

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input checked="" type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE**-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day **POST**-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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

Signature of Treasurer [Electronically Filed] Date / /

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="355939.37"/>	<input type="text" value="355939.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="481539.91"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="54169.52"/>	<input type="text" value="617921.07"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="535709.43"/>	<input type="text" value="973860.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="110250.00"/>	<input type="text" value="548401.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="425459.43"/>	<input type="text" value="425459.43"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25749.00	376296.43
(ii) Unitemized	27170.52	233874.35
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	52919.52	610170.78
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	52919.52	610170.78
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1250.00	7750.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.29
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	54169.52	617921.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	54169.52	617921.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	13776.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	13776.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	110250.00	528500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	6125.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	110250.00	548401.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	110250.00	548401.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	52919.52	610170.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52919.52	610170.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	13776.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	13776.01

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

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

FOR LINE NUMBER: PAGE 6 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Juliette R Wheeler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1119 Sturbridge Rd
 City Fallston State MD Zip Code 21047-1905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2013
Transaction ID : 36541370
 Amount of Each Receipt this Period
 250.00

B. Stephen M Sarper
 Full Name (Last, First, Middle Initial)
 Mailing Address 372 S Paseo Tierra
 City Green Valley State AZ Zip Code 85614-2753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albert Einstein Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2013
Transaction ID : 36541374
 Amount of Each Receipt this Period
 125.00

C. Mary Jo Verstraete
 Full Name (Last, First, Middle Initial)
 Mailing Address 10100 Dunn Rd
 City Osceola State IN Zip Code 46561-9701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2013
Transaction ID : 36541379
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 675.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Roger Meinen
Full Name (Last, First, Middle Initial)

Mailing Address 7 Muirfield Ct

City Vermillion State SD Zip Code 57069-7077

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

Name of Employer Self Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2013
Transaction ID : 36541388

Amount of Each Receipt this Period
 150.00

B. Becky R Barnes
Full Name (Last, First, Middle Initial)

Mailing Address 5112 E 108th St

City Tulsa State OK Zip Code 74137-7241

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

Name of Employer Stephen P. Siefert, D.O. Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2013
Transaction ID : 36541389

Amount of Each Receipt this Period
 250.00

c. Linda G Restea
Full Name (Last, First, Middle Initial)

Mailing Address 1609 NW 103rd Ter

City Gainesville State FL Zip Code 32606-5584

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

Name of Employer Self Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2013
Transaction ID : 36541392

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Linda E Moore
Full Name (Last, First, Middle Initial)

Mailing Address 4110 Stonebrook Farms Rd

City Greensboro State NC Zip Code 27406-9655

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

Name of Employer CRNA 4U Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2013

Transaction ID : 36541405

Amount of Each Receipt this Period
 100.00

B. Rodney K Cannaday
Full Name (Last, First, Middle Initial)

Mailing Address 4011 Oak Creek Dr

City Nacogdoches State TX Zip Code 75965-6528

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

Name of Employer R. Kent Cannaday CRNA PIIC Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 980.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2013

Transaction ID : 36541417

Amount of Each Receipt this Period
 250.00

c. Mary G Dudley
Full Name (Last, First, Middle Initial)

Mailing Address 607 L Hauser Rd

City Onalaska State WI Zip Code 54650-2054

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

Name of Employer Gundersen Lutheran Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2013

Transaction ID : 36541419

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Russell T Beavers
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Glasgow Ct
 City Little Rock State AR Zip Code 72211-2170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jefferson Anesthesia Assoc. Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2013
Transaction ID : 36541422
 Amount of Each Receipt this Period
300.00

B. James W Havenar
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 52091
 City Lafayette State LA Zip Code 70505-2091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2013
Transaction ID : 36541438
 Amount of Each Receipt this Period
250.00

c. Larry H Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 3646 Clairice Cv
 City Bartlett State TN Zip Code 38133-0961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2013
Transaction ID : 36541449
 Amount of Each Receipt this Period
200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)
A. Laurence G Stephens

Mailing Address 2722 Foxboro Dr

City State Zip Code
Garland TX 75044-2820

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

Name of Employer Occupation
Pinnacle Partners in Medicine CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2013
Transaction ID : 36541450

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Claudia M Ambrus

Mailing Address 1 Atherton Ln

City State Zip Code
Milton MA 02186-3641

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

Name of Employer Occupation
New England Pain Management Consultant CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2013
Transaction ID : 36541458

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. August J Rantz III

Mailing Address 111 Acomb Dr

City State Zip Code
Lafayette LA 70508-7811

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

Name of Employer Occupation
August J. Rantz, III, Ltd. President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013
Transaction ID : 36541459

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Una O'Leary Escolas
 Full Name (Last, First, Middle Initial)
 Mailing Address 29236 Regency Cir
 City Westlake State OH Zip Code 44145-6701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Westlake Medical Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 03 / 2013**
Transaction ID : 36541460
 Amount of Each Receipt this Period **150.00**

B. Samuel Ervin Dixon
 Full Name (Last, First, Middle Initial)
 Mailing Address 92-6082 Nemo St
 City Kapolei State HI Zip Code 96707-2815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tripler Army Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 29 / 2013**
Transaction ID : 36541476
 Amount of Each Receipt this Period **250.00**

C. Christopher A Romanowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 9003 Gardenia Rd
 City Baltimore State MD Zip Code 21236-1764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rest Assured, PA Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 27 / 2013**
Transaction ID : 36541478
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Stephen K Lindsey
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 S Cottonwood Ranch Rd
 City Cottonwood State AZ Zip Code 86326-8328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Verde Valley Medical Center - Cottonwo Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2013
Transaction ID : 36541488
 Amount of Each Receipt this Period
 100.00

B. Marianne S. Cosgrove
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 Signal Hill Rd
 City Madison State CT Zip Code 06443-3343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yale-New Haven Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 980.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2013
Transaction ID : 36541490
 Amount of Each Receipt this Period
 250.00

c. Dorothea M Case
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 396
 City Escanaba State MI Zip Code 49829-0396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Memorial Building Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2013
Transaction ID : 36541494
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Leslie Ann Jeter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1244 Wildcliff Cir NE
 City Atlanta State GA Zip Code 30329-3473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ambulatory Anesthesia Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1050.00**

Date of Receipt **09 / 17 / 2013**
Transaction ID : 36541496
 Amount of Each Receipt this Period **100.00**

B. Lt Col Ellis R Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 Fussell Rd
 City Leesburg State GA Zip Code 31763-5210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Mississippi Medical Ctr Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 27 / 2013**
Transaction ID : 36541505
 Amount of Each Receipt this Period **250.00**

