RECEIVED
FEDERAL ELECTION
COMMISSION

Oct 5 1 33 PM '98

September 29, 1998

Mr. Donald L. Averett
Senior Reports Analyst
Reports Analysis Division
Federal Election Commission
Washington, DC 20463

Reference: Year-End Report (7/1/97-12/31/97)
July Quarterly Report (4/1/98-6/30/98)

Dear Mr. Averett:

The enclosed amended FEC Reports serve as a response to your letters to the American Association of Nurse Anesthetists (AANA) CRNA-PAC dated September 16, 1998 and September 18, 1998.

Regarding possible excessive contributions made by CRNA-PAC, the two contributions in question were incorrectly disclosed. First, the contribution dated 8/19/97 for $1,000 to "A Lot of People Supporting Tom Daschle" should have been attributed to the 1998 General Election (Schedule B, Page 2, Item E). Second, the contribution dated 9/23/97 for $2,000 to "A Lot of People Supporting Tom Daschle" should have been attributed to 1998 General Election (Schedule B, Page 6, Item E). These corrections are noted in Attachment 1.

Since CRNA-PAC has a different volunteer Treasurer every year, please amend CRNA-PAC's Statement of Organization designating myself, AANA's Finance Director, as the agent to sign FEC reports.

Your letter dated September 18, 1998 prompted us to review our disbursement records. Please accept the enclosed (Attachment 2) as an amendment to our July Quarterly Report (4/1/98-6/30/98). The contribution dated 4/28/98 for $1,000 to the Democratic National Committee (DNC) was designated for the DNC's Non-Federal Account (Schedule B, Page 3, Item E). The contribution dated 6/25/98 for $1,000 to the National Republican Senatorial Committee (NRSC) was designated for the NRSC's Non-Federal Account (Schedule B, Page 11, Item F). Please be assured that these two contributions, when originally made, were accompanied by a letter notifying the recipients that the donation was designated for the non-federal account. Please note, the amended entries specify these contributions more clearly.

AANA Separate Segregated Fund
412 1st Street, S.E., Suite 12, Washington, D.C. 20003 ■ Telephone: (202) 484-8400 ■ Facsimile: (202) 484-8408

Also in our amendment, please note four more corrections. A contribution dated 6/25/98 to the Republican House Senate Dinner for $2,250 is designated to the NRSC Non-Federal Account. It is reported as Item C, Line 21N of Schedule B. A contribution dated 5/20/98 for $5,000 to the Joe Knight Campaign and a contribution dated 6/25/98 for $1,000 to the Alabama Republican Party were incorrectly reported on the original July Quarterly Report. They now appear on Line 29 of Schedule B. A refunded contribution from Hall for Congress dated 6/29/98 for $500.00 has been reported on Line 16 of Schedule A.

If you have any further comments or questions about these matters, please do not hesitate to call me at (847) 692-7050, ext. 3020. Thank you for your assistance.

Sincerely,

William E. Yeo

William E. Yeo
Director of Finance

Attachments

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 10-6-98
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JLP
PREPARER

10-6-98
DATE PREPARED

(4/98)

ATTACHMENT 1

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

98 5 1 35

USE FEC MAILING LABEL OR TYPE OR PRINT

C00173153 120597 F 22A
~~NURSE ANESTHETIC FINANCE~~
AMERICAN ASSOCIATION OF NURSE
ANESTHETISTS SEPARATE SEGREGAT
222 S PROSPECT AVENUE
C/O FINANCE DEPT
PARK RIDGE IL 60068

2. FEC IDENTIFICATION NUMBER
C00173153

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7-1-97 through 12-31-97		
6. (a) Cash on Hand January 1, 19 97		$ 128607.05
(b) Cash on Hand at Beginning of Reporting Period	$ 283675.00	
(c) Total Receipts (from Line 19)	$ 123482.16	$ 497646.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 407157.16	$ 626253.08
7. Total Disbursements (from Line 30)	$ 146599.16	$ 365695.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 260558.00	$ 260558.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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~~ Finance Director
WILLIAM E YED

Signature of ~~Treasurer~~ Finance Director
William E. Yed

Date 1-27-98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 8/93)

PERMANENT

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: AANA Separate Segregated Fund aka CRNA-PAC

REPORT COVERING PERIOD: FROM 7-1-97 TO: 12-31-97

Receipts	COLUMN A Total this Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	14884.50	39897.00	11a(i)
ii. Unitemized	108277.45	455642.78	11a(ii)
iii. Total (add i and ii) ▶	123161.95	495539.78	11a(iii)
b. Political Party Committees			11b
c. Other Political Committees (such as PACs)			11c
d. Total Contributions (add a iii, b and c) ▶	123161.95	495539.78	11d
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		1000.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		500.00	16
17. Other Federal Receipts (Dividends, Interest, etc.) INTEREST	320.21	606.25	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	123482.16	497646.03	19
20. Total Federal Receipts (subtract line 18 from line 19) ▶	123482.16	497646.03	20
Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21a(i)
ii. Non-Federal Share			21a(ii)
b. Other Federal Operating Expenditures	53614.64	114116.15	21b
c. Total Operating Expenditures (add a i, a ii, and b) ▶	53614.64	114116.15	21c
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	92984.52	245558.08	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28a
b. Political Party Committees			28b
c. Other Political Committees (such as PACs)			28c
d. Total Contribution Refunds (add a, b and c) ▶			28d
29. Other Disbursements		6020.85	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	146599.16	365695.08	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ▶	146599.16	365695.08	31
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	123161.95	495539.78	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	123161.95	495539.78	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ▶	53614.64	114116.15	35
36. Offsets to Operating Expenditures (from line 15)		1000.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ▶	53614.64	113116.15	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 19

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA- WC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ira P Gunn 3315 Craigo Avenue El Paso, TX 79904-1003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA $ 200.00	9/10/97	200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John E Docter 1750 Mirro Drive Manitowoc WI 54220-6712 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St Luke's Hospital CRNA $ 300.00	10/10/97	300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lisa C Dugan 77 Dugan Lane Troy, MO 63379-9605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA $ 450.00	7/23/97 7/31/97 11/04/97	25.00 150.00 100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Edward N White 7779 Genesee Road Springville NY 14141-9744 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University of Buffalo CRNA $ 250.00	9/12/97	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ross M Verbisky 2830 Lemp Avenue St Louis MO 63118-1714 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Washington University School of Medicine CRNA $ 250.00	8/28/97	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Joseph A Adamski 467 Windy Knoll Drive Brasstown NC 28902 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rush Medical Center CRNA $ 280.00	8/28/97 10/21/97	150.00 130.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Rosalind A Henson 1500 Horseshoe Circle Virginia Beach VA 23451 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beach General Hospital CRNA $ 200.00	11/20/97	200.00

SUBTOTAL of Receipts This Page (optional)	1,755.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 19

FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick K Van Wagoner 520 S Gooseneat Drive Payson UT 84651-3034	Self-Employed	7/2/97	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CRNA	Aggregate Year-to-Date $300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gene Ranger 9527 Winsome Lane Houston, TX 77063-3829	Self-Employed	10/16/97	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CRNA	Aggregate Year-to-Date $800.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Rowe 513 Berkley Street Uniondale NY 11553-2321	Nesaett County Medical Center	7/17/97	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CRNA	Aggregate Year-to-Date $200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Therese A Bugaj 1174 Oak Knoll Drive Lake Forest, IL 60045-3648	Self-Employed	10/16/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CRNA	Aggregate Year-to-Date $250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold Hill 1302 Terryandrae Avenue Sheboygan WI 53081-9440	American Anesthesia	7/17/97 8/22/97 9/30/97	100.00 50.00 50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CRNA	Aggregate Year-to-Date $200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cynthia L Kuykendall 22 Preston Oaks Circle Odessa TX 79761	West Texas Anesthesia	8/1/97	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CRNA	Aggregate Year-to-Date $200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M Sheila Lenk Ayres 95 Meade Road Fairfax VT 05454-9642	Self-Employed	8/12/97 10/28/97	150.00 100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CRNA	Aggregate Year-to-Date $400.00	

SUBTOTAL of Receipts This Page (optional)	1,700.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence K Beck 321 Falles Court Madison, WI 53705-5012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dean Medical Center CRNA $ 250.00	10/6/97	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kimili A Barnard 5005 Churchill Court Arlington TX 76017-3452 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harris Methodist Hosp. CRNA $ 300.00	8/26/97 8/26/97	150.00 112.50
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ronald J Gay 1901 West 14th Street Houston, TX 77008-3409 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Bay Shore Hosp CRNA $ 200.00	7/24/97	200.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Randy L McGee 2100 Payne Road Ellensburg WA 98926 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA $ 200.00	7/10/97 9/18/97	100.00 100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sharon Horsfall 31646 Electric Blvd Avon Lake OH 44012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cleveland Clinic CRNA $ 370.00	7/30/97	370.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Heidi A Read PO Box 314 Adams Center NY 13606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	J.A.F. CRNA $ 300.00	7/31/97 8/22/97	150.00 150.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Shewana Workman PO Box 13 Lochgelly, WV 25866 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	West Virginia CRNA Assocs. CRNA $ 262.50	7/10/97 8/27/97	112.50 112.50

SUBTOTAL of Receipts This Page (optional)	1,807.50
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 19

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Newton R Disney 1909 West Omar Drive Tucson AZ 85704	Northern Chocise Hosp CRNA $ 262.50	8/7/97	112.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Edward Morgan 125 Emerson Hough Drive Newton, IA 50208-2834	Skitts Medical Ctr CRNA $ 230.00	8/1/97	130.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Helen Notopoulos 944 Belaire Lane York, PA 17404-2210	York Hospital CRNA $ 200.00	7/16/97	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Charles Wrobel Rd 2 Box 2924 Factoryville PA 18419-9363	Community Med Ctr CRNA $ 200.00	9/12/97	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Virginia Shaw Scherler 5573 Eisenhower Drive Lawton, OK 73505-5826	Self-Employed CRNA $ 200.00	8/7/97	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Charlotte Winzenburg 590 S Sherman Street Denver CO 80209-4029	Self-Employed CRNA $ 250.00	9/12/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Royce Jones 1501 Saint Andrews Clovis, NM 88101-3087	Self-Employed CRNA $ 250.00	10/29/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	592.50
TOTAL This Period (last page this line number only)	

FE7AN0a7

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

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FOR LINE NUMBER 11a1

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lorraine McCarthy PO Box 27 Alliance NE 69301-0027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Butts-Butte General Hospital CRNA $200.00	10/15/97	50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Brenda McFaddin 11785 Rte 99 Marriottsville MD 21104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Children's Hospital CRNA $ 200.00	8/13/97	50.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Adelbert R Brigham PO Box 21 Mount Pleasant TX 75456-0021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Libran Hospital CRNA $200.00	8/25/97	50.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Leo LeBel 27 Rolling Brook Lane Huntington CT 06484-5760 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bridgeport Hospital CRNA $ 225.00	11/17/97	25.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sandra Ark 5165 Winterhill Court Tipp City OH 45371-9430 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA $ 200.00	8/20/97	50.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Catherine Brennan 114 Red Fox Place Media PA 19063-1180 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fitzgerald Mercy Hosp CRNA $ 262.50	11/20/97	112.50
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Durkin 437 Valley View Drive Hanover PA 17331-9313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hanover Hospital CRNA $ 250.00	8/13/97	100.00

SUBTOTAL of Receipts This Page (optional)	437.50
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 6 OF 19

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

Name	Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code: Bobbie Douglas, 139 Wedgewood Drive, Easley SC 29640-1459	Greenville Ambulatory Anesthesia	9/12/97 11/6/97	50.00 50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CRNA		
	Aggregate Year-to-Date: $ 200.00		
B. Full Name, Mailing Address and ZIP Code: Donald Ott, 1800 N 4th Street #11, Lakeview OR 97630	Our Lady of Lourdes Hospital	8/8/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CRNA		
	Aggregate Year-to-Date: $ 200.00		
C. Full Name, Mailing Address and ZIP Code: Sherry Reese, Rt 2, Plainview TX 79072-9802	Plainview Hospital	11/25/97	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CRNA		
	Aggregate Year-to-Date: $ 200.00		
D. Full Name, Mailing Address and ZIP Code: Sandra Erickson, 5 Ebbtide Court, Sacramento CA 95831-2406	U of CA, Dept of Anest	10/23/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CRNA		
	Aggregate Year-to-Date: $ 250.00		
E. Full Name, Mailing Address and ZIP Code: Charles Clark III, 7413 LeConte Drive, El Paso TX 79912-7129	Sierra Medical Ctr	12/15/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CRNA		
	Aggregate Year-to-Date: $ 250.00		
F. Full Name, Mailing Address and ZIP Code: James Claffey, 605 Roseland Drive, Howell MI 48843-1753	St Joseph/Mercy Hosp	11/6/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CRNA		
	Aggregate Year-to-Date: $ 200.00		
G. Full Name, Mailing Address and ZIP Code: Susan Jaros, 8408 Old Moss Road, Dallas TX 75231-1611	Plastic Surgery Group	8/21/97	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CRNA		
	Aggregate Year-to-Date: $ 200.00		

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

FE7A0047

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jo Marlene Stern 3832 Henley Drive Pittsburgh PA 15235-5041	Self-Employed Occupation CRNA	8/4/97	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Winifred Schweiger 110 N Club View Drive Ypsilanti MI 48197	University of MI Occupation CRNA	8/12/97 10/2/97	74.50 50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Harper 4957 County Road 150 Dawson AL 35963-9801	Gadsden Regional Med Center Occupation CRNA	8/7/97 9/30/97	50.00 50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas G Healey 180 Leaf Street Long Lake MN 55356-9749	Abbott Northwestern Hospital Occupation CRNA	8/7/97	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 475.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Bennett 1023 Oak Knoll Drive Harrisburg PA 17111	Harrisburg Hospital Occupation CRNA	8/29/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeanmean J Heller 235 Forest Trail Aravla TX 76226	Self-Employed Occupation CRNA	10/30/97	30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 330.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Meredith 140 Queens Road Athens GA 30606	Athens Regional Hosp Occupation CRNA	10/17/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		

SUBTOTAL of Receipts This Page (optional)	529.50
TOTAL This Period (last page this line number only)	

FEC Form 3

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

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FOR LINE NUMBER 11a)

