

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

ADDRESS (number and street) 222 South Prospect Ave
c/o Finance Department
 Check if different than previously reported. (ACC)
Park Ridge IL 60068-4001

2. **FEC IDENTIFICATION NUMBER** C00173153
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 06 01 2011 through 06 30 2011

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 Frank J Purcell

Signature of Treasurer Electronically Filed by Frank J Purcell Date 07 20 2011

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

Write or Type Committee Name
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		110517.58
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	250294.56									
(c) Total Receipts (from Line 19)	44328.81	385100.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	294623.37	495618.32								
7. Total Disbursements (from Line 31)	63234.13	264229.08								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	231389.24	231389.24								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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)	22672.75	173295.50
(ii) Unitemized	21656.00	211804.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)	44328.75	385100.44
(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)	44328.75	385100.44
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.06	0.30
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 Transfer (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))	44328.81	385100.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44328.81	385100.74

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	1734.13	51329.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1734.13	51329.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61500.00	210900.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	2000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	63234.13	264229.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63234.13	264229.08

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)	44328.75	385100.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44328.75	385100.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1734.13	51329.08
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1734.13	51329.08

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 68
(check only one)

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

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.

Full Name (Last, First, Middle Initial)
Norma F Sorelle

Mailing Address 109 Keene Road

City Acushnet State MA Zip Code 02743-1305

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

Name of Employer Anesthesia Professional, Inc. Occupation CRNA Locum - part time

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 06 / 21 / 2011

Transaction ID: 33568217

Amount of Each Receipt this Period 85.00

B.

Full Name (Last, First, Middle Initial)
Norma F Sorelle

Mailing Address 109 Keene Road

City Acushnet State MA Zip Code 02743-1305

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

Name of Employer Anesthesia Professional, Inc. Occupation CRNA Locum - part time

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 06 / 13 / 2011

Transaction ID: 33568218

Amount of Each Receipt this Period 200.00

C.

Full Name (Last, First, Middle Initial)
Wanda O Wilson

Mailing Address 900 Adams Crossing Unit 3600

City Cincinnati State OH Zip Code 45202-1679

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

Name of Employer AANA Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 06 / 10 / 2011

Transaction ID: 33568223

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 485.00

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 / 68
	<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.	Full Name (Last, First, Middle Initial) Nancy S Gondringer		Date of Receipt
	Mailing Address 7216 Parkridge Cir		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 20 / 2011
	City	State	Zip Code
	Lincoln	NE	68516-4397
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 33568230
Name of Employer St. Elizabeth Regional Medical Center		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 725.00	<input type="text"/> 200.00

B.	Full Name (Last, First, Middle Initial) Patti A Hendrix		Date of Receipt
	Mailing Address PO Box 8690		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 21 / 2011
	City	State	Zip Code
	Kodiak	AK	99615-8690
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 33568236
Name of Employer Self		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 350.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) Linda G Restea		Date of Receipt
	Mailing Address 1609 NW 103rd Terrace		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 09 / 2011
	City	State	Zip Code
	Gainesville	FL	32606
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 33568237
Name of Employer Self		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 260.00	<input type="text"/> 260.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 510.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 68
(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. Full Name (Last, First, Middle Initial)
Janice J Izlar

Mailing Address 6 Huntingwood Retreat

City Savannah State GA Zip Code 31411-2828

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 ▼ 900.00

Date of Receipt 06 / 17 / 2011

Transaction ID: 33568242

Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Paul C McElroy

Mailing Address Box 1194 44 Crowell Road

City Sandwich State MA Zip Code 02563

FEC ID number of contributing federal political committee. C

Name of Employer Falmouth Hospital Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 09 / 2011

Transaction ID: 33568244

Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Norma H Landis

Mailing Address 2122 Erickman Ln

City Xenia State OH Zip Code 45385-8918

FEC ID number of contributing federal political committee. C

Name of Employer ANS INC Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 701.00

Date of Receipt 06 / 09 / 2011

Transaction ID: 33568248

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 9 / 68
	<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.	Full Name (Last, First, Middle Initial) Anthony J Chipas	Date of Receipt MM / DD / YYYY 06 / 21 / 2011
	Mailing Address 907 Players Cir	Transaction ID: 33568249
	City State Zip Code Summerville SC 29485-6224	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Medical University of South Carolina Occupation Program Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 995.00	

B.	Full Name (Last, First, Middle Initial) Amy T Pfeil Neimkin	Date of Receipt MM / DD / YYYY 06 / 21 / 2011
	Mailing Address 368 Woodward Ct	Transaction ID: 33568255
	City State Zip Code Birmingham AL 35242-6040	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UAB Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 860.00	

C.	Full Name (Last, First, Middle Initial) Amy T Pfeil Neimkin	Date of Receipt MM / DD / YYYY 06 / 21 / 2011
	Mailing Address 368 Woodward Ct	Transaction ID: 33568256
	City State Zip Code Birmingham AL 35242-6040	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UAB Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 945.00	

SUBTOTAL of Receipts This Page (optional)	255.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 68
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A.