C. Joseph J Burroff
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 Quinn Hill Dr
 City El Dorado State AR Zip Code 71730-8869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interventional Cardiology Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 09 / 2013**
Transaction ID : 36541514
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Judith C Wiley
 Full Name (Last, First, Middle Initial)
 Mailing Address 187 S York St Unit E
 City Elmhurst State IL Zip Code 60126-3460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rush University Medical Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.00

Date of Receipt 09 / 13 / 2013
Transaction ID : 36541518
 Amount of Each Receipt this Period 250.00

B. David Hessert
 Full Name (Last, First, Middle Initial)
 Mailing Address 338 Kennebec Rd
 City Hampden State ME Zip Code 04444-2014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nurse Anesthesia of Maine Occupation CEO/CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 02 / 2013
Transaction ID : 36541520
 Amount of Each Receipt this Period 500.00

C. Emilia Zeller
 Full Name (Last, First, Middle Initial)
 Mailing Address 2710 Casas Del Sur Ct
 City Granbury State TX Zip Code 76049-1465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Glen Rose Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 02 / 2013
Transaction ID : 36541522
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Carol L Munsterman
Full Name (Last, First, Middle Initial)

Mailing Address 8238 Scenic Shore Ct

City State Zip Code
Sugar Land TX 77478-4752

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

Name of Employer Occupation
Self CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
980.00

Date of Receipt
09 / 08 / 2013
Transaction ID : 36541524

Amount of Each Receipt this Period
250.00

B. Jennifer E DeLand
Full Name (Last, First, Middle Initial)

Mailing Address 9951 Baker Lake Rd

City State Zip Code
Minocqua WI 54548-9128

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

Name of Employer Occupation
Howard young Medical Center CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 15 / 2013
Transaction ID : 36541526

Amount of Each Receipt this Period
250.00

C. Lori A Leeds
Full Name (Last, First, Middle Initial)

Mailing Address 5644 Autumn Ridge Dr

City State Zip Code
Newburgh IN 47630-3262

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

Name of Employer Occupation
St Charles Health CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 03 / 2013
Transaction ID : 36541529

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Coleen D Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 4344 Stones River Ct
 City New Port Richey State FL Zip Code 34653-6137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Hospital Occupation Staff Anesthetist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 04 / 2013**
Transaction ID : 36541532
 Amount of Each Receipt this Period **250.00**

B. Shirley S Sopko
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Coggins Mine Ct
 City Chapel Hill State NC Zip Code 27517-3437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNC Hospitals Occupation Nurse Anesthetist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1400.00**

Date of Receipt **09 / 08 / 2013**
Transaction ID : 36541539
 Amount of Each Receipt this Period **400.00**

C. Kimberly J Kurtz
 Full Name (Last, First, Middle Initial)
 Mailing Address 32722 Old Country Ln
 City Prairie Du Chien State WI Zip Code 53821-8119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St clare hospital Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt **09 / 24 / 2013**
Transaction ID : 36541543
 Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Adrienne G Hartgerink
 Full Name (Last, First, Middle Initial)
 Mailing Address 5101 Brookstone Way
 City State Zip Code
 Suffolk VA 23435-3502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Walter Reed Army Medical Center CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2013
Transaction ID : 36541546
 Amount of Each Receipt this Period
 250.00

B. Thomas A Kolinsky
 Full Name (Last, First, Middle Initial)
 Mailing Address E5261 State Highway M35
 City State Zip Code
 Escanaba MI 49829-9669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OSF Medical Group CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2013
Transaction ID : 36541547
 Amount of Each Receipt this Period
 250.00

C. Lois R Bondy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1441 W Bahia Ct
 City State Zip Code
 Gilbert AZ 85233-5601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Naptime AZ INC CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2013
Transaction ID : 36541549
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Delphos E Price Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 2622 Bardell Dr
 City State Zip Code
 Wilmington DE 19808-3025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : 36541554
 Amount of Each Receipt this Period
 200.00

B. John W Sauerwald
 Full Name (Last, First, Middle Initial)
 Mailing Address 10886 N Woodfield Cir
 City State Zip Code
 Brighton MI 48114-9288
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 A. Alfred Taubman Health Care Center CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2013
Transaction ID : 36541555
 Amount of Each Receipt this Period
 250.00

C. Karen M Bordewyk
 Full Name (Last, First, Middle Initial)
 Mailing Address 1912 S Austin Dr
 City State Zip Code
 Sioux Falls SD 57105-0109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Avera Heart Hospital CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2013
Transaction ID : 36541558
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Troy Alan Broka
 Full Name (Last, First, Middle Initial)
 Mailing Address 1280 Trotters Ln
 City Williamston State MI Zip Code 48895-8716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1030.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : 36541570
 Amount of Each Receipt this Period
 300.00

B. David J Butlak
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Whiterock Dr
 City Mount Holly State NC Zip Code 28120-8101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Knockout Anesthesia Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt
 09 / 27 / 2013
Transaction ID : 36541573
 Amount of Each Receipt this Period
 355.00

C. Benjamin W Riley
 Full Name (Last, First, Middle Initial)
 Mailing Address 8672 April Ct
 City Inver Grove Heights State MN Zip Code 55077-5047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MAYO MEDICAL CENTER Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 09 / 20 / 2013
Transaction ID : 36541576
 Amount of Each Receipt this Period
 205.00

SUBTOTAL of Receipts This Page (optional).....▶	860.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Wendy A VanderKooi
 Full Name (Last, First, Middle Initial)
 Mailing Address 27343 Ridgeway Rd
 City Harrisburg State SD Zip Code 57032-8241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sioux Valley Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2013
Transaction ID : 36541583
 Amount of Each Receipt this Period
 250.00

B. Michelle Hayes Duell
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Cedar Ave
 City Towson State MD Zip Code 21286-7844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Maryland Occupation Director of Clinical Education, OSAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2013
Transaction ID : 36541590
 Amount of Each Receipt this Period
 250.00

C. Jana R Goich
 Full Name (Last, First, Middle Initial)
 Mailing Address 38A Federal St
 City Newburyport State MA Zip Code 01950-2820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2013
Transaction ID : 36541591
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Emily A Barton
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5561
 City State Zip Code
 Fort Smith AR 72913-5561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EAC Anesthesia, PC CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2013
Transaction ID : 36541597
 Amount of Each Receipt this Period
 250.00

B. Sandra Willis Pena
 Full Name (Last, First, Middle Initial)
 Mailing Address 8909 Clear Springs Rd
 City State Zip Code
 Oak Ridge NC 27310-9809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wake Forest Baptist Health CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2013
Transaction ID : 36541602
 Amount of Each Receipt this Period
 20.00

C. Jennifer Lynne Hale
 Full Name (Last, First, Middle Initial)
 Mailing Address 392 Springfield Rd
 City State Zip Code
 Mt Pleasant SC 29464-6239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TRIDENT ANESTHESIA GROUP CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 465.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2013
Transaction ID : 36541618
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 370.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Bruce A Herr Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 4200 Cathedral Ave NW Apt 717
 City Washington State DC Zip Code 20016-4934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MedStar Health - Wash Hosp Ctr Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 02 / 2013
Transaction ID : 36541627
 Amount of Each Receipt this Period 85.00

