Disbursement this Period

1500.00

Memo Item

Purpose of Disbursement
2026 General

011

Category/
Type

Candidate Name

Carey, Mike, . .

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: OH District: 15

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

5000.00

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)

<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. Carol For Congress

Mailing Address 228 S Washington St
Ste 115

City
Alexandria

State
VA

Zip Code
22314-5404

Purpose of Disbursement
2026 Primary

011

Category/
Type

Candidate Name

Miller, Carol, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

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

FEC Identification Number

C C00653220

Transaction ID : 9BA1391930E

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. Conservative & Republican Together Equals Results PAC

Mailing Address 317 15th St NE

City
Washington

State
DC

Zip Code
20002-6501

Purpose of Disbursement
2026 Contribution

011

Category/
Type

Candidate Name

Conservative & Republican Together Equals Results PAC

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

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

FEC Identification Number

C C00427401

Transaction ID : BAB4923749E

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. Conservative Future Fund

Mailing Address 421 Office Park Dr

City
Mountain Brk

State
AL

Zip Code
35223-2411

Purpose of Disbursement
2026 Contribution

011

Category/
Type

Candidate Name

Conservative Future Fund

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

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

FEC Identification Number

C C00878264

Transaction ID : 129C2A94F4

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

Memo Item

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

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

3	6	0	0	0	0	0	0	0	0

3	6	0	0	0	0	0	0	0	0

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Dr John Joyce For Congress

Mailing Address 1002 Logan Blvd
Ste 114

City Altoona

State PA

Zip Code 16602-4067

Purpose of Disbursement
2026 General

011

Candidate Name

Joyce, John, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

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

FEC Identification Number

C C00674259

Transaction ID : 6F23C82A997

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. Richard Pan For Congress

Mailing Address 2701 Del Paso Rd
Ste 130

City Sacramento

State CA

Zip Code 95835-2306

Purpose of Disbursement
2026 Primary

011

Candidate Name

Pan, Richard, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: CA District: 06

Date of Disbursement

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

FEC Identification Number

C C00923193

Transaction ID : 1FC92E69E2C

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. Free State PAC

Mailing Address PO Box 118

City Courtland

State KS

Zip Code 66939-0118

Purpose of Disbursement
2026 Contribution

011

Candidate Name

Free State PAC

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

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

FEC Identification Number

C C00455717

Transaction ID : 2CC56433B4

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

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

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

8	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Friends of Rosa DeLauro

Mailing Address 340 ORANGE STREET

City
NEW HAVEN

State
CT

Zip Code
06511-6425

Purpose of Disbursement
2026 Convention

011

Category/
Type

Candidate Name

DeLauro, Rosa, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) **Convention**

State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	05	/	2026

FEC Identification Number

C C00238865

Transaction ID : DA747951B0I

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Frontera Vision PAC

Mailing Address 600 Pennsylvania Ave SE
Unit 15180

City
Washington

State
DC

Zip Code
20003-7508

Purpose of Disbursement
2026 Contribution

011

Category/
Type

Candidate Name

Frontera Vision PAC

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	11	/	2026

FEC Identification Number

C C00677708

Transaction ID : 8C54391145C

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Gillen For Ny

Mailing Address PO Box 774

City
Rockville Centre

State
NY

Zip Code
11571-0774

Purpose of Disbursement
2026 General

011

Category/
Type

Candidate Name

Gillen, Laura, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) **General**

State: NY District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	11	/	2026

FEC Identification Number

C C00840165

Transaction ID : 41F5BFF12E

Amount of Each Disbursement this Period

5000.00

Memo Item

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

9000.00

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

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Hageman For Wyoming

Mailing Address PO Box 4157

City
Cheyenne

State
WY

Zip Code
82003-4157

Purpose of Disbursement
2026 Primary

011

Candidate Name

Hageman, Harriet, , ,

Category/
Type

Office Sought: House
 Senate
 President

State: WY District:

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C C00788943

Transaction ID : 6C8EF564BD

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Huffman For Congress

Mailing Address PO Box 664

City
Petaluma

State
CA

Zip Code
94953-0664

Purpose of Disbursement
2026 Primary

011

Candidate Name

Huffman, Jared, , ,

Category/
Type

Office Sought: House
 Senate
 President

State: CA District: 02

Disbursement For: 2026
 Primary General
 Other (specify)

Date of Disbursement

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

FEC Identification Number

C C00536680

Transaction ID : D1CD5D55AC

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. John Carter For Congress

Mailing Address 200 UNIV. OAKS BLVD, STE 225 #130

City
ROUND ROCK

State
TX

Zip Code
78665

Purpose of Disbursement
2026 General

011

Candidate Name

Carter, John, , ,

Category/
Type

Office Sought: House
 Senate
 President

State: TX District: 31

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C C00371203

Transaction ID : 575C5CAAB!