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sally Fitch 1524 Black Walnut Court Naperville IL 60565-5203	Self-Employed Occupation CRNA Aggregate Year-to-Date $ 200.00	10/23/97	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mriana Williams 14512 NE 42nd Place #502N Bellevue, WA 98007-3101	Group Health Occupation CRNA Aggregate Year-to-Date $ 262.50	8/28/97	112.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ellen Kerr 2703 Heathfield Road Bloomfield MI 48301-3414	Sinai Surgery Center Occupation CRNA Aggregate Year-to-Date $ 230.00	10/29/97	80.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Zawatski 1401 Arch Street Shamokin PA 17872-1704	Self-Employed Occupation CRNA Aggregate Year-to-Date $ 217.50	6/16/97 7/10/97	75.00 37.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dan Breckenridge 950 N Graham Memphis TN 38122-2402	St. Francis Hospital Occupation CRNA Aggregate Year-to-Date $ 200.00	10/21/97	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J Evans 41 Probst Drive Shirley NY 11967-3318	Self-Employed Occupation CRNA Aggregate Year-to-Date $250.00	8/14/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeannette Peter 1576 Via Zurita Palos Verdes Estates CA 90274-1932	County Hospital Occupation CRNA Aggregate Year-to-Date $ 450.00	9/29/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional) 605.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James Flood 11001 Alhambra Leawood KS 66211-1439 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St Joseph Anest Svc CRNA $ 200.00	7/2/97 10/28/97	37.50 50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Linda Bailey 40369 Loro Place Fremont CA 94539-3033 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kaiser Permanente CRNA $ 250.00	8/5/97	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Wilson Henry Wessells Jr 5709 Pleasant Hill Ln Ft Collins CO 80526 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	USAF CRNA $ 250.00	8/13/97	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William Brown Jr PO Box 14 Mt Sterling KY 40353 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mary Chiles Hospital Occupation CRNA $ 250.00	8/8/97	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Martha Richter 1333 Cambridge Court Palmyra PA 17078 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA $ 200.00	9/15/97	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Nan L Ward 6 Elan Lane Wayne PA 19087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA $ 200.00	7/22/97	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Samuel Wright 8800 Regent Lane Knoxville TN 37923 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA $ 280.00	9/26/97	130.00

SUBTOTAL of Receipts This Page (optional)	717.50
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard Lyons 8601 Palermo St Jamaica NY 11423-1219 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NY Downtown Hospital CRNA $ 200.00	11/3/97	50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Laura Vitek 8211 Bellaire Blvd Houston TX 77036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medical Center Anest Assocs CRNS $ 250.00	9/30/97	150.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Cynthia Layton 1320 Johns Creek Rd Wilmington NC 28409 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilmington Surgicare CRNA $250.00	8/21/97	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
George Maule 4484 Persimmon St Evans GA 30809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	West Side Anesthesia CRNA $200.00	7/23/97 9/12/97	50.00 50.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Arlis Deaton PO BOX 745 Pennington Gap VA 24277-2544 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lee County Community Hospital CRNA $ 300.00	7/9/97	150.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Larry S McMillan 1720 S Hillside Rd Hillsdale MI 49242 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA $ 250.00	11/14/97	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael Devsney PO Box 1078 Evanston WY 82931 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA $ 300.00	7/16/97	150.00

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Dick Beinborn RR 001 Box 326 S Prairie Du Chien WI 53821 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Memorial Hospital CRNA $ 200.00	9/15/97	50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Stephens 13078 Oak Crest Drive Yucaipa CA 92399 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA $	9/22/97	50.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Janet MacDougall 3600 N Lake Shore Drive #1801 Chicago IL 60613-4650 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University of Chicago Hospitals CRNA $ 200.00	7/25/97	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Fugitt 11 Quail Run Midland TX 79707 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	West Texas Anesthesia CRNA $ 200.00	7/28/97	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ivan Schlichting 928 E Oklahoma Avenue Grand Island NE 68801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA $ 200.00	7/28/97	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Dwight Williams 9102 Tweed Berwick Dr Austin TX 78750 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA $ 200.00	7/11/97 10/21/97	75.00 100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lorene Zuelke 3412 Forest Drive Cheyenne WY 82001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	United Medical Ctr CRNA $ 325.00	7/31/97 11/4/97	150.00 25.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Harold Thomas 144 Sanzen Drive Clovis NM 88101 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Occupation: CRNA Aggregate Year-to-Date: $ 250.00	9/12/97	100.00
B. Sandra Peters PO Box 715 Llano TX 78643 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Llano Memorial Hosp. and Hill Country Anest Occupation: CRNA Aggregate Year-to-Date: $ 300.00	7/29/97	100.00
C. Stanley Might 408 Greenbrier Lane Bedford TX 76021-2113 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	All Saints Episcopal Hospital Occupation: CRNA Aggregate Year-to-Date: $ 300.00	10/1/97	100.00
D. Tommy Duncan HC 69 Box 91 Terral OK 73569 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mecona General Hosp Occupation: CRNA Aggregate Year-to-Date: $ 250.00	8/29/97	100.00
E. Jeffery Herman 300 West 38th Hays KS 67601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Western Plains Anest. Occupation: CRNA Aggregate Year-to-Date: $ 225.00	8/12/97 9/12/97	75.00 75.00
F. Peter Duquette 434 Newcomb Rd North Kingstown RI 02852 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Occupation: CRNA Aggregate Year-to-Date: $ 200.00	8/14/97	100.00
G. William Lewis 5125 Camino De Arena Sierra Vista AZ 85635 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Occupation: CRNA Aggregate Year-to-Date: $ 250.00	8/13/97	100.00

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

F57AN047

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page — PAGE 13 OF 19 — FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Steve Maek PO Box 235 Manti UT 84642 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	San Pete Valley Hosp CRNA $ 400.00	7/22/97	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Randy McGinnis 9502 Castlewood Austin TX 78748 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA $250.00	8/6/97	125.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Hatcher 258 Santa Monica Way Santa Barbara CA 93109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA $ 300.00	10/30/97	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John Yarbrough 205 Holly Drive Hammond LA 70401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Oaks System CRNA $200.00	8/22/97 10/20/97	50.00 50.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Dennie Wells 203 Longpoint Way Simpsonville SC 29681 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Greenville Memorial Med Ctr CRNA $ 200.00	7/10/97 8/27/97	50.00 50.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James Wick 2421 Old Creek Road Montgomery AL 36117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baptist Medical Center CRNA $ 200.00	10/2/97	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Susan Morent 10735 Orange Park Blvd Orange CA 92869 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA $ 325.00	7/12/97	25.00

SUBTOTAL of Receipts This Page (optional) 650.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim Winget 219 Block House Rd Greenville SC 29615	Greenville Hosp Systems	10/17/97	30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date > $ 255.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Mooney 208 Greenbriar Ln Bedford TX 76021	Self-Employed	7/31/97 11/6/97	75.00 75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date > $ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jan Stewart 2608 2nd Avenue #178 Seattle WA 98121	Self-Employed	8/29/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date > $ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Zawacki 21808 Cumberland Dr Northville MI 48167	Self-Employed	10/6/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date > $ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Gratz Straub Clinic & Hosp/Anest Dept 888 S King Street, Honolulu HI 96813	Straub Clinic & Hosp	10/23/97	130.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date > $ 430.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin Lynch 8456 Thoroughbred St Rancho Cucamonga CA 91701	Self-Employed	9/8/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date > $ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Santoro 2290 Stonington Ln Rochester MI 48306	Harbor Beach Community Hosp	8/4/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date > $ 300.00		