B. Nuria M Martinez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 N 6th St
 City Coeur D Alene State ID Zip Code 83814-3229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sacred Heart Med Ctr/Gonzaga Universi Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 755.00

Date of Receipt 09 / 04 / 2013
Transaction ID : 36541630
 Amount of Each Receipt this Period 355.00

c. Linda M Butlak
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Whiterock Dr
 City Mount Holly State NC Zip Code 28120-8101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Knockout Anesthesia Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 09 / 27 / 2013
Transaction ID : 36541634
 Amount of Each Receipt this Period 355.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 795.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Chris J Bender
Full Name (Last, First, Middle Initial)

Mailing Address 7404 S High Cross Trl

City State Zip Code
Sioux Falls SD 57108-3338

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

Name of Employer Occupation
Student SRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2013
Transaction ID : 36541635

Amount of Each Receipt this Period
500.00

B. Timothy J McGuire
Full Name (Last, First, Middle Initial)

Mailing Address 1438 Ridge Cliff Ln NE

City State Zip Code
Rochester MN 55906-8705

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

Name of Employer Occupation
Mayo Graduate School CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2013
Transaction ID : 36541642

Amount of Each Receipt this Period
300.00

C. Kenneth Murray Pearlstein
Full Name (Last, First, Middle Initial)

Mailing Address 319 S Hicks St

City State Zip Code
Philadelphia PA 19102-4906

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

Name of Employer Occupation
Requested CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2013
Transaction ID : 36541644

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Walter Allen Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 18528 Crestmount Rd
 City Boyds State MD Zip Code 20841-4359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASC Anesthesia Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2013
Transaction ID : 36541645
 Amount of Each Receipt this Period
 350.00

B. Chad L Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 N 6th St
 City Coeur D Alene State ID Zip Code 83814-3229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sacred Heart Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2013
Transaction ID : 36541656
 Amount of Each Receipt this Period
 355.00

C. Angela M Schlack-Haerer
 Full Name (Last, First, Middle Initial)
 Mailing Address W4973 Mc Laren Rd
 City La Crosse State WI Zip Code 54601-2490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GUNDERSEN HEALTH SYSTEM LACROSSE Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2013
Transaction ID : 36541667
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	955.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial) A. Julia M Harris			Date of Receipt MM / DD / YYYY 09 / 24 / 2013 Transaction ID : 36541678
Mailing Address 241 Norumbega Dr			Amount of Each Receipt this Period 100.00
City Monrovia	State CA	Zip Code 91016-2415	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 735.00
Name of Employer Kaiser Permanente Medical Ctr.	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00		

Full Name (Last, First, Middle Initial) B. Teresa A DeLongchamp Shadwell			Date of Receipt MM / DD / YYYY 09 / 12 / 2013 Transaction ID : 36541700
Mailing Address 6940 Beaufort			Amount of Each Receipt this Period 100.00
City West Bloomfield	State MI	Zip Code 48323-1302	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 465.00
Name of Employer Henry Ford Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00		

Full Name (Last, First, Middle Initial) C. Erick M Pierce			Date of Receipt MM / DD / YYYY 09 / 15 / 2013 Transaction ID : 36541705
Mailing Address 12 Conrad Ct			Amount of Each Receipt this Period 500.00
City Oakland	State CA	Zip Code 94611-1027	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00
Name of Employer Kaiser Permanente	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Martin R Blaney II
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 233
 City Machias State ME Zip Code 04654-0233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Down East Community Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2013
Transaction ID : 36541711
 Amount of Each Receipt this Period
 250.00

B. George G Gauamis
 Full Name (Last, First, Middle Initial)
 Mailing Address 867 Fawn Cir
 City Perrysburg State OH Zip Code 43551-5432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ProMedica Anesthesiology Consultants Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : 36541712
 Amount of Each Receipt this Period
 250.00

c. Myca L Kleespie
 Full Name (Last, First, Middle Initial)
 Mailing Address 709 9th Ave NE
 City Minot State ND Zip Code 58703-2636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Trinity Health Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2013
Transaction ID : 36541726
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional).....▶	575.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Patti A Hendrix
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8690
 City Kodiak State AK Zip Code 99615-8690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alaska Regional Hospital Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : 36541737
 Amount of Each Receipt this Period
50.00

B. Linda R Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2004
 127 Gilead St
 City Shady Spring State WV Zip Code 25918-2004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East-West Anesthesia Services Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **666.67**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2013
Transaction ID : 36541739
 Amount of Each Receipt this Period
83.34

C. David P Rakey
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Fairway Dr
 City Mount Vernon State IL Zip Code 62864-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : 36541740
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **233.34**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Anthony J Chipas
 Full Name (Last, First, Middle Initial)
 Mailing Address 907 Players Cir
 City Summerville State SC Zip Code 29485-6224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MUSC Medical Center Occupation Associate Professor Program Director A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1585.00

Date of Receipt
 09 / 06 / 2013
Transaction ID : 36541741
 Amount of Each Receipt this Period
 85.00

B. Amy Pfeil Neimkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 368 Woodward Ct
 City Birmingham State AL Zip Code 35242-6040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Alabama at Birmingham Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1265.00

Date of Receipt
 09 / 06 / 2013
Transaction ID : 36541742
 Amount of Each Receipt this Period
 85.00

C. Cheryl L Nimmo
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Aberdeen Rd
 City East Providence State RI Zip Code 02915-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Medicine Foundation in Prov Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 09 / 06 / 2013
Transaction ID : 36541743
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	270.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Daniel M Greenwald
 Full Name (Last, First, Middle Initial)
 Mailing Address 11094 2nd St
 City Mount Vernon State WA Zip Code 98273-7210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skagit Valley Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : 36541744
 Amount of Each Receipt this Period
 50.00

B. Donna Hupp Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 the Woods Rd
 City Hedgesville State WV Zip Code 25427-6883
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Ridge Anesthesia Assoiicat Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2013
Transaction ID : 36541745
 Amount of Each Receipt this Period
 35.00

C. Michael E Whoberry
 Full Name (Last, First, Middle Initial)
 Mailing Address 6101 Delk Dr
 City Evansville State IN Zip Code 47711-7759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2013
Transaction ID : 36541747
 Amount of Each Receipt this Period
 30.41

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)
A. Susan J Mooney

Mailing Address 4 S Star Gazer

City Santa Fe State NM Zip Code 87506-1211

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

Name of Employer Occupation
Self Employed CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2013
Transaction ID : 36541748