Full Name (Last, First, Middle Initial)
Raymond R Smith

Mailing Address 241 Aimee Drive

City State Zip Code
Ferriday LA 71334

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 ▼ 1400.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2011

Transaction ID: 33568258

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Cheryl L Nimmo

Mailing Address 26 Aberdeen Rd

City State Zip Code
East Providence RI 02915-5002

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

Name of Employer Orthopaedic Associates Occupation
CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2011

Transaction ID: 33568260

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Kathy A Seaman

Mailing Address 6 Whitetail Dr

City State Zip Code
Robesonia PA 19551-9560

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
MM / DD / YYYY
06 / 09 / 2011

Transaction ID: 33568261

Amount of Each Receipt this Period
200.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 68
(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. Full Name (Last, First, Middle Initial)
Daniel Greenwald

Mailing Address 11094 2nd St

City State Zip Code
Mount Vernon WA 98273-7210

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 ▼ 700.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2011

Transaction ID: 33568266

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Jeffrey K Olson

Mailing Address 915 Second Ave West

City State Zip Code
Williston ND 58801-4817

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

Name of Employer Mercy Medical Center Occupation
CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2011

Transaction ID: 33568271

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Cheryl L Blankemeier

Mailing Address 16091 E Loyola Pl

City State Zip Code
Aurora CO 80013-2721

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2011

Transaction ID: 33568275

Amount of Each Receipt this Period
250.00

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 12 / 68
	<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.	Full Name (Last, First, Middle Initial) Sandra J Evans			Date of Receipt MM / DD / YYYY 06 / 21 / 2011		
	Mailing Address 117 Timberline Trl			Transaction ID: 33568277		
	City Alto Pass		State IL	Zip Code 62905-2024		
	FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 100.00		
	Name of Employer Trinity United Health		Occupation Executive Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00				

B.	Full Name (Last, First, Middle Initial) Fredrick L Masters			Date of Receipt MM / DD / YYYY 06 / 15 / 2011		
	Mailing Address PO Box 205			Transaction ID: 33568279		
	City Silver Creek		State WA	Zip Code 98585-0205		
	FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 300.00		
	Name of Employer South Sound Oral Surgery		Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00				

C.	Full Name (Last, First, Middle Initial) Louise E E. Hershkowitz			Date of Receipt MM / DD / YYYY 06 / 20 / 2011		
	Mailing Address 2020 Turtle Pond Dr			Transaction ID: 33568281		
	City Reston		State VA	Zip Code 20191-4048		
	FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 200.00		
	Name of Employer Fair Oaks Anesthesia Associates, Inc.		Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 680.00				

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 13 / 68
	<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.	Full Name (Last, First, Middle Initial) Daniel C Simonson		Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 2607 S Manito Boulevard		Transaction ID: 33568283
	City Spokane	State WA	Zip Code 99203-2455
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
	Name of Employer SPOKANE EYE SURGERY CTRE	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 825.00	

B.	Full Name (Last, First, Middle Initial) James R Ragon		Date of Receipt MM / DD / YYYY 06 / 21 / 2011
	Mailing Address 45 Parkview Cv		Transaction ID: 33568284
	City Piperton	State TN	Zip Code 38017-5389
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Self	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Vicky Jo Snider		Date of Receipt MM / DD / YYYY 06 / 21 / 2011
	Mailing Address 7850 Droze Rd		Transaction ID: 33568292
	City GreenwellSprings	State LA	Zip Code 70739-4525
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
	Name of Employer North Oaks Health System	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	

SUBTOTAL of Receipts This Page (optional)	▶	515.00
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 14 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Steven M Sertich

Mailing Address PO Box 96685

City State Zip Code
Las Vegas NV 89193-6685

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
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: 33568294

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Wilma K Gillis

Mailing Address 7 Fuller Dr

City State Zip Code
Madison WI 53704-5924

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

Name of Employer Univ of Wisconsin School of Med & Publ Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2011

Transaction ID: 33568295

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 2411 55th Street NE

City State Zip Code
Canton OH 44721-3416

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

Name of Employer Ohio Based Physician Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 795.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2011