SUBTOTAL of Receipts This Page (optional)	710.00
TOTAL This Period (last page this line number only)	

FEC/FORM/3

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Garalynn Tomas 32540 Oakhurst Dr North Ridgeville OH 44039-2374 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Oberlin Clinic Inc CRNA $ 200.00	7/10/97	50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sharon Berry-Carrion 221 Olde Springs Rd Columbia SC 29223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Richland Memorial Hosp CRNA $ 200.00	9/12/97 12/3/97	50.00 50.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Karen McMahon Morrow 1810 High Point Rd Forest Hill MD 21050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Union Memorial CRNA $ 200.00	9/12/97	50.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sharon Hawks 2600 Cloister Drive Charlotte NE 28211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Carolinas Med Ctr CRNA $ 200.00	7/9/97 7/16/97 8/12/97	25.00 75.00 25.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael Myers 14914 67th St NE Grafton ND 58237 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA $ 200.50	8/12/97 9/10/97	75.00 50.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sue Holland 4618 94th Street Lubbock TX 79424 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA $ 450.00	8/29/97	50.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Dianne Swallows 1045 Kingsway Ln Tarpon Springs FL 34689 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed CRNA $ 230.00	7/23/97	80.00

SUBTOTAL of Receipts This Page (optional)	580.00
TOTAL This Period (last page this line number only)	

FEC FORM 3P

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page — PAGE 16 OF 19 — FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Scott Swallows 1045 Kingway Ln Tarpon Springs FL 34689 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA Aggregate Year-to-Date $ 230.00	7/23/97	80.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Poaster 21627 SE 8th St Redmond WA 98053 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA Aggregate Year-to-Date $ 200.00	9/25/97	50.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Wendell Spencer RR1 Box 8E O'Neill NE 68763 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Vincent's Hospital CRNA Aggregate Year-to-Date $480.00	8/1/97	30.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kris Ciesliga 9967 White Pine Court Clarkston MI 48348 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA Aggregate Year-to-Date $ 250.00	8/27/97	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Cynthia Crowell 11242 Ferndale Dallas TX 75238 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA Aggregate Year-to-Date $ 200.00	10/29/97 12/3/97	50.00 50.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Celeste Villaneuva 1776 Sacramento Street #510 San Francisco CA 94109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kaiser Permanente CRNA Aggregate Year-to-Date $ 250.00	8/7/97	137.50
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael Hood 9225 Elm Tree Circle Tyler TX 75703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	East Texas Med Ctr CRNA Aggregate Year-to-Date $ 225.00	8/12/97 9/30/97	75.00 75.00

SUBTOTAL of Receipts This Page (optional) 647.50

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 17 OF 19 | FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William Higgins 304 Louise Dr Corpus Christi TX 78404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Spohn Memorial Medical Ctr CRNA Aggregate Year-to-Date > $ 200.00	7/16/97	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Woods PO Box 4011 Wise VA 24293 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA Aggregate Year-to-Date > $ 200.00	8/25/97	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sandra Smith 148 Portsmouth Ave Vacaville CA 95687 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Spectrum CRNA Aggregate Year-to-Date > $225.00	7/23/97 8/22/97	75.00 37.50
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jim Armstrong 2848 Kingsbury Dr Rocky River OH 44116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westgate Med Anest. Group CRNA Aggregate Year-to-Date > $ 205.00	7/23/97	55.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Klaire Patterson 24034 Briardale Way Santa Clarita CA 91321 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed CRNA Aggregate Year-to-Date > $ 255.00	9/15/97	105.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Palmer PO Box 132302 Big Bear Lake CA 92315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bear Valley Community Hospital CRNA Aggregate Year-to-Date > $ 200.00	10/3/97	50.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Phillip Unthank 19146 W Outer Dr Dearborn MI 48128 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harper Hospital CRNA Aggregate Year-to-Date > $ 330.00	8/27/97	30.00

SUBTOTAL of Receipts This Page (optional)	552.50
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 18 OF 19 | FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Timothy P Kostura 3026 Tree Top Lane SW Roanoke VA 24018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed / CRNA / $ 200.00	8/1/97	50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Rebecca Yatsu 6417 Williams Ridge Austin TX 78731 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed / CRNA / $ 200.00	10/1/97	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Peirano 2386 Lake Meadow Circle Martinez CA 94553 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Permanente Medical Group / CRNA / $300.00	8/21/97	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kimberly Harber 595 Sandalwood Ct Canton MI 48188 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed / CRNA / $ 250.00	7/23/97	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Margaret Flynn-Cook 2700 Turner Grove Drive South Greensboro NC 27455 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Memorial Hospital / CRNA / $ 220.00	7/25/97	20.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jean Johnson 3309 E 38th Street Sioux Falls SD 57103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed / CRNA / $ 200.00	9/18/97	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Brian Bester 18319 Cranberry Ridge Ln Chagrin Falls OH 44023 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University Hospitals / CRNA / $230.00	8/13/97	130.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Cassidy 36 5th Artillery Road Fort Leavenworth KS 66027-1177	Self-Employed CRNA	8/7/97	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mary Neff 515 Keech Street Ann Arbor MI 48103	St Joseph's Hospital CRNA	8/27/97	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	14,884.50

FEC Form 3

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 1 OF 1 | FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code Zurich Money Market Fund 811 Main Street Kansas City, MO 64105-2005 Receipt For: ☐ Primary ☐ General ☒ Other (specify): Interest	Name of Employer Occupation Aggregate Year-to-Date $ 336.53	Date (month, day, year) 7/25/97	Amount of Each Receipt this Period 50.49
B. Full Name, Mailing Address and ZIP Code Zurich Money Market Fund address above Receipt For: ☐ Primary ☐ General ☒ Other (specify): Interest	Name of Employer Occupation Aggregate Year-to-Date $ 388.40	Date (month, day, year) 8/25/97	Amount of Each Receipt this Period 51.87
C. Full Name, Mailing Address and ZIP Code Zurich Money Market Fund address above Receipt For: ☐ Primary ☐ General ☒ Other (specify): Interest	Name of Employer Occupation Aggregate Year-to-Date $ 440.40	Date (month, day, year) 9/25/97	Amount of Each Receipt this Period 52.00
D. Full Name, Mailing Address and ZIP Code Zurich Money Market Fund address above Receipt For: ☐ Primary ☐ General ☒ Other (specify): Interest	Name of Employer Occupation Aggregate Year-to-Date $ 489.12	Date (month, day, year) 10/25/97	Amount of Each Receipt this Period 48.72
E. Full Name, Mailing Address and ZIP Code Zurich Money Market Fund address above Receipt For: ☐ Primary ☐ General ☒ Other (specify): Interest	Name of Employer Occupation Aggregate Year-to-Date $ 543.28	Date (month, day, year) 11/25/97	Amount of Each Receipt this Period 54.16
F. Full Name, Mailing Address and ZIP Code Zurich Money Market Fund address above Receipt For: ☐ Primary ☐ General ☒ Other (specify): Interest	Name of Employer Occupation Aggregate Year-to-Date $ 606.25	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period 62.97
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	320.21
TOTAL This Period (last page this line number only)	320.21