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Lynn J Reede

Mailing Address 787 Graceland Ave Unit 508

City Des Plaines State IL Zip Code 60016-8631

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

Name of Employer Occupation
Aultman Hospital CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1183.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2013
Transaction ID : 36541749

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Neil L Thompson

Mailing Address 243 Blake Ct

City Springfield State IL Zip Code 62711-5606

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

Name of Employer Occupation
Springfield clinic CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.67

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2013
Transaction ID : 36541750

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....▶	196.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Ronald Gene Sturgeon
 Full Name (Last, First, Middle Initial)
 Mailing Address 10880 E Peoria Cir
 City Miami State OK Zip Code 74354-4648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Uvalde Memorial Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 09 / 26 / 2013
Transaction ID : 36541752
 Amount of Each Receipt this Period
 250.00

B. Lawrence K Beck
 Full Name (Last, First, Middle Initial)
 Mailing Address 1504 County Road A
 City Edgerton State WI Zip Code 53534-9549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 09 / 27 / 2013
Transaction ID : 36541755
 Amount of Each Receipt this Period
 50.00

C. Elizabeth A Hoenstine
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Sophie Dr
 City East Freedom State PA Zip Code 16637-8304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer lexington anesthesia associates Occupation crna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 09 / 27 / 2013
Transaction ID : 36541758
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional).....▶	335.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial) A. Christopher K Dietz		Date of Receipt MM / DD / YYYY 09 / 06 / 2013 Transaction ID : 36541759
Mailing Address PO Box 237		Amount of Each Receipt this Period 30.42
City Pine Island	State MN	Zip Code 55963-0237
FEC ID number of contributing federal political committee. C		
Name of Employer Mayo clinic	Occupation Staff anesthetist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.92	

Full Name (Last, First, Middle Initial) B. Joseph E Pellegrini		Date of Receipt MM / DD / YYYY 09 / 27 / 2013 Transaction ID : 36541760
Mailing Address 13007 Shaneybrook Cir		Amount of Each Receipt this Period 30.41
City Reisterstown	State MD	Zip Code 21136-5726
FEC ID number of contributing federal political committee. C		
Name of Employer University of Maryland	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.33	

Full Name (Last, First, Middle Initial) C. Robert J Gauvin		Date of Receipt MM / DD / YYYY 09 / 26 / 2013 Transaction ID : 36541761
Mailing Address 1 Riverside Dr		Amount of Each Receipt this Period 208.34
City Mattapoisett	State MA	Zip Code 02739-1445
FEC ID number of contributing federal political committee. C		
Name of Employer Ophthalmologists Plymouth	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3091.67	

SUBTOTAL of Receipts This Page (optional).....▶	269.17
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Catherine A Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1861 E Audubon Blvd
 City Lancaster State OH Zip Code 43130-9819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pickaway Health Services Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 06 / 2013
Transaction ID : 36541762
 Amount of Each Receipt this Period 85.00

B. Deirdra Diane Scanlon
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1274
 City Lewisburg State WV Zip Code 24901-4274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenbrier Valley Medical Cent Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 268.33

Date of Receipt 09 / 27 / 2013
Transaction ID : 36541763
 Amount of Each Receipt this Period 30.41

C. Marjorie A Geisz-Everson
 Full Name (Last, First, Middle Initial)
 Mailing Address 11001 Patterson Rd
 City New Orleans State LA Zip Code 70131-3251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LSUHSC School of Nursing Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 09 / 05 / 2013
Transaction ID : 36541764
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 215.41
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Sherry E Swearngin
Full Name (Last, First, Middle Initial)

Mailing Address 1698 E Seaport Ct

City Boise State ID Zip Code 83706-6333

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

Name of Employer VA Medical Center Occupation Nurse Anesthetist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 06 / 2013
Transaction ID : 36541766

Amount of Each Receipt this Period 85.00

B. Nancy A Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 4704 Loxham Ct

City Virginia Beach State VA Zip Code 23456-5046

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

Name of Employer SELF Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 243.33

Date of Receipt 09 / 27 / 2013
Transaction ID : 36541767

Amount of Each Receipt this Period 30.41

C. Sharon G Niemann
Full Name (Last, First, Middle Initial)

Mailing Address 2641 S 218th St W

City Goddard State KS Zip Code 67052-9275

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

Name of Employer Newman University Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 06 / 2013
Transaction ID : 36541769

Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.41

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial) A. Robert W Orr			Date of Receipt 09 / 27 / 2013 Transaction ID : 36541770
Mailing Address 3411 Serena Ave			Amount of Each Receipt this Period 30.00
City Clovis	State CA	Zip Code 93619-2019	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 290.00
Name of Employer SELF		Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mary P Neff			Date of Receipt 09 / 27 / 2013 Transaction ID : 36541771
Mailing Address 515 W Keech Ave			Amount of Each Receipt this Period 30.41
City Ann Arbor	State MI	Zip Code 48103-5536	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 298.33
Name of Employer University of Michigan Hospital		Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Michael J Ruebusch			Date of Receipt 09 / 27 / 2013 Transaction ID : 36541775
Mailing Address 3272 Anniston Dr			Amount of Each Receipt this Period 83.34
City Cincinnati	State OH	Zip Code 45248-5002	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 966.67
Name of Employer Dearborn County Hospital		Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	143.75
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Jill A Von Rothe
 Full Name (Last, First, Middle Initial)
 Mailing Address 12000 Market St Apt 202
 City Reston State VA Zip Code 20190-5697
 FEC ID number of contributing federal political committee. **C**
 Name of Employer austin weston center Occupation crna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 364.98

Date of Receipt 09 / 27 / 2013
Transaction ID : 36541776
 Amount of Each Receipt this Period 60.83

B. Debra Pecka Malina
 Full Name (Last, First, Middle Initial)
 Mailing Address 1116 N 13th Ct
 City Hollywood State FL Zip Code 33019-3110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Barry University - Health Sciences Adm Occupation Assistant Director of Clinical Educati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 09 / 05 / 2013
Transaction ID : 36541777
 Amount of Each Receipt this Period 125.00

C. Charles F Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 3841 Briar Crest Dr
 City Janesville State WI Zip Code 53546-4236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Declined Occupation N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.33

Date of Receipt 09 / 27 / 2013
Transaction ID : 36541778
 Amount of Each Receipt this Period 30.41

SUBTOTAL of Receipts This Page (optional).....	216.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial) A. Robert D Schmieg		Date of Receipt
Mailing Address PO Box 66		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City State Zip Code Staples MN 56479-0066		Transaction ID : 36541780
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Lakewood Health System	Occupation Director of Anesthesia	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	

Full Name (Last, First, Middle Initial) B. Michael W Neft		Date of Receipt
Mailing Address 1220 Crescent PI Apt 3K		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City State Zip Code Pittsburgh PA 15217-3503		Transaction ID : 36541781
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.33"/>
Name of Employer University of Pittsburgh	Occupation Asst. Professor/CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="683.33"/>	