Amount of Each Disbursement this Period

5000.00

Memo Item

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

11000.00

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)

<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. Kansans For Marshall

Mailing Address PO Box 1588

City
Great Bend

State
KS

Zip Code
67530-1588

Purpose of Disbursement
2026 General

011

Category/
Type

Candidate Name

Marshall, Roger, . .

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify) ▼

State: KS

District:

Date of Disbursement

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

FEC Identification Number

C C00576173

Transaction ID : 12AB60F5EA

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kansas Republican Party

Mailing Address PO Box 14004

City
Lenexa

State
KS

Zip Code
66285-4004

Purpose of Disbursement
2026 Contribution

011

Category/
Type

Candidate Name

Kansas Republican Party

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify) Contribution

State:

District:

Date of Disbursement

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

FEC Identification Number

C C00004606

Transaction ID : 86130257190I

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kat For Congress

Mailing Address 5200 NW 43rd St
Ste 102

City
Gainesville

State
FL

Zip Code
32606-4486

Purpose of Disbursement
2026 Primary

011

Category/
Type

Candidate Name

Cammack, Kat, . .

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify) ▼

State: FL

District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2026

FEC Identification Number

C C00730895

Transaction ID : 1598C0FC40

Amount of Each Disbursement this Period

1500.00

Memo Item

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

11500.00

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)

<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. Lance Gooden For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	11	/	2026

Mailing Address PO Box 2125

City Terrell	State TX	Zip Code 75160-0037
-----------------	-------------	------------------------

FEC Identification Number

C	C00662601
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Purpose of Disbursement 2026 Primary	Category/ Type 011
---	--------------------------

Transaction ID : 590AC120CA

Candidate Name

Amount of Each Disbursement this Period

Gooden, Lance, , ,

1500.00

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: TX District: 05	

Memo Item

Full Name (Last, First, Middle Initial)

B. McCollum For Congress

Date of Disbursement

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

Mailing Address PO Box 14131

City Saint Paul	State MN	Zip Code 55114-0131
--------------------	-------------	------------------------

FEC Identification Number

C	C00354688
---	-----------

Purpose of Disbursement 2026 General	Category/ Type 011
---	--------------------------

Transaction ID : 955D7B638E9

Candidate Name

Amount of Each Disbursement this Period

McCollum, Betty, , ,

5000.00

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 04	

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Bost For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	18	/	2026

Mailing Address PO Box 1212

City Murphysboro	State IL	Zip Code 62966-1212
---------------------	-------------	------------------------

FEC Identification Number

C	C00546499
---	-----------

Purpose of Disbursement 2026 Primary	Category/ Type 011
---	--------------------------

Transaction ID : 38065D3DE7

Candidate Name

Amount of Each Disbursement this Period

Bost, Mike, , ,

2500.00

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: IL District: 12	

Memo Item

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

9000.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Mike Kennedy For Utah

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2026

Mailing Address 55 N Merchant St
Unit 1324

City American Fork State UT Zip Code 84003-7052

FEC Identification Number

C	C00864488
Transaction ID : E2509004A1/	
Amount of Each Disbursement this Period	
1500.00	

Purpose of Disbursement
2026 General

011
Category/ Type

Candidate Name
Kennedy, Mike, , ,

Office Sought: House Senate President
 Disbursement For: 2026 Primary General Other (specify) ▼
 State: UT District: 03

Memo Item

Full Name (Last, First, Middle Initial)

B. Miller-Meeks For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2026

Mailing Address PO Box 33

City Ottumwa State IA Zip Code 52501-0033

FEC Identification Number

C	C00558825
Transaction ID : ED AFC8181E	
Amount of Each Disbursement this Period	
1000.00	

Purpose of Disbursement
2026 General

011
Category/ Type

Candidate Name
Miller-Meeks, Mariannette, , ,

Office Sought: House Senate President
 Disbursement For: 2026 Primary General Other (specify) ▼
 State: IA District: 01

Memo Item

Full Name (Last, First, Middle Initial)

C. Morgan Griffith For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2026

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068-0361

FEC Identification Number

C	C00477240
Transaction ID : 5E2C07A647	
Amount of Each Disbursement this Period	
2500.00	

Purpose of Disbursement
2026 Primary

011
Category/ Type

Candidate Name
Griffith, Morgan, , ,

Office Sought: House Senate President
 Disbursement For: 2026 Primary General Other (specify) ▼
 State: VA District: 09