FEC Form 3

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code D.C. Postmaster 900 Brentwood Road, NE Washington, DC 20066	Purpose of Disbursement newsletter postage costs Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	Date (month, day, year) 07/07/97	Amount of Each Disbursement This Period 2,125.00
B. Full Name, Mailing Address and ZIP Code Cassidy Design 1503 Connecticut Avenue, NW Washington, DC 20036	Purpose of Disbursement newsletter payment Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	Date (month, day, year) 07/16/97	Amount of Each Disbursement This Period 2,403.46
C. Full Name, Mailing Address and ZIP Code AANA 222 S. Prospect Park Ridge, IL 60068	Purpose of Disbursement ADMINISTRATIVE PAYMENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	Date (month, day, year) 07/18/97	Amount of Each Disbursement This Period 4,436.00
D. Full Name, Mailing Address and ZIP Code Membership Marketing Services 1280 Perimeter Parkway Virginia Beach, VA 23454	Purpose of Disbursement payment on telemarketing Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	Date (month, day, year) 08/19/97	Amount of Each Disbursement This Period 10,000.00
E. Full Name, Mailing Address and ZIP Code Membership Marketing Services 1280 Perimeter Parkway Virginia Beach, VA 23454	Purpose of Disbursement Final Payment Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	Date (month, day, year) 10/16/97	Amount of Each Disbursement This Period 31,277.13
F. Full Name, Mailing Address and ZIP Code Membership Marketing Services 1280 Perimeter Parkway Virginia Beach, VA 23454	Purpose of Disbursement payment on telemarketing Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	Date (month, day, year) 12/10/97	Amount of Each Disbursement This Period 3,065.46
G. Full Name, Mailing Address and ZIP Code Typographics Plus 542 Busse Highway Park Ridge, IL 60068	Purpose of Disbursement Redesign of PAC logo Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	Date (month, day, year) 9/5/97	Amount of Each Disbursement This Period 165.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	53,472.05
TOTAL This Period (last page this line number only)	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 2
	FOR LINE NUMBER 21B

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code NBD Bank Merchant Bankcard Six Fountain Square Plaza Elgin, IL 60120	credit card processing fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	7/31/97	$ 61.38
B. Full Name, Mailing Address and ZIP Code NBD Bank Merchant Bankcard address above	credit card processing fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	8/31/97	32.52
C. Full Name, Mailing Address and ZIP Code NBD Bank Merchant Bankcard address above	credit card processing fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	9/30/97	5.55
D. Full Name, Mailing Address and ZIP Code NBD Bank Merchant Bankcard address above	credit card processing fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	10/31/97	27.89
E. Full Name, Mailing Address and ZIP Code NBD Bank Merchant Bankcard address above	credit card processing fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	11/30/97	15.25
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	142.59
TOTAL This Period (last page this line number only)	53,614.64

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 13

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Ensign for Congress 1320 N. Wayne Street Suite 206 Arlington, VA 22201	John Ensign, U.S. HOUSE 1st NV Disbursement for: X Primary ☐ General ☐ Other (specify) 98	07/16/97	500.00
B. John Spratt for Congress P.O. Box 2864 Washington, DC 20013	John M. Spratt, U.S. HOUSE 5th SC Disbursement for: X Primary ☐ General ☐ Other (specify) 98	07/18/97	500.00
C. Solomon for Congress 6126 11th Road, N. Arlington, VA 22205	Gerald B.H. Solomon, U.S. HOUSE 22nd NY Disbursement for: X Primary ☐ General ☐ Other (specify) 98	07/10/97	500.00
D. Friends of Roger Wicker 1031 South 18th Street Arlington, VA 22202	Roger Wicker, U.S. HOUSE 1st MS Disbursement for: X Primary ☐ General ☐ Other (specify) 98	07/16/97	1,000.00
E. Castle Campaign Fund P.O. Box 133 Wilmington, DE 19899	Michael N. Castle, U.S. HOUSE AL DE Disbursement for: X Primary ☐ General ☐ Other (specify) 98	07/18/97	500.00
F. North Dakota Democratic Party 420 C Street, NE Lower Level Washington, DC 20002	North Dakota Democratic Party Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	07/25/97	50.00
G. AANA 222 S. Prospect Park Ridge, IL 60068	golf tournament stuff Disbursement for: X Primary ☐ General ☐ Other (specify) 98	07/25/97	175.50 (In-Kind)
H. Dave Camp for Congress Committee 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1652	golf tournament stuff Disbursement for: X Primary ☐ General ☐ Other (specify) 98	07/25/97	175.50 (Memo In-Kind)
I. Friends of Kent Conrad P.O. Box 812 Bismark, ND 58501	Kent Conrad, U.S. SENATE ND Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 00	07/28/97	1,000.00
		SUBTOTAL of Disbursements This Page (optional)	4,225.50
		TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Neal for Congress P.O. Box 2854 Washington, DC 20013	Richard E. Neal, U.S. HOUSE 2nd MA Disbursement for: X Primary ☐ General ☐ Other (specify) 98	07/22/97	500.00
B. Barton for Congress P.O. Box 1444 Ennis, TX 75120	Joe L. Barton, U.S. HOUSE 6th TX Disbursement for: X Primary ☐ General ☐ Other (specify) 98	08/18/97	500.00
C. Thurman for Congress 3610 38th Street, NW Suite F 270 Washington, DC 20016	Voided Check Disbursement for: X Primary ☐ General ☐ Other (specify) 98	08/18/97	-500.00
D. Thurman for Congress 3610 38th Street, NW Suite F 270 Washington, DC 20016	Karen L. Thurman, U.S. HOUSE 5th FL Disbursement for: X Primary ☐ General ☐ Other (specify) 98	08/18/97	500.00
E. A Lot of People Supporting Tom 424 C Street NE 1st floor Washington, DC 20002	Tom Daschle, U.S. SENATE SD Disbursement for: ☐ Primary X General ☐ Other (specify) 98	08/19/97	1,000.00
F. Rick Hoffman 2122 Erickman Lane Xenia, OH 45385	in-kind food payment for Hobson Disbursement for: X Primary ☐ General ☐ Other (specify) 98	08/19/97	330.91 (In-Kind)
G. Hobson for Congress 82 West Columbia Street Springfield, OH 45502	in-kind food payment for Hobson Disbursement for: X Primary ☐ General ☐ Other (specify) 98	08/19/97	330.91 (Memo In-Kind)
H. Barton for Congress P.O. Box 1444 Ennis, TX 75120	Joe L. Barton, U.S. HOUSE 6th TX Disbursement for: X Primary ☐ General ☐ Other (specify) 98	08/21/97	500.00
I. Dianna DeGette for Congress P.O. Box 75214 Washington, DC 20013-5214	Dianna DeGette, U.S. HOUSE 1st CO Disbursement for: X Primary ☐ General ☐ Other (specify) 98	08/21/97	500.00
		SUBTOTAL of Disbursements This Page (optional)	3,330.91
		TOTAL This Period (last page this line number only)	