Full Name (Last, First, Middle Initial) C. 1LT Lisa J Haas		Date of Receipt
Mailing Address 1394 Danville Blvd Apt 106		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City State Zip Code Alamo CA 94507-1965		Transaction ID : 36541782
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.34"/>
Name of Employer Kaiser Permanente	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="666.67"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="416.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Jason P Whiteley
 Full Name (Last, First, Middle Initial)
 Mailing Address 12111 S 4th St
 City Jenks State OK Zip Code 74037-4968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Whiteley Anesthesia Services, PC Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **666.67**

Date of Receipt **09 / 27 / 2013**
Transaction ID : 36541783
 Amount of Each Receipt this Period **83.34**

B. Lisa K Willey
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 Burkhart Rd
 City Lowell State OH Zip Code 45744-7360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Marietta Memorial Hospita Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **510.00**

Date of Receipt **09 / 27 / 2013**
Transaction ID : 36541784
 Amount of Each Receipt this Period **85.00**

C. Rebecca M Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 4204 Fawn Run
 City Medina State OH Zip Code 44256-6918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Hospital Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.25**

Date of Receipt **09 / 27 / 2013**
Transaction ID : 36541785
 Amount of Each Receipt this Period **30.42**

SUBTOTAL of Receipts This Page (optional).....▶	198.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Carole E Quiroz
 Full Name (Last, First, Middle Initial)
 Mailing Address 69 Cambridge Rd
 City Montclair State NJ Zip Code 07042-5035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rampal Valley Anesthesia Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 09 / 27 / 2013
Transaction ID : 36541786
 Amount of Each Receipt this Period
 30.00

B. Julie N Bonom
 Full Name (Last, First, Middle Initial)
 Mailing Address 362 Hagaman Ln
 City Andersonville State TN Zip Code 37705-3422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Tennessee Occupation Associate Program Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 09 / 05 / 2013
Transaction ID : 36541787
 Amount of Each Receipt this Period
 35.00

c. Cheryl Lynn Gamble
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 E Bellamy Dr Carriage Run
 City New Castle State DE Zip Code 19720-2979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer pinnacle mid-atlantic anesthes Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1185.00

Date of Receipt
 09 / 26 / 2013
Transaction ID : 36541790
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial) A. Mindy K Miller		Date of Receipt MM / DD / YYYY 09 / 27 / 2013 Transaction ID : 36541791
Mailing Address 2014 SW Sage Cir		Amount of Each Receipt this Period 85.00
City Ankeny	State IA	
Zip Code 50023-8210		Aggregate Year-to-Date ▼ 960.00
FEC ID number of contributing federal political committee. C		
Name of Employer M & M Anesthesia LLC	Occupation nurse anesthetist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Monique R Bowersox		Date of Receipt MM / DD / YYYY 09 / 26 / 2013 Transaction ID : 36541792
Mailing Address 1728 Quarry Ridge PI NW Apt 318		Amount of Each Receipt this Period 30.42
City Rochester	State MN	
Zip Code 55901-0823		Aggregate Year-to-Date ▼ 280.42
FEC ID number of contributing federal political committee. C		
Name of Employer Mayo Clinic Health Solutions	Occupation CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Bruce A Herr Jr		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 Transaction ID : 36541795
Mailing Address 4200 Cathedral Ave NW Apt 717		Amount of Each Receipt this Period 85.00
City Washington	State DC	
Zip Code 20016-4934		Aggregate Year-to-Date ▼ 850.00
FEC ID number of contributing federal political committee. C		
Name of Employer MedStar Health - Wash Hosp Ctr	Occupation CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	200.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Dustin J Degman
Full Name (Last, First, Middle Initial)

Mailing Address 4206 Legacy Oaks Pl

City Asheville State NC Zip Code 28803-4596

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

Name of Employer Asheville Anesthesia Associates, P.A. Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt **09 / 06 / 2013**

Transaction ID : 36541796

Amount of Each Receipt this Period **85.00**

B. Gram M Cotton
Full Name (Last, First, Middle Initial)

Mailing Address N4762 600th St

City Menomonie State WI Zip Code 54751-6566

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

Name of Employer Menomonie Hospital Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt **09 / 06 / 2013**

Transaction ID : 36541799

Amount of Each Receipt this Period **85.00**

C. Tamara E Moser
Full Name (Last, First, Middle Initial)

Mailing Address 3675 Fillmore St Apt 102

City San Francisco State CA Zip Code 94123-1644

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

Name of Employer za medical center san francisco Occupation crna

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **09 / 27 / 2013**

Transaction ID : 36541801

Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... **200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Daniel Perry Brock
Full Name (Last, First, Middle Initial)

Mailing Address 406 Ashland Dr

City Goldsboro State NC Zip Code 27530-9165

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

Name of Employer East Carolina Anesthesia Associates Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2013

Transaction ID : 36541804

Amount of Each Receipt this Period
125.00

B. T'Anyia Marye Carter
Full Name (Last, First, Middle Initial)

Mailing Address 3904 Bowser Ave

City Dallas State TX Zip Code 75219-3701

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

Name of Employer Lagrange Pain Medicine Doctors Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2013

Transaction ID : 36541806

Amount of Each Receipt this Period
100.00

C. Justin E Howard
Full Name (Last, First, Middle Initial)

Mailing Address 1721 6th Ave N

City Menomonie State WI Zip Code 54751-2142

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

Name of Employer Essentia Health Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **845.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2013

Transaction ID : 36541807

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	308.33
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Charles R Elam IV
 Full Name (Last, First, Middle Initial)
 Mailing Address 1657 Monticello St
 City Petersburg State VA Zip Code 23805-1335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Requested Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2013
Transaction ID : 36541810
 Amount of Each Receipt this Period
 35.00

B. Jacob Larry Carlson
 Full Name (Last, First, Middle Initial)
 Mailing Address 609 S Howell Ave
 City West Plains State MO Zip Code 65775-3747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Declined Occupation N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2013
Transaction ID : 36541817
 Amount of Each Receipt this Period
 30.42

C. Marian Jeanie Ware
 Full Name (Last, First, Middle Initial)
 Mailing Address 3361 Cottonwood Rd NW
 City Baudette State MN Zip Code 56623-3043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Locums CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2013
Transaction ID : 36541828
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	165.42
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. LuAnn Mavis Yerks
Full Name (Last, First, Middle Initial)
Mailing Address 5144 Sheridan Ave S
City Minneapolis State MN Zip Code 55410-2237
FEC ID number of contributing federal political committee. **C**
Name of Employer Regions Hospital Occupation CRNA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2013
Transaction ID : 36541829
Amount of Each Receipt this Period 1000.00