Transaction ID: 33568299

Amount of Each Receipt this Period
200.00

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 15 / 68
	<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.	Full Name (Last, First, Middle Initial) Leslie L Zoltan		Date of Receipt MM / DD / YYYY 06 / 13 / 2011		
	Mailing Address 2339 E Cinnabar Ave		Transaction ID: 33568301		
	City Phoenix	State AZ	Zip Code 85028-3633	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) John F Bistrick, Jr		Date of Receipt MM / DD / YYYY 06 / 02 / 2011		
	Mailing Address 4252 Faber Place Dr Apt 303		Transaction ID: 33568307		
	City North Charleston	State SC	Zip Code 29405-8572	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self	Occupation crna			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00			

C.	Full Name (Last, First, Middle Initial) Linda J Riggs		Date of Receipt MM / DD / YYYY 06 / 09 / 2011		
	Mailing Address 60053 Bourns Road		Transaction ID: 33568309		
	City New Hudson	State MI	Zip Code 48165-9700	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Oakwood Annapolis Hospital	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)	▶	1400.00
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 / 68
	<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.	Full Name (Last, First, Middle Initial) Suzanne M Dufek		Date of Receipt
	Mailing Address 835 Karau Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 09 / 2011
	City	State	Zip Code
	Cape Girardeau	MO	63701-4407
	FEC ID number of contributing federal political committee. C		Transaction ID: 33568312
Name of Employer Anesthesia Associates of Cape		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 685.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Vivian E Willis		Date of Receipt
	Mailing Address 10930 S Longwood Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 09 / 2011
	City	State	Zip Code
	Chicago	IL	60643-3338
	FEC ID number of contributing federal political committee. C		Transaction ID: 33568320
Name of Employer Self		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 300.00

C.	Full Name (Last, First, Middle Initial) Brendan J Wrynn		Date of Receipt
	Mailing Address 3100 Waterloo Rd Apt 36		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 07 / 2011
	City	State	Zip Code
	Connersville	IN	47331-3169
	FEC ID number of contributing federal political committee. C		Transaction ID: 33568324
Name of Employer Johnson County Anesthesia		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 800.00
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: PAGE 17 / 68
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Lawrence K Beck

Mailing Address PO Box 259403

City Madison State WI Zip Code 53725-9403

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

Name of Employer Dean Medical Center Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 21 / 2011

Transaction ID: 33568325

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Mark G Odden

Mailing Address 17893 224th St

City Manchester State IA Zip Code 52057-8629

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

Name of Employer Regional Medical Center Occupation Vice President of Anesthesia

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 20 / 2011

Transaction ID: 33568327

Amount of Each Receipt this Period 400.00

C. Full Name (Last, First, Middle Initial)
Phyllis B Kantor

Mailing Address 2992 Sun Lake Dr

City Las Vegas State NV Zip Code 89128-7713

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

Name of Employer NAP & Southwest Medical Ass. Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2275.00

Date of Receipt 06 / 23 / 2011

Transaction ID: 33568329

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: PAGE 18 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Terry C Wicks		Date of Receipt MM / DD / YYYY 06 / 21 / 2011
Mailing Address PO Box 910 111 Windsor Street		Transaction ID: 33568333
City Rutherford College	State NC	Zip Code 28671-0910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Catawba Valley Medical Center	Occupation crna	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

B.

Full Name (Last, First, Middle Initial) Stephen J Yermal		Date of Receipt MM / DD / YYYY 06 / 21 / 2011
Mailing Address 1000 SW Vista Ave Apt 1215		Transaction ID: 33568341
City Portland	State OR	Zip Code 97205-1142
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 95.00
Name of Employer Oregon Health and Science Univ	Occupation Program Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

C.

Full Name (Last, First, Middle Initial) Stephen K Lindsey		Date of Receipt MM / DD / YYYY 06 / 09 / 2011
Mailing Address 40 S Cottonwood Ranch Rd		Transaction ID: 33568347
City Cottonwood	State AZ	Zip Code 86326-8328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Indian Health Service, Child Service	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)	430.00
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 / 68
	<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.	Full Name (Last, First, Middle Initial) Peter G Holtz		Date of Receipt
	Mailing Address 3204 Rayburn St		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Las Vegas	NM	87701-5124
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Espanola Hospital		Occupation CRNA	Transaction ID: 33568348
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="100.00"/>