FEC FORM 3

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Russia for Congress Committee 4010 Franconia Road Alexandria, VA 22310-2156	Jim Russle, U.S. HOUSE 2nd IA Disbursement for: X Primary ☐ General ☐ Other (specify) 98	08/21/97	500.00
B. Full Name, Mailing Address and ZIP Code CPC-PAC P.O. Box 22614 Alexandria, VA 22304	Purpose of Disbursement Committee for the Preservation of Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	Date (month, day, year) 08/21/97	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Jim Rogan for Congress P.O. Box 16021 Alexandria, VA 22302	Purpose of Disbursement James E. Rogan, U.S. HOUSE 27th CA Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 08/21/97	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Norwood for Congress P.O. Box 499 Evans, GA 30809	Purpose of Disbursement Charlie Norwood, U.S. HOUSE 10th GA Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 08/21/97	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Condit for Congress 44 Canal Center Plaza Alexandria, VA 22314	Purpose of Disbursement Gary Condit, U.S. HOUSE 19th CA Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 08/21/97	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Texas for Henry Bonilla 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Purpose of Disbursement Henry Bonilla, U.S. HOUSE 23rd TX Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 08/21/97	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Schaefer to Congress P.O. Box 1684 Englewood, CO 80150	Purpose of Disbursement Dan Schaefer, U.S. HOUSE 6th CO Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 08/21/97	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code Citizens for Dave Obey P.O. Box 75214 Washington, DC 20013-5214	Purpose of Disbursement David R. Obey, U.S. HOUSE 7th WI Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 08/21/97	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Tom Sawyer for Congress 1540 West Market Street Akron, OH 44313	Purpose of Disbursement Tom Sawyer, U.S. HOUSE 14th OH Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 08/22/97	Amount of Each Disbursement This Period 500.00
		SUBTOTAL of Disbursements This Page (optional)	6,000.00
		TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Democratic Senatorial Campaign 430 South Capitol Street, SE Washington, DC 20003	DSCC membership increase Primary / General / Other (specify) 1997	08/26/97	10,000.00
B. Committee to Re-Elect Nancy 4651 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Nancy L. Johnson, U.S. HOUSE 6th CT Primary / General / Other (specify) 98	09/02/97	1,500.00
C. Friends of Kent Conrad P.O. Box 812 Bismark, ND 58501	Voided Check Primary / General / Other (specify) 00	09/04/97	-1,000.00
D. Tom DeLay Congressional Committee 10707 Corporate drive Suite 130 Stafford, TX 77477	Voided Check Primary / General / Other (specify) 98	09/04/97	-1,000.00
E. Friends of Kent Conrad P.O. Box 812 Bismark, ND 58501	Kent Conrad, U.S. SENATE ND Primary / General / Other (specify) 00	09/04/97	1,000.00
F. Becerra for Congress P.O. Box 75214 Washington, DC 20013	Xavier Becerra, U.S. HOUSE 30th CA Primary / General / Other (specify) 98	09/08/97	500.00
G. Blue Dog PAC 44 Canal Center Plaza Suite 400 Alexandria, VA 22314	Blue Dog PAC Primary / General / Other (specify) 1997	09/08/97	500.00
H. Bill Jenkins for Congress 107 East Main Street Suite 321 Rogersville, TN 37857	Bill Jenkins, U.S. HOUSE 1st TN Primary / General / Other (specify) 98	09/09/97	500.00
I. Ellen Tauscher for Congress 5611 Highland Road Pleasanton, CA 94588	Ellen O. Tauscher, U.S. HOUSE 10th CA Primary / General / Other (specify) 98	09/10/97	1,000.00

SUBTOTAL of Disbursements This Page (optional) 13,000.00

TOTAL This Period (last page this line number only)

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Gene Green Congressional Campaign P.O. Box 78214 Washington, DC 20013-5214	Gene Green, U.S. HOUSE 29th TX Disbursement for: X Primary ☐ General ☐ Other (specify) 98	09/10/97	500.00
B. People for Ganske Committee 4010 Francomia Road Alexandria, VA 22310-2136	Greg Ganske, U.S. HOUSE 4th IA Disbursement for: X Primary ☐ General ☐ Other (specify) 98	09/10/97	500.00
C. Hall for Congress 1560 Wilson Boulevard Suite 902 Arlington, VA 22209	Ralph M. Hall, U.S. HOUSE 4th TX Disbursement for: X Primary ☐ General ☐ Other (specify) 98	09/10/97	500.00
D. Kay Granger for Congress P.O. Box 26005 Fort Worth, TX	Kay Granger, U.S. HOUSE R-12 Disbursement for: X Primary ☐ General ☐ Other (specify) 98	09/10/97	1,000.00
E. Watts for Congress P.O. Box 6545 Norman, OK 73070	J.C. Watts, U.S. HOUSE 4th OK Disbursement for: X Primary ☐ General ☐ Other (specify) 98	09/10/97	500.00
F. Becerra for Congress P.O. Box 75214 Washington, DC 20013	Xavier Becerra, U.S. HOUSE 30th CA Disbursement for: X Primary ☐ General ☐ Other (specify) 98	09/10/97	500.00
G. 1001 Restaurant Corporation 5105 Baltimore Road Suite 101 College Park, MD 20740	In-kind contribution for Disbursement for: X Primary ☐ General ☐ Other (specify) 98	09/10/97	177.40 (In-Kind)
H. Norwood for Congress P.O. Box 499 Evans, GA 30809	In-kind contribution for Disbursement for: X Primary ☐ General ☐ Other (specify) 98	09/10/97	177.40 (Memo In-Kind)
I. National Republican Senatorial 425 Second Street, NE Washington, DC 20002	1997 Payment Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	09/22/97	7,500.00

SUBTOTAL of Disbursements This Page (optional)	11,177.40
TOTAL This Period (last page this line number only)	

FEC 6.0178

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ron Kind for Congress 219 Pearl Street LaCrosse, WI 54602-0184	Ron Kind, U.S. HOUSE 3rd WI Disbursement for: X Primary ☐ General ☐ Other (specify) 98	09/22/97	500.00
B. Full Name, Mailing Address and ZIP Code John Tanner for Congress P.O. Box 1993 Union City, TN 38261	Purpose of Disbursement John Tanner, U.S. HOUSE 8th TN Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 09/22/97	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Upton for All of Us P.O. Box 450 St. Joseph, MI 49085	Purpose of Disbursement Fred Upton, U.S. HOUSE 6th MI Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 09/22/97	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Hobson for Congress 82 West Columbia Street Springfield, OH 45502	Purpose of Disbursement David L. Hobson, U.S. HOUSE 7th OH Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 09/22/97	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code A Lot of People Supporting Tom 424 C Street NE 1st floor Washington, DC 20002	Purpose of Disbursement Tom Daschle, U.S. SENATE SD Disbursement for: ☐ Primary X General ☐ Other (specify) 98	Date (month, day, year) 09/23/97	Amount of Each Disbursement This Period 2,000.00
F. Full Name, Mailing Address and ZIP Code Hoosiers for Tim Roemer P. O. Box 4400 South Bend, IN 46634	Purpose of Disbursement Tim Roemer, U.S. HOUSE 3rd IN Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 09/23/97	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code 1001 Restaurant Corporation 5105 Berwyn Road Suite 101 College Park, MD 20740	Purpose of Disbursement In Kind for Tim Roemer Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 09/23/97	Amount of Each Disbursement This Period 148.86 (In-Kind)
H. Full Name, Mailing Address and ZIP Code Hoosiers for Tim Roemer P. O. Box 4400 South Bend, IN 46634	Purpose of Disbursement In Kind for Tim Roemer Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 09/23/97	Amount of Each Disbursement This Period 148.86 (Memo In-Kind)
I. Full Name, Mailing Address and ZIP Code 1001 Restaurant Corporation 5105 Berwyn Road Suite 101 College Park, MD 20740	Purpose of Disbursement In kind for Ron Klink Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 09/23/97	Amount of Each Disbursement This Period 148.86 (In-Kind)
		SUBTOTAL of Disbursements This Page (optional)	4,797.72
		TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 7 OF 13 | FOR LINE NUMBER 23