B. Bonnie J Mackin
Full Name (Last, First, Middle Initial)
Mailing Address 1511 Old Alvin Rd
City Pearland State TX Zip Code 77581-3005
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation CRNA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2013
Transaction ID : 36541830
Amount of Each Receipt this Period 500.00

C. Suzanne M Dufek
Full Name (Last, First, Middle Initial)
Mailing Address 835 Karau Ln
City Cape Girardeau State MO Zip Code 63701-4407
FEC ID number of contributing federal political committee. **C**
Name of Employer Anesthesia Associates of Cape Occupation CRNA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 25 / 2013
Transaction ID : 36541838
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Elizabeth Visco
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 9th Ave
 Box 359724
 City Seattle State WA Zip Code 98104-2420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harborview Medical Center Occupation Chief CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **565.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2013
Transaction ID : 36541840
 Amount of Each Receipt this Period
200.00

B. Wendell D Spencer
 Full Name (Last, First, Middle Initial)
 Mailing Address 49130 W Benton St
 City Oneill State NE Zip Code 68763-4604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NCAS, LLC Occupation CRNA owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : 36541843
 Amount of Each Receipt this Period
85.00

C. Terry Charles Wicks
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 910
 111 Windsor Street
 City Rutherford College State NC Zip Code 28671-0910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Catawba Valley Medical Center Occupation nurse anesthetist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **485.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : 36541844
 Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....	370.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial) A. Steven R Leach		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>05</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		05		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
09		05		2013								
Mailing Address 1049 Redfish St		Transaction ID : 36541848										
City Bayou Vista	State TX	Zip Code 77563-2711										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00										
Name of Employer University of Texas Medical Br	Occupation CRNA											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00											

Full Name (Last, First, Middle Initial) B. Marla J Hadeler		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>28</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		28		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
09		28		2013								
Mailing Address 28814 Bass Blvd		Transaction ID : 36541850										
City Harlingen	State TX	Zip Code 78552-2124										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00										
Name of Employer self employed	Occupation Nurse Anesthetist											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00											

Full Name (Last, First, Middle Initial) C. Renee J Christ		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		30		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
09		30		2013								
Mailing Address 6501 Deerewood Ln		Transaction ID : 36541851										
City Bismarck	State ND	Zip Code 58503-9152										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00										
Name of Employer St. Alexis Medical Center	Occupation CRNA											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00											

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Brenda G Soileau
 Full Name (Last, First, Middle Initial)
 Mailing Address 1803 Thistlecreek Court
 City Fresno State TX Zip Code 77545-9562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Houston Anesthesiology Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt **09 / 05 / 2013**
Transaction ID : 36541852
 Amount of Each Receipt this Period **300.00**

B. Debra A Barber
 Full Name (Last, First, Middle Initial)
 Mailing Address 834 Inspiration Way
 City Louisville State KY Zip Code 40245-3989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Triple Crown Anesthesia Occupation Nurse anesthetist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt **09 / 05 / 2013**
Transaction ID : 36541853
 Amount of Each Receipt this Period **50.00**

C. Nora J Coast
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 W Ulex Ave
 City Mc Allen State TX Zip Code 78504-2411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RGV Anesthesia Services Inc Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 05 / 2013**
Transaction ID : 36541854
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)
A. Amy M Nielsen

Mailing Address PO Box 548

City Morton State WA Zip Code 98356-0548

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

Name of Employer Morton General Hospital Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt
 09 / 05 / 2013
Transaction ID : 36541855

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. John A Norris

Mailing Address 4225 Canterbury Ct

City Jackson State MS Zip Code 39211-6205

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

Name of Employer Declined Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 09 / 13 / 2013
Transaction ID : 36541857

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Mark Green

Mailing Address 1376 Acworth Rd

City Charlestown State NH Zip Code 03603-4650

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

Name of Employer Springfield Hospital Occupation Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **672.00**

Date of Receipt
 09 / 20 / 2013
Transaction ID : 36541859

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional)..... **134.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Susan E Hays
 Full Name (Last, First, Middle Initial)
 Mailing Address 1011 Barkdull St
 City Houston State TX Zip Code 77006-6570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Richland Memorial Hospital Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 29 / 2013**
Transaction ID : 36541861
 Amount of Each Receipt this Period **250.00**

B. Randall L Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 370 Cardiff Cir
 City Colorado Springs State CO Zip Code 80906-7634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United States Army, Landstuhl Regional Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **520.00**

Date of Receipt **09 / 26 / 2013**
Transaction ID : 36541874
 Amount of Each Receipt this Period **365.00**

C. Dina Filomena Velocci
 Full Name (Last, First, Middle Initial)
 Mailing Address 8008 Meadow View Dr
 City Nashville State TN Zip Code 37221-4131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VUMC Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 05 / 2013**
Transaction ID : 36541875
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional).....	665.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)
A. Gene T McDonald

Mailing Address PO Box 602

City State Zip Code
Knoxville IA 50138-0602

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

Name of Employer Occupation
Square Waveform Anesthesiology CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2355.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2013
Transaction ID : 36541876

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Donna M Sanchez

Mailing Address 600 Amity Rd

City State Zip Code
Woodbridge CT 06525-1207

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

Name of Employer Occupation
Hartford Surgical Center CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013
Transaction ID : 36541879

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Sara Hulett Yarrow

Mailing Address 191 River Lights Ln

City State Zip Code
Memphis TN 38103-8928

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

Name of Employer Occupation
St. Jude CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
605.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2013
Transaction ID : 36541880

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional).....▶	1115.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Karen Kim Embrey
Full Name (Last, First, Middle Initial)

Mailing Address 435 Helga Ct

City Newbury Park State CA Zip Code 91320-3866

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

Name of Employer LAC+USC Medical Center & Keck School o Occupation CRNA, EdD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 26 / 2013
Transaction ID : 36541881

Amount of Each Receipt this Period 100.00

B. Robert Allan Moore
Full Name (Last, First, Middle Initial)

Mailing Address 4739 Saddlebrook Dr

City Benbrook State TX Zip Code 76116-1448

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

Name of Employer sheridan north tx Occupation crna

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt 09 / 27 / 2013
Transaction ID : 36541889

Amount of Each Receipt this Period 365.00

C. Mark M Bjornstad
Full Name (Last, First, Middle Initial)

Mailing Address 2619 N Miller Dr

City Moorhead State MN Zip Code 56560-1404

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

Name of Employer Sanford Health Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1265.00

Date of Receipt 09 / 05 / 2013
Transaction ID : 36541892

Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial) A. Marjorie A Geisz-Everson		Date of Receipt										
Mailing Address 11001 Patterson Rd		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>26</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		26		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
09		26		2013								
City State Zip Code New Orleans LA 70131-3251		Transaction ID : 36543866										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
Name of Employer Occupation LSUHSC School of Nursing CRNA		<table border="1"> <tr> <td>400.00</td> </tr> </table>	400.00									
400.00												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	<table border="1"> <tr> <td>1700.00</td> </tr> </table>	1700.00										
1700.00												