Memo Item

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

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

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Pete Sessions For Congress

Mailing Address PO Box 7754

City
Waco

State
TX

Zip Code
76714-7754

Purpose of Disbursement
2026 Primary

011

Category/
Type

Candidate Name

Sessions, Pete, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

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

FEC Identification Number

C C00303305

Transaction ID : 9B68E88F65c

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Reviving American Jobs Again PAC

Mailing Address PO Box 68412

City
Schaumburg

State
IL

Zip Code
60168-0412

Purpose of Disbursement
2026 Contribution

011

Category/
Type

Candidate Name

Reviving American Jobs Again PAC

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

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

FEC Identification Number

C C00649772

Transaction ID : 4D37AF4A16I

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Rob For Pa

Mailing Address 11 Dock St
Unit 971

City
Pittston

State
PA

Zip Code
18640-6228

Purpose of Disbursement
2026 Primary

011

Category/
Type

Candidate Name

Bresnahan, Rob, , , Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

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

FEC Identification Number

C C00852137

Transaction ID : 2BACE26A2;

Amount of Each Disbursement this Period

1500.00

Memo Item

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

9000.00

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)

<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. Rolling Sea Action Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2026

Mailing Address 80 M St SE
Care of Kalik and Associates Inc,

FEC Identification Number

C	C00844530
---	-----------

Transaction ID : 1801177C594

Amount of Each Disbursement this Period

20000.00

Memo Item

City Washington State DC Zip Code 20003-5164

Purpose of Disbursement 2026 Contribution
Candidate Name Rolling Sea Action Fund
Category/Type 011

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

Full Name (Last, First, Middle Initial)

B. Ron Estes For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2026

Mailing Address PO Box 782952

FEC Identification Number

C	C00632067
---	-----------

Transaction ID : B26D1938056

Amount of Each Disbursement this Period

1000.00

Memo Item

City Wichita State KS Zip Code 67278-2952

Purpose of Disbursement 2026 General
Candidate Name Estes, Ron, , ,
Category/Type 011

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

Full Name (Last, First, Middle Initial)

C. Serving Our Country (SOC) PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		11		2026

Mailing Address 226 E Canon Perdido St
Ste D

FEC Identification Number

C	C00656132
---	-----------

Transaction ID : 93BB2DE30E

Amount of Each Disbursement this Period

3000.00

Memo Item

City Santa Barbara State CA Zip Code 93101-2255

Purpose of Disbursement 2026 Contribution
Candidate Name Serving Our Country (SOC) PAC
Category/Type 011

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

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

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

24000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Ted Lieu For Congress

Mailing Address 445 S Figueroa St
Ste 2600

City
Los Angeles

State
CA

Zip Code
90071-1630

Purpose of Disbursement
2026 Primary

011

Category/
Type

Candidate Name

Lieu, Ted, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

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

FEC Identification Number

C C00556506

Transaction ID : D0AEB4522

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Texans For Henry Cuellar Congressional Campaign

Mailing Address PO Box 6147

City
Laredo

State
TX

Zip Code
78042-6147

Purpose of Disbursement
2026 Primary

011

Category/
Type

Candidate Name

Cuellar, Henry, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: TX District: 28

Date of Disbursement

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

FEC Identification Number

C C00371302

Transaction ID : F989AC4DD0

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Troy Carter For Congress

Mailing Address PO Box 50730

City
New Orleans

State
LA

Zip Code
70150-0730

Purpose of Disbursement
2026 Primary

011

Category/
Type

Candidate Name

Carter, Troy, , , Sr.

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: LA District: 02

Date of Disbursement

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

FEC Identification Number

C C00763649

Transaction ID : 2DFEE7071

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Weber For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		11		2026

Mailing Address 133 N Friendswood Dr
353

City Friendswood State TX Zip Code 77546-3746

FEC Identification Number

C	C00502229
---	-----------

Transaction ID : 3476524771D

Amount of Each Disbursement this Period

1500.00

Memo Item

Purpose of Disbursement
2026 Primary

011
Category/ Type

Candidate Name

Weber, Randy, , , Sr.

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: TX District: 14

Full Name (Last, First, Middle Initial)

B. William Timmons For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2026

Mailing Address PO Box 3416

City Greenville State SC Zip Code 29602-3416

FEC Identification Number

C	C00668491
---	-----------

Transaction ID : 87A01BE74DI

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement
2026 Primary

011
Category/ Type

Candidate Name

Timmons, William, , , IV

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: SC District: 04

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

--

Memo Item

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

4000.00

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

149000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Elect Democratic Women Action Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2026

Mailing Address PO BOX 15096

FEC Identification Number

C []

Transaction ID : 9A789064805

Amount of Each Disbursement this Period

[] 20000.00

Memo Item

City Washington State DC Zip Code 20003

Purpose of Disbursement

Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

[] 20000.00

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

[] 20000.00