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NAME OF COMMITTER (In Full)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Ron Klink 14 Reefer Street Pittsburgh, PA 15644	In kind for Ron Klink Disbursement for: X Primary ☐ General ☐ Other (specify) 98	09/23/97	148.86 (Memo In-Kind)
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Ron Klink 14 Reefer Street Pittsburgh, PA 15644	Ron Klink, U.S. HOUSE 4th PA Disbursement for: X Primary ☐ General ☐ Other (specify) 98	09/23/97	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Newt Gingrich 1085 Holcomb Bridge Road #190A Roswell, GA 30076	Newt Gingrich, U.S. HOUSE 6th GA Disbursement for: X Primary ☐ General ☐ Other (specify) 98	09/24/97	2,500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hoyer for Congress 7995 Malcolm Road Clinton, MD 20735	Steny H. Hoyer, U.S. HOUSE 5th MD Disbursement for: X Primary ☐ General ☐ Other (specify) 98	09/26/97	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ARMPAC/DeLay Leadership PAC 117 2nd Street, NE Suite 2 Washington, DC 20002	DeLay PAC Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	10/01/97	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Freedom Project P.O. Box 507 Mt Chester, OH 45071	Freedom Project Dinner Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	10/01/97	2,500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Sherwood Boehlert Box C Utica, NY 13503	Sherwood Boehlert, U.S. HOUSE 23rd NY Disbursement for: X Primary ☐ General ☐ Other (specify) 98	10/01/97	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-Elect P.O. Box 625 Ridgewood, NJ 07451	Margo Roukema, U.S. HOUSE 5th NJ Disbursement for: X Primary ☐ General ☐ Other (specify) 98	10/01/97	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ed Pease for Congress P.O. Box 16021 Alexandria, VA 22302	Ed Pease, U.S. HOUSE 7th IN Disbursement for: X Primary ☐ General ☐ Other (specify) 98	10/01/97	500.00

SUBTOTAL of Disbursements This Page (optional) 8,500.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Whitfield for Congress P.O. Box 391 Hopkinsville, KY 42241	Edward Whitfield, U.S. HOUSE 1st KY Disbursement for: X Primary ☐ General ☐ Other (specify) 98	10/01/97	500.00
B. Full Name, Mailing Address and ZIP Code Friends of Bob Graham P.O. Box 391 Tallahassee, FL 32302	Purpose of Disbursement Bob Graham, U.S. SENATE FL Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 10/01/97	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Senator D'Amato 425 Second Street, NE Washington, DC 20002	Purpose of Disbursement Alfonse M. D'Amato, U.S. SENATE NY Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 98 G	Date (month, day, year) 10/01/97	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code The WISH List 3205 N Street, NW Washington, DC 20007	Purpose of Disbursement The WISH List/Women in the Senate and Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	Date (month, day, year) 10/06/97	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Newt Gingrich 1085 Holcomb Bridge Road #190A Roswell, GA 30076	Purpose of Disbursement Newt Gingrich, U.S. HOUSE 6th GA Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 10/06/97	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Ensign for Congress 1320 N. Wayne Street Suite 206 Arlington, VA 22201	Purpose of Disbursement John Ensign, U.S. HOUSE 1st NV Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 10/15/97	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Thornberry for Congress 701 South Taylor Suite 320 Amarillo, TX 79109	Purpose of Disbursement William M. "Mac" Thornberry, U.S. Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 10/15/97	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Thornberry for Congress 701 South Taylor Suite 320 Amarillo, TX 79109	Purpose of Disbursement William M. "Mac" Thornberry, U.S. Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 10/16/97	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Friends of Cliff Stearns P.O. Box 302 Silver Spring, MD 34489	Purpose of Disbursement Cliff Stearns, U.S. HOUSE 6th FL Disbursement for: X Primary ☐ General ☐ Other (specify) 98	Date (month, day, year) 10/16/97	Amount of Each Disbursement This Period 500.00

SUBTOTAL of Disbursements This Page (optional) 7,000.00

TOTAL This Period (last page this line number only)

FEC FORM 3P

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 9 OF 13 | FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Vermont Republican Party P.O. Box 70 Montpelier, VT 05601	Annual Fall Dinner Other (specify) 1997	10/20/97	1,000.00
B. Stenholm for Congress P.O. Box 5879 Abilene, TX 22207	Charles W. Stenholm, U.S. HOUSE 17th TX Other (specify) 98	10/20/97	500.00
C. Sue Kelly for Congress 2555 Pennsylvania Avenue, NW Suite 802 Washington, DC 20037	Sue W. Kelly, U.S. HOUSE 19th NY Other (specify) 98	10/21/97	1,000.00
D. Ensign for Congress 1320 N. Wayne Street Suite 206 Arlington, VA 22201	John Ensign, U.S. HOUSE 1st NV Other (specify) 98	10/21/97	500.00
E. Lazio for Congress P.O. Box 5063 Bay Shore, NY 11706	Rick A. Lazio, U.S. HOUSE 2nd NY Other (specify) 98	10/21/97	1,000.00
F. South Dakota Democratic Party 405 South 3rd Ave. P.O. Box 737 Sioux Falls, SD 57101	South Dakota Democratic Party Other (specify) 1997	10/24/97	2,000.00
G. Missourians for Kit Bond 507 Capitol Court, NE, #100 Washington, DC 20002	Christopher S. Bond, U.S. SENATE MO Other (specify) 98 G	10/28/97	1,000.00
H. Friends of Jennifer Dunn P.O. Box 40110 Bellvue, WA 98015	Jennifer Dunn, U.S. HOUSE 8th WA Other (specify) 98	10/28/97	500.00
I. 1001 Restaurant Corporation 5105 Berwyn Road Suite 101 College Park, MD 20740	In-kind contrib. for Henry Bonilla Other (specify) 98	10/28/97	123.34 (In-Kind)

SUBTOTAL of Disbursements This Page (optional) 7,623.34

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

FEC Form 3P

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Texas for Henry Bonilla 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	In-kind contrib. for Henry Bonilla Disbursement for: [x] Primary [ ] General [ ] Other (specify) 98	10/28/97	123.34 (Memo In-Kind)
B. 1001 Restaurant Corporation 5105 Berwyn Road Suite 101 College Park, MD 20740	In-kind contrib. for Henry Bonilla Disbursement for: [x] Primary [ ] General [ ] Other (specify) 98	10/29/97	29.65 (In-Kind)
C. Texas for Henry Bonilla 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	In-kind contrib. for Henry Bonilla Disbursement for: [x] Primary [ ] General [ ] Other (specify) 98	10/29/97	29.65 (Memo In-Kind)
D. Texas for Henry Bonilla 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Henry Bonilla, U.S. HOUSE 23rd TX Disbursement for: [x] Primary [ ] General [ ] Other (specify) 98	10/29/97	500.00
E. Ruben Hinojosa for Congress 1404 South Illinois Mercedes, TX 78570	Ruben Hinojosa, U.S. HOUSE 15th TX Disbursement for: [x] Primary [ ] General [ ] Other (specify) 98	10/30/97	500.00
F. Nita Lowey for Congress P.O. Box 271 White Plains, NY 10605	Nita M. Lowey, U.S. HOUSE 18th NY Disbursement for: [x] Primary [ ] General [ ] Other (specify) 98	11/04/97	500.00
G. Committee to Re-elect P.O. Box 16021 Alexandria, VA 22302	Dana Rohrabacher, U.S. HOUSE 45th CA Disbursement for: [x] Primary [ ] General [ ] Other (specify) 98	11/04/97	500.00
H. Ben Cardin for Congress 38 Ivy Street, SE 10th Floor Washington, DC 21201	Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement for: [x] Primary [ ] General [ ] Other (specify) 98	11/04/97	500.00
I. Thornberry for Congress 701 South Taylor Suite 320 Amarillo, TX 79109	William M. "Mac" Thornberry, U.S. Disbursement for: [x] Primary [ ] General [ ] Other (specify) 98	11/04/97	500.00