Full Name (Last, First, Middle Initial) B. Paul D Beninga		Date of Receipt										
Mailing Address 6804 S Hughes Ave		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>26</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		26		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
09		26		2013								
City State Zip Code Sioux Falls SD 57108-5834		Transaction ID : 36543892										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
Name of Employer Occupation Avera McKennan Hospital CRNA		<table border="1"> <tr> <td>200.00</td> </tr> </table>	200.00									
200.00												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	<table border="1"> <tr> <td>1650.00</td> </tr> </table>	1650.00										
1650.00												

Full Name (Last, First, Middle Initial) C. Margaret Roseann Cannon-Diehl		Date of Receipt										
Mailing Address 163 164th Ave SE		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>28</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		28		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
09		28		2013								
City State Zip Code Hillsboro ND 58045-9266		Transaction ID : 36543893										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
Name of Employer Occupation Ben Taub Trauma Center CRNA		<table border="1"> <tr> <td>200.00</td> </tr> </table>	200.00									
200.00												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	<table border="1"> <tr> <td>450.00</td> </tr> </table>	450.00										
450.00												

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>800.00</td> </tr> </table>	800.00
800.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Ruth A Morris
 Full Name (Last, First, Middle Initial)
 Mailing Address 10437 W 125th Ter
 City Overland Park State KS Zip Code 66213-2172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Professionals Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : 36543895
 Amount of Each Receipt this Period
 200.00

B. Ronda K Brammer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1913 N Frederic St
 City Wichita State KS Zip Code 67206-8904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Galihia Heart Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : 36543896
 Amount of Each Receipt this Period
 200.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	25749.00

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

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

FOR LINE NUMBER: PAGE 54 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. TFP-FOJB COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 FIRST STREET SE
 City WASHINGTON State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : 36544234
 Amount of Each Receipt this Period
 1250.00
 Refund

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	1250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Moran For Kansas

Mailing Address P.O. Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement Committee Contribution Re-designated funds for trans. dated 3/13/2012

011

Candidate Name

Sen. Jerry Moran

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2013

Transaction ID : 36415417

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

Committee Contribution Re-designated funds for trans. dated 3/13/2012

Full Name (Last, First, Middle Initial)

B. Adrian Smith For Congress

Mailing Address 3321 Avenue I Suite 6

City Scottsbluff State NE Zip Code 69361

Purpose of Disbursement Candidate Contribution

011

Candidate Name

Rep. Adrian Smith

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NE District: 03

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 36463436

Amount of Each Disbursement this Period

1250.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Tim Bishop For Congress

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement Candidate Contribution

011

Candidate Name

Rep. Tim Bishop

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NY District: 01

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 36463438

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

2250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Jim Risch For U S Senate Committee

Mailing Address 407 W Jefferson

City State Zip Code
Boise ID 83702

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

James Risch

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 36463441

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Kurt Schrader For Congress

Mailing Address PO Box 3314

City State Zip Code
Oregon City OR 97045

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Kurt Schrader

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 36463442

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Coble For Congress

Mailing Address PO Box 1177

City State Zip Code
Greensboro NC 27402

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Howard Coble

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 06

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 36463443

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 57 OF 76							
<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)
A. Friends Of Todd Young, Inc.

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement Candidate Contribution

Candidate Name Rep. Todd Young

Office Sought: House Senate President
State: IN District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement 09 / 12 / 2013

Transaction ID : 36463444

Amount of Each Disbursement this Period 2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)
B. Iowans For Latham

Mailing Address PO Box 8237

City Des Moines State IA Zip Code 50301

Purpose of Disbursement Candidate Contribution

Candidate Name Rep. Tom P. Latham

Office Sought: House Senate President
State: IA District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement 09 / 12 / 2013

Transaction ID : 36463449

Amount of Each Disbursement this Period 1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)
C. THE CORNYN MAJORITY COMMITTEE

Mailing Address PO BOX 75103

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement Joint Fundraising Funds

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement 09 / 12 / 2013

Transaction ID : 36463450

Amount of Each Disbursement this Period 2000.00

Joint Fundraising Funds

SUBTOTAL of Disbursements This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Sanford D Bishop Jr for Congress

Mailing Address 1909 Devon Dr

City Albany State GA Zip Code 31707

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Sanford D. Bishop Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 02

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 36463451

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Alaskans For Begich 2014

Mailing Address 1231 W Northern Lts #605

City Anchorage State AK Zip Code 99503

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Sen. Mark P. Begich

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 36463452

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Alaskans For Begich 2014

Mailing Address 1231 W Northern Lts #605

City Anchorage State AK Zip Code 99503

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Sen. Mark P. Begich

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 36463454

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Bonamici For Congress

Mailing Address 2236 Se 10th Ave

City State Zip Code
Portland OR 97214

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Rep. Suzanne Bonamici

Category/
Type

Office Sought: House
 Senate
 President
State: OR District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2013

Transaction ID : 36463455

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Cooper For Congress

Mailing Address C/O Dglf Cpas & Business Advisors
P.O. Box 198087

City State Zip Code
Nashville TN 37219

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Rep. Jim Cooper

Category/
Type

Office Sought: House
 Senate
 President
State: TN District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2013

Transaction ID : 36463456

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Carolyn McCarthy

Mailing Address PO Box 190

City State Zip Code
Mineola NY 11501

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Ms. Carolyn McCarthy

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2013

Transaction ID : 36463459

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Friends Of Dave Reichert

Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. David George Reichert

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 08

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 36463461

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Rosa DeLauro

Mailing Address 12 Trumbull St

City New Haven State CT Zip Code 06511

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Rosa L. DeLauro

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 36463475

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Gardner For Congress

Mailing Address 9227 E. Lincoln Ave., #200-234

City Lone Tree State CO Zip Code 80124

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Cory Gardner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 36463476

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Joe Wilson For Congress Committee

Mailing Address PO Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Joe Wilson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 02

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 36463477

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Karen Bass For Congress

Mailing Address 777 S. Figueroa Street
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Karen Bass

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 36463478

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Scott Rigell For Congress

Mailing Address 915 First Colonial Road
Suite 100

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Scott E. Rigell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 02

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 36463479

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Lee Terry For Congress

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Lee Terry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	3

Transaction ID : 36463480

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Tim Ryan For Congress

Mailing Address 1600 Roosevelt Avenue

City Niles State OH Zip Code 44446

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Timothy J. Ryan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	3

Transaction ID : 36463481

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Whitfield For Congress Comm.