B.	Full Name (Last, First, Middle Initial) Steven R Leach		Date of Receipt
	Mailing Address 1049 Redfish St		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Bayou Vista	TX	77563-2711
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer St. Joseph's Hospital		Occupation CRNA	Transaction ID: 33568350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="255.00"/>	<input type="text" value="85.00"/>

C.	Full Name (Last, First, Middle Initial) Luise A Balfanz		Date of Receipt
	Mailing Address 428 Childers St		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Pensacola	FL	32534-9630
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation CRNA	Transaction ID: 33568355
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="200.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="385.00"/>
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: PAGE 20 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Lynn L. Lebeck		Date of Receipt MM / DD / YYYY 06 / 16 / 2011
Mailing Address 6294 Patricia Dr		Transaction ID: 33568358
City Grand Blanc	State MI	Zip Code 48439-9653
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer University of Michigan-FL-Int	Occupation crna	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Kent Kosmatka		Date of Receipt MM / DD / YYYY 06 / 17 / 2011
Mailing Address 210 Sycamore St		Transaction ID: 33568361
City Goodland	State KS	Zip Code 67735-1516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Professional Anesthesia	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

C.

Full Name (Last, First, Middle Initial) Louise M Scudieri		Date of Receipt MM / DD / YYYY 06 / 21 / 2011
Mailing Address 1613 Thousand Oaks Dr		Transaction ID: 33568363
City Decatur	State TX	Zip Code 76234-3753
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Smooth Inductions PC	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	460.00
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 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Linda J Kovitch

Mailing Address 78 North Rd

City Bedford State MA Zip Code 01730-1023

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

Name of Employer Aspect Medical Systems Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 09 / 2011

Transaction ID: 33568364

Amount of Each Receipt this Period 125.00

B.

Full Name (Last, First, Middle Initial)
Linda J Kovitch

Mailing Address 78 North Rd

City Bedford State MA Zip Code 01730-1023

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

Name of Employer Aspect Medical Systems Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 17 / 2011

Transaction ID: 33568365

Amount of Each Receipt this Period 200.00

C.

Full Name (Last, First, Middle Initial)
Debra A Barber

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 Anesthesia Associates of Kentuckiana Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 590.00

Date of Receipt 06 / 21 / 2011

Transaction ID: 33568367

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 345.00

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 / 68
	<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.	Full Name (Last, First, Middle Initial) Debra A Barber		Date of Receipt
	Mailing Address 834 Inspiration Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 21 / 2011
	City	State	Zip Code
	Louisville	KY	40245-3989
	FEC ID number of contributing federal political committee. C		Transaction ID: 33568368
Name of Employer Anesthesia Associates of Kentuckiana		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 640.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) Debra A Barber		Date of Receipt
	Mailing Address 834 Inspiration Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 07 / 2011
	City	State	Zip Code
	Louisville	KY	40245-3989
	FEC ID number of contributing federal political committee. C		Transaction ID: 33568369
Name of Employer Anesthesia Associates of Kentuckiana		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 570.00	<input type="text"/> 200.00

C.	Full Name (Last, First, Middle Initial) Perry S Henely		Date of Receipt
	Mailing Address 524 W Madison St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 02 / 2011
	City	State	Zip Code
	Lake City	IA	51449-1053
	FEC ID number of contributing federal political committee. C		Transaction ID: 33568370
Name of Employer Caff County Hospital		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
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: PAGE 23 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mildred B Leonard

Mailing Address 13929 Clarendon Point Ct

City State Zip Code
Huntersville NC 28078-7448

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

Name of Employer Occupation
CMC anesthesia CRNA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2011

Transaction ID: 33568371

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Betty J Brosh-Schoenecker

Mailing Address 10447 W Bucktail Dr

City State Zip Code
Boise ID 83714-9522

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

Name of Employer Occupation
Self Employed Nurse Anesthetist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 904.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2011

Transaction ID: 33568372

Amount of Each Receipt this Period
84.00

C.

Full Name (Last, First, Middle Initial)
Betty J Bisgard

Mailing Address 186 Marina Del Cir

City State Zip Code
Yankton SD 57078-6827

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

Name of Employer Occupation
Self CRNA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2011

Transaction ID: 33568373

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **684.00**

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 / 68
	<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.	Full Name (Last, First, Middle Initial) Donna I Vierthaler		Date of Receipt
	Mailing Address 2866 Wilderness Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2011
	City	State	Zip Code
	Wichita	KS	67226-2110
	FEC ID number of contributing federal political committee. C		Transaction ID: 33568374
Name of Employer Anesthesia Consulting Services		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 2025.00	

B.	Full Name (Last, First, Middle Initial) Julie A Stone		Date of Receipt
	Mailing Address 7721 Devonshire Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 21 / 2011
	City	State	Zip Code
	Saint Louis	MO	63119-2806
	FEC ID number of contributing federal political committee. C		Transaction ID: 33568375
Name of Employer Webster University		Occupation Faculty	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) Shelley L Ekblad		Date of Receipt
	Mailing Address 3610 Parkside Cir E		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 20 / 2011
	City	State	Zip Code
	Eau Claire	WI	54701-7193
	FEC ID number of contributing federal political committee. C		Transaction ID: 33568376
Name of Employer St. Francis School of Anesthesia		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 400.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 550.00
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 25 / 68
	<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.	Full Name (Last, First, Middle Initial) Judith C Wiley		Date of Receipt
	Mailing Address 187 S York Rd Unit E		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Elmhurst	IL	60126-3460
	FEC ID number of contributing federal political committee. C		Transaction ID: 33568379
Name of Employer Rush University Medical		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="500.00"/>	

B.	Full Name (Last, First, Middle Initial) Paul D Beninga		Date of Receipt
	Mailing Address 6804 S Hughes Ave		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Sioux Falls	SD	57108-5834
	FEC ID number of contributing federal political committee. C		Transaction ID: 33568384
Name of Employer Avera McKinney Hospital		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="1000.00"/>	

C.	Full Name (Last, First, Middle Initial) Marjorie A Geisz-Everson		Date of Receipt
	Mailing Address 11001 River Rd		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	New Orleans	LA	70131-3251
	FEC ID number of contributing federal political committee. C		Transaction ID: 33568388
Name of Employer LSUHSC School of Nursing		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="1500.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="850.00"/>
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: PAGE 26 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Todd R Luedeke

Mailing Address 204 Fairway Circle

City State Zip Code
Wayne NE 68787-7112

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

Name of Employer Providence Medical Center Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 02 / 2011

Transaction ID: 33568395

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Deborah A Cleary

Mailing Address 584 County Road 543

City State Zip Code
Hondo TX 78861-5657

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

Name of Employer Wilford Hall Medical Ctr - Lockland AF Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 21 / 2011

Transaction ID: 33568397

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Karen A Eisberner

Mailing Address 565 W Riverwood Dr Apt 310

City State Zip Code
Oak Creek WI 53154-8604

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

Name of Employer St. Joseph Hospital 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
06 / 17 / 2011

Transaction ID: 33568400

Amount of Each Receipt this Period
200.00

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 27 / 68
(check only one)

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

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

A.

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

Mailing Address 1698 E Seaport Ct

City State Zip Code
Boise ID 83706-6333

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

Name of Employer Occupation
VA Medical Center Nurse Anesthetist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: 33568402

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Kandi T Smith

Mailing Address 816 Pradera Ct E

City State Zip Code
Fort Worth TX 76108-9595

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

Name of Employer Occupation
Aloha Nurse Anesthesia Services, PC CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 820.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 33568403

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Bernadette M Henrichs

Mailing Address 4909 Laclede Ave Apt 902

City State Zip Code
Saint Louis MO 63108-1447

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

Name of Employer Occupation
Washington Univ. anes Department Clinical Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 33568404

Amount of Each Receipt this Period
200.00

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: PAGE 28 / 68
(check only one)

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

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

A.

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

Mailing Address 1376 Acworth Rd

City State Zip Code
Charlestown NH 03603-4650

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

Name of Employer
Green's Anesthesia Services, GAS

Occupation
CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
786.25

Date of Receipt
MM / DD / YYYY
06 / 28 / 2011

Transaction ID: 33568406

Amount of Each Receipt this Period
128.75

B.

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

Mailing Address 1376 Acworth Rd

City State Zip Code
Charlestown NH 03603-4650

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

Name of Employer
Green's Anesthesia Services, GAS

Occupation
CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
657.50

Date of Receipt
MM / DD / YYYY
06 / 20 / 2011

Transaction ID: 33568407

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Joseph J Helminiak

Mailing Address 1229 Pecan Sta

City State Zip Code
San Antonio TX 78258-7843

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
MM / DD / YYYY
06 / 21 / 2011

Transaction ID: 33568409

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **528.75**

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: PAGE 29 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Roger A Strand

Mailing Address 734 N 190th St

City Shoreline State WA Zip Code 98133-3909

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

Name of Employer Swedish Medical Center Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 20 / 2011

Transaction ID: 33568411

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
Dennis C Bless

Mailing Address 6484 Promontory Dr

City Eden Prairie State MN Zip Code 55346-1913

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

Name of Employer Fair View Southdale Hospital Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 06 / 02 / 2011

Transaction ID: 33568413

Amount of Each Receipt this Period 200.00

C.

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

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 CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt 06 / 21 / 2011

Transaction ID: 33568417

Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional) ► 485.00

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 30 / 68
	<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.	Full Name (Last, First, Middle Initial) Jerry J James Micho		Date of Receipt		
	Mailing Address 23252 Bluff Crest Dr		M M / D D / Y Y Y Y Y 06 / 21 / 2011		
	City Elkhart	State IN	Zip Code 46516-9101	Transaction ID: 33568424	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00		
	Name of Employer Norther Indiana Anesthesia Services PC	Occupation CRNA	Aggregate Year-to-Date 650.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Timothy T Gollaher		Date of Receipt		
	Mailing Address 4505 Quail Hollow Ct		M M / D D / Y Y Y Y Y 06 / 17 / 2011		
	City Fort Worth	State TX	Zip Code 76133-6613	Transaction ID: 33568427	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00		
	Name of Employer Texas Christian University/Plaza Medic	Occupation CRNA/Clinical Professor	Aggregate Year-to-Date 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Timothy T Gollaher		Date of Receipt		
	Mailing Address 4505 Quail Hollow Ct		M M / D D / Y Y Y Y Y 06 / 17 / 2011		
	City Fort Worth	State TX	Zip Code 76133-6613	Transaction ID: 33568428	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00		
	Name of Employer Texas Christian University/Plaza Medic	Occupation CRNA/Clinical Professor	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	500.00
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 31 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Vicki Coopmans

Mailing Address 17873 Suzanne Ridge Dr

City State Zip Code
Wildwood MO 63038-1474

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

Name of Employer Occupation
Washington University SOM CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2011

Transaction ID: 33568429

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Debra P Pecka Malina

Mailing Address 1200 N Ft Lauderdale Beach Blvd
Apt 203

City State Zip Code
Fort Lauderdale FL 33304-1716

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

Name of Employer Occupation
Regional Medical Center CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2011

Transaction ID: 33568442

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Debra P Pecka Malina

Mailing Address 1200 N Ft Lauderdale Beach Blvd
Apt 203

City State Zip Code
Fort Lauderdale FL 33304-1716

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

Name of Employer Occupation
Regional Medical Center CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2011

Transaction ID: 33568443

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **320.00**

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 / 68
	<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.

Full Name (Last, First, Middle Initial) Jeanette Malone		Date of Receipt
Mailing Address 445 Boones Station Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 09 / 2011
City State Zip Code Gray TN 37615-4352		Transaction ID: 33568446
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Self	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.

Full Name (Last, First, Middle Initial) Margaret R Cannon-Diehl		Date of Receipt
Mailing Address 3032 32nd St S		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 09 / 2011
City State Zip Code Fargo ND 58103-7889		Transaction ID: 33568447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ben Taub Trauma Center	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

C.

Full Name (Last, First, Middle Initial) Amy A Forrester		Date of Receipt
Mailing Address 19927 Encino Ridge St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 09 / 2011
City State Zip Code San Antonio TX 78259-1908		Transaction ID: 33568449
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer USAF	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)	1240.00
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 33 / 68
	<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.	Full Name (Last, First, Middle Initial) Keith W Larson		Date of Receipt MM / DD / YYYY 06 / 21 / 2011		
	Mailing Address 1529 Ivory Ct		Transaction ID: 33568450		
	City Lake Elmo	State MN	Zip Code 55042-9311	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Northfield Hospital	Occupation CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
510.00

B.	Full Name (Last, First, Middle Initial) Angela R Mund		Date of Receipt MM / DD / YYYY 06 / 24 / 2011		
	Mailing Address 1000 Bonieta Harrold Dr Apt 2203		Transaction ID: 33568453		
	City Charleston	State SC	Zip Code 29414-5162	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Minnesota	Occupation Educator	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
400.00

C.	Full Name (Last, First, Middle Initial) Steven J Mund		Date of Receipt MM / DD / YYYY 06 / 15 / 2011		
	Mailing Address 2536 Tournament Players Cir N		Transaction ID: 33568454		
	City Blaine	State MN	Zip Code 55449-5667	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer County Medical Center	Occupation CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
1350.00

SUBTOTAL of Receipts This Page (optional)	▶	485.00
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 34 / 68
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Richard R Maynard		Date of Receipt
	Mailing Address 2228 Hickory Hills Rd		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Muscatine	IA	52761-9583
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MERCER COUNTY HOSPITAL		Occupation CRNA	Transaction ID: 33568457
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="300.00"/>

B.	Full Name (Last, First, Middle Initial) Karen M Bordewyk		Date of Receipt
	Mailing Address 1912 S Austin Dr		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Sioux Falls	SD	57105-0109
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Hearth Hospital		Occupation CRNA	Transaction ID: 33568460
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="800.00"/>	<input type="text" value="400.00"/>

C.	Full Name (Last, First, Middle Initial) Kelly Nevins Petz		Date of Receipt
	Mailing Address 23955 Mill Cove Rd		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	California	MD	20619
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer requested		Occupation CRNA	Transaction ID: 33568461
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="200.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="900.00"/>
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: PAGE 35 / 68 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) Maribeth L Massie</p> <p>Mailing Address 5 Claudia Way</p> <p>City State Zip Code Scarborough ME 04074-9661</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Columbia University Assist Program Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 06 / 16 / 2011</p> <p>Transaction ID: 33568463</p> <p>Amount of Each Receipt this Period 200.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Linda J Goetz</p> <p>Mailing Address 505 Concord St Unit A</p> <p>City State Zip Code Havre De Grace MD 21078-3564</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation University of Maryland CRNA/Professor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt 06 / 16 / 2011</p> <p>Transaction ID: 33568465</p> <p>Amount of Each Receipt this Period 200.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Paul A Hertel</p> <p>Mailing Address 5041 Mund Rd</p> <p>City State Zip Code Shawnee KS 66218-9148</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation The University of Kansas Clinical Assc Professor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt 06 / 16 / 2011</p> <p>Transaction ID: 33568466</p> <p>Amount of Each Receipt this Period 200.00</p>
---	---

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 36 / 68
	<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.	Full Name (Last, First, Middle Initial) Michael R Wray		Date of Receipt
	Mailing Address 23624 SW Robson Ter		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Sherwood	OR	97140-7057
	FEC ID number of contributing federal political committee. C		Transaction ID: 33568471
Name of Employer Self		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

B.	Full Name (Last, First, Middle Initial) John M Carpenter		Date of Receipt
	Mailing Address 111 Culpepper Ln		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Easley	SC	29642-8631
	FEC ID number of contributing federal political committee. C		Transaction ID: 33568481
Name of Employer Palmetto Baptist Medical Center		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
		<input type="text" value="240.00"/>	

C.	Full Name (Last, First, Middle Initial) Ronda K Brammer		Date of Receipt
	Mailing Address 1913 N Frederic St		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Wichita	KS	67206-8904
	FEC ID number of contributing federal political committee. C		Transaction ID: 33568485
Name of Employer Galihia Heart Hospital		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="200.00"/>
		<input type="text" value="400.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="720.00"/>
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 37 / 68
	<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.	Full Name (Last, First, Middle Initial) Kendra S James		Date of Receipt MM / DD / YYYY 06 / 21 / 2011		
	Mailing Address 3700 Manly Rd		Transaction ID: 33568486		
	City Goddard	State KS	Zip Code 67052-9504	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Christi Regional Medical Center	Occupation CRNA	Aggregate Year-to-Date 710.00		

B.	Full Name (Last, First, Middle Initial) Wendy A Vanderkooi		Date of Receipt MM / DD / YYYY 06 / 07 / 2011		
	Mailing Address 27343 Ridgeway Rd		Transaction ID: 33568488		
	City Harrisburg	State SD	Zip Code 57032-8241	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Sioux Valley Hospital	Occupation CRNA	Aggregate Year-to-Date 400.00		

C.	Full Name (Last, First, Middle Initial) John A Gaither		Date of Receipt MM / DD / YYYY 06 / 24 / 2011		
	Mailing Address 1399 Ross Rd		Transaction ID: 33568494		
	City Rumsey	State KY	Zip Code 42371-9727	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Owensboro Anesthesia Services	Occupation CRNA	Aggregate Year-to-Date 625.00		

SUBTOTAL of Receipts This Page (optional)	▶	685.00
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 38 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Donna J Jordanhazy

Mailing Address 105 Spring Valley Rd

City State Zip Code
Valencia PA 16059-2823

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

Name of Employer University of Pittsburgh Medical Centre
Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2011

Transaction ID: 33568500

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Cheryl L Gamble

Mailing Address 11 E Bellamy Dr Carriage Run

City State Zip Code
New Castle DE 19720-2979

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

Name of Employer St. Francis Hospital
Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2011

Transaction ID: 33568506

Amount of Each Receipt this Period
85.00

C.

Full Name (Last, First, Middle Initial)
Cheryl L Gamble

Mailing Address 11 E Bellamy Dr Carriage Run

City State Zip Code
New Castle DE 19720-2979

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

Name of Employer St. Francis Hospital
Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
555.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2011

Transaction ID: 33568507

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **205.00**

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 39 / 68
	<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.	Full Name (Last, First, Middle Initial) Cheryl L Gamble	Date of Receipt MM / DD / YYYY 06 / 16 / 2011
	Mailing Address 11 E Bellamy Dr Carriage Run	Transaction ID: 33568508
	City State Zip Code New Castle DE 19720-2979	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St. Francis Hospital Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 755.00	

B.	Full Name (Last, First, Middle Initial) Donovan L Earley	Date of Receipt MM / DD / YYYY 06 / 03 / 2011
	Mailing Address 12004 White Oak Run	Transaction ID: 33568515
	City State Zip Code Conroe TX 77385-2742	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Baylor College of Medicine Occupation CRNA Educator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00	

C.	Full Name (Last, First, Middle Initial) Mindy K Miller	Date of Receipt MM / DD / YYYY 06 / 21 / 2011
	Mailing Address 2014 SW Sage Cir	Transaction ID: 33568517
	City State Zip Code Ankeny IA 50023-8210	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 995.00	

SUBTOTAL of Receipts This Page (optional)	485.00
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 / 68
	<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.	Full Name (Last, First, Middle Initial) Rose Myrlande Synsmir		Date of Receipt MM / DD / YYYY 06 / 16 / 2011		
	Mailing Address 11840 Devon Downs Trl		Transaction ID: 33568526		
	City Alpharetta	State GA	Zip Code 30005-7287	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Northside Hospital	Occupation CRNA	Aggregate Year-to-Date 625.00		

B.	Full Name (Last, First, Middle Initial) Kathleen C Thibeault		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 2616 Lone Pine Rd		Transaction ID: 33568537		
	City West Palm Beach	State FL	Zip Code 33410-2450	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACCS	Occupation crna	Aggregate Year-to-Date 1035.00		

C.	Full Name (Last, First, Middle Initial) Lori M Schirle		Date of Receipt MM / DD / YYYY 06 / 21 / 2011		
	Mailing Address 19619 Trails End Terrace		Transaction ID: 33568538		
	City Jupiter	State FL	Zip Code 33458-2439	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St Mary's Hospital	Occupation CRNA	Aggregate Year-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	425.00
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 41 / 68
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mary Ann Zervakis Brent		Date of Receipt MM / DD / YYYY 06 / 13 / 2011		
	Mailing Address 6501 N Greenview Ave Apt 3		Transaction ID: 33568544		
	City Chicago	State IL	Zip Code 60626-5994	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Illinois	Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.00			

B.	Full Name (Last, First, Middle Initial) Mary Ann Zervakis Brent		Date of Receipt MM / DD / YYYY 06 / 13 / 2011		
	Mailing Address 6501 N Greenview Ave Apt 3		Transaction ID: 33568545		
	City Chicago	State IL	Zip Code 60626-5994	Amount of Each Receipt this Period 165.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Illinois	Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

C.	Full Name (Last, First, Middle Initial) Dustin J Degman		Date of Receipt MM / DD / YYYY 06 / 21 / 2011		
	Mailing Address 10 Oak Springs Dr		Transaction ID: 33568551		
	City Arden	State NC	Zip Code 28704-8834	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer asheville anesthesia	Occupation crna			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00			

SUBTOTAL of Receipts This Page (optional)	▶	285.00
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 42 / 68
(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. Full Name (Last, First, Middle Initial)
Jimmy R Kimball, Jr
Mailing Address 504 Twain Town Dr
City State Zip Code
Knightdale NC 27545-7382
FEC ID number of contributing federal political committee. **C**
Name of Employer Kimball Anesthesia Associates PLLC Occupation crna
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00
Date of Receipt 06 / 10 / 2011
Transaction ID: 33568554
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Heather J Rankin
Mailing Address 2515 Oakleaf Cir
City State Zip Code
Helena AL 35022-7240
FEC ID number of contributing federal political committee. **C**
Name of Employer Children's Hospital of AL Occupation CRNA
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00
Date of Receipt 06 / 09 / 2011
Transaction ID: 33568566
Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Gerald L Reed
Mailing Address 150 Timber Creek Dr
City State Zip Code
Sulphur