SUBTOTAL of Disbursements This Page (optional)	3,029.65
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. California/Nevada Victory Fund 424 C Street, NE, Flr 1 Washington, DC 20002	California/Nevada Victory Fund Disbursement for: X Primary ☐ General ☐ Other (specify) 98	11/04/97	1,000.00 (In-Kind)
B. Boxer for Senate P.O. Box 641751 Los Angeles, CA 90064	California/Nevada Victory Fund Disbursement for: X Primary ☐ General ☐ Other (specify) 98	11/04/97	1,000.00 (Memo In-Kind)
C. Thornberry for Congress 701 South Taylor Suite 320 Amarillo, TX 79109	Voided Check Disbursement for: X Primary ☐ General ☐ Other (specify) 98	11/05/97	-500.00
D. Mike Pappas for U.S. Congress 3614 Route 22 West (Whitehouse) Somerville, NJ 08876	Mike Pappas, U.S. HOUSE 12th NJ Disbursement for: X Primary ☐ General ☐ Other (specify) 98	11/05/97	500.00
E. Ensign for Congress 1320 N. Wayne Street Suite 206 Arlington, VA 22201	John Ensign, U.S. HOUSE 1st NV Disbursement for: X Primary ☐ General ☐ Other (specify) 98	11/11/97	1,000.00
F. Coverdell Good Government 3091 Maple Drive Suite 200 Atlanta, GA 30305	Paul Coverdell, U.S. SENATE GA Disbursement for: X Primary ☐ General ☐ Other (specify) 98	11/13/97	1,000.00
G. Jim Bunning for U.S. Senate 425 2nd Street, NE Washington, DC 20002	Jim Bunning, U.S. SENATE KY Disbursement for: X Primary ☐ General ☐ Other (specify) 98	11/13/97	1,000.00
H. Scotty Baesler for U.S. Senate 401 West Main Street Lexington, KY 40507	Scotty Baesler, U.S. SENATE KY Disbursement for: X Primary ☐ General ☐ Other (specify) 98	11/13/97	1,000.00
I. Ron Kind for Congress 219 Pearl Street LaCrosse, WI 54602-0184	Ron Kind, U.S. HOUSE 3rd WI Disbursement for: X Primary ☐ General ☐ Other (specify) 98	11/17/97	500.00

SUBTOTAL of Disbursements This Page (optional) 5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Leadership Council 518 C Street, NE Washington, DC 20002	Democratic Leadership Council Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 97 U	11/19/97	5,000.00
B. Full Name, Mailing Address and ZIP Code Ted Strickland for Congress 1337 Thomas Hollow Road PO Box 560 Lucasville, OH 45648	Purpose of Disbursement Ted Strickland, U.S. HOUSE 6th OH Disbursement for: [X] Primary [ ] General [ ] Other (specify) 98	Date (month, day, year) 11/19/97	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Chenoweth for Congress P. O. Box 897 Boise, ID 83701	Purpose of Disbursement Helen Chenoweth, U.S. HOUSE 1st ID Disbursement for: [X] Primary [ ] General [ ] Other (specify) 98	Date (month, day, year) 11/21/97	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Chenoweth for Congress P. O. Box 897 Boise, ID 83701	Purpose of Disbursement Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 98	Date (month, day, year) 11/21/97	Amount of Each Disbursement This Period -500.00
E. Full Name, Mailing Address and ZIP Code Chenoweth for Congress P. O. Box 897 Boise, ID 83701	Purpose of Disbursement Helen Chenoweth, U.S. HOUSE 1st ID Disbursement for: [X] Primary [ ] General [ ] Other (specify) 98	Date (month, day, year) 11/21/97	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Norwood for Congress P.O. Box 499 Evans, GA 30809	Purpose of Disbursement Charlie Norwood, U.S. HOUSE 10th GA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 98	Date (month, day, year) 11/24/97	Amount of Each Disbursement This Period 3,000.00
G. Full Name, Mailing Address and ZIP Code John Tierney for Congress 23 Beach Avenue Salem, MA 01970	Purpose of Disbursement John F. Tierney, U.S. HOUSE 6th MA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 98	Date (month, day, year) 11/25/97	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Friends of Mark Foley 3517 S Street, NW Washington, DC 20007	Purpose of Disbursement Mark Foley, U.S. HOUSE 16th FL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 98	Date (month, day, year) 12/01/97	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Missourians for Kit Bond 507 Capitol Court, NE, #100 Washington, DC 20002	Purpose of Disbursement Voided Check Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 98 U	Date (month, day, year) 12/01/97	Amount of Each Disbursement This Period -1,000.00
SUBTOTAL of Disbursements This Page (optional)			10,300.00
TOTAL This Period (last page this line number only)			

FEC Form 3P

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Missourians for Kit Bond 507 Capitol Court, NE. #100 Washington, DC 20002	Christopher S. Bond, U.S. SENATE MO Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 98 U	12/01/97	1,000.00
B. Roy Blunt for Congress 4010 Franconia Road Alexandria, VA 22310-2136	Roy Blunt, U.S. HOUSE 7th MO Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 98	12/02/97	500.00
C. Bacarra for Congress P.O. Box 75214 Washington, DC 20013	Voided Check Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 98	12/02/97	-500.00
D. RIFAC/P. Kennedy Leadership PAC 530 7th Street, SE Washington, DC 20003	RIFAC/P. Kennedy Leadership PAC Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	12/10/97	2,000.00
E. RIFAC/P. Kennedy Leadership PAC 530 7th Street, SE Washington, DC 20003	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	12/10/97	0.00
F. RIFAC/P. Kennedy Leadership PAC 530 7th Street, SE Washington, DC 20003	Voided Check Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1997	12/10/97	0.00
G. America Works Committee 607 14th Street, NW Suite 800 Washington, DC 20005	America Works Committee Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 98 U	12/12/97	5,000.00
H. Sununu for Congress 1365 Elm Street Manchester, NH 03101	Purpose of Disbursement John Sununu, U.S. HOUSE 1st NH Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 98	12/13/97	500.00 (Memo Entry)
I. Jerry Moran for Congress 3001 S.W. Lydia Street Suite 211 Topeka, KS 66614	Purpose of Disbursement Jerry Moran, U.S. HOUSE 1st KS Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 98	12/15/97	500.00
		SUBTOTAL of Disbursements This Page (optional)	8,500.00
		TOTAL This Period (last page this line number only)	92,984.52

FEC 4-00170

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 9-30-98
☐	No Postmark	
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☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
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SH — PREPARER

10-6-98 — DATE PREPARED

(4/98)