Mailing Address 108 Alumni Avenue

City Hopkinsville State KY Zip Code 42240

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Edward Whitfield

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	3

Transaction ID : 36463482

Amount of Each Disbursement this Period

4	0	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

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

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

8	0	0	0	.	0	0
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8	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Hawkeye PAC

Mailing Address PO BOX 192

City Des Moines State IA Zip Code 50301

Purpose of Disbursement Annual Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 36463486

Amount of Each Disbursement this Period

1000.00

Annual Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Mark Warner

Mailing Address 201 North Union Street Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Candidate Contribution

011

Candidate Name

Mark Warner

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 36463487

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Mark Warner

Mailing Address 201 North Union Street Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Candidate Contribution

011

Candidate Name

Mark Warner

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 36463488

Amount of Each Disbursement this Period

500.00

Candidate Contribution

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Mckinley For Congress

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. David McKinley

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	3		

Transaction ID : 36463489

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Price For Congress Committee

Mailing Address 2200 N Lakeshore Dr

City Chapel Hill State NC Zip Code 27514

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

David E. Price

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	3		

Transaction ID : 36463490

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Walden for Congress

Mailing Address P.O. Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Greg Walden

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	3		

Transaction ID : 36479783

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Mikulski for Senate

Mailing Address P.O. Box 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Barbara A. Mikulski

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2013

Transaction ID : 36479784

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Pallone for Congress

Mailing Address P. O. Box 3176

City Long Beach State NJ Zip Code 07740

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Frank Pallone Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2013

Transaction ID : 36479786

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Continuing A Majority PAC

Mailing Address P.O. Box 17

City Midland State MI Zip Code 48640

Purpose of Disbursement
Annual Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2013

Transaction ID : 36479787

Amount of Each Disbursement this Period

5000.00

Annual Contribution

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Simpson For Congress

Mailing Address 786 Hoff Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Michael K. Simpson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 36479789

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Hoyer Majority Fund

Mailing Address 700 13TH STREET NW
SUITE 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
JFC Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 36479790

Amount of Each Disbursement this Period

1500.00

JFC Contribution

Full Name (Last, First, Middle Initial)

C. Hawkeye PAC

Mailing Address PO BOX 192

City Des Moines State IA Zip Code 50301

Purpose of Disbursement
Annual Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 36479792

Amount of Each Disbursement this Period

1000.00

Annual Contribution

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. VINE PAC

Mailing Address 700 13TH STREET, NW
SUITE 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Annual Contribution

011

Candidate Name
VINE PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 36479793

Amount of Each Disbursement this Period

3000.00

Annual Contribution

Full Name (Last, First, Middle Initial)

B. Schock For Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Aaron Schock

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 36479795

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Moran For Kansas

Mailing Address P.O. Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Sen. Jerry Moran

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 36479797

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Lone Star Leadership PAC

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement JFC Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 36479798

Amount of Each Disbursement this Period

2500.00

JFC Contribution

Full Name (Last, First, Middle Initial)

B. Schakowsky For Congress

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement Candidate Contribution

Candidate Name

Rep. Jan D. Schakowsky

Office Sought: House Senate President
State: IL District: 09

Disbursement For: 2014 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 36479799

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Kinzinger For Congress

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350

Purpose of Disbursement Candidate Contribution

Candidate Name

Rep. Adam Kinzinger

Office Sought: House Senate President
State: IL District: 16

Disbursement For: 2014 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 36479800

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Tom Reed For Congress

Mailing Address PO Box 450

City Victor State NY Zip Code 14564

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Tom Reed

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 36479802

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Kuster For Congress, Inc.

Mailing Address P.O. Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Ann Kuster

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 36479803

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Team Graham

Mailing Address PO BOX 1801

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement
Annual Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 36479804

Amount of Each Disbursement this Period

2500.00

Annual Contribution

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

5000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Johnson For Congress

Mailing Address P.O. Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Bill Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 36479805

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Dave Joyce

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

David Joyce

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 36479806

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Enzi For US Senate

Mailing Address PO Box 907

City Gillette State WY Zip Code 82717

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Mr. Michael B. Enzi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 36479807

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

5000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Boehner for Speaker

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
JFC Contribution

011
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2013

Transaction ID : 36479808

Amount of Each Disbursement this Period

2500.00

JFC Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Michelle

Mailing Address P.O. Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
Candidate Contribution

011
Category/ Type

Candidate Name

Michelle Grisham

Office Sought: House Senate President
State: NM District: 01

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2013

Transaction ID : 36479809

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Jim McDermott

Mailing Address 555 New Jersey Avenue, NW
Suite 201

City Washington State DC Zip Code 20001

Purpose of Disbursement
Candidate Contribution

011
Category/ Type

Candidate Name

Jim McDermott

Office Sought: House Senate President
State: WA District: 34

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2013

Transaction ID : 36479810

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Joe Barton Committee

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Joe L. Barton

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 36479811

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Kevin Mccarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 36479813

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Renee Ellmers RN

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 36479814

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. People For Ben

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Ben Lujan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2013

Transaction ID : 36479825

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Ribble For Congress

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Reid J. Ribble

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2013

Transaction ID : 36481791

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Udall For Us All

Mailing Address PO Box 25766

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Tom Udall

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2013

Transaction ID : 36496025

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Kline For Congress

Mailing Address 350 W Burnsville Pkwy
Ste 625

City Burnsville State MN Zip Code 55337

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. John P. Kline

Category/
Type

Office Sought: House
 Senate
 President
State: MN District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : 36496026

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Pompeo For Congress, Inc

Mailing Address P.O. Box 780146

City Wichita State KS Zip Code 67278

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Mike Pompeo

Category/
Type

Office Sought: House
 Senate
 President
State: KS District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : 36496047

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. PAC to the Future

Mailing Address PMB 3230
268 BUSH STREET

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Annual Contribution

011

Candidate Name

PAC to the Future

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : 36496048

Amount of Each Disbursement this Period

1000.00

Annual Contribution

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Citizens for Cochran

Mailing Address PO Box 7183

City State Zip Code
Tupelo MS 38802

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Thad Cochran

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MS District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2013

Transaction ID : 36496049

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. People for Patty Murray

Mailing Address 6282 Occoquan Drive

City State Zip Code
Manassas VA 20112

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Patty Murray

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2013

Transaction ID : 36496050

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Impact

Mailing Address 509 Madison Ave Suite 1902

City State Zip Code
New York NY 10022

Purpose of Disbursement
Annual Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2013

Transaction ID : 36496051

Amount of Each Disbursement this Period

1000.00

Annual Contribution

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Gene Green Congressional Campaign

Mailing Address P.O. Box 75214

City Washington State DC Zip Code 20013-5214

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Gene Green

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 25 / 2013

Transaction ID : 36496052

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2000.00

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

110250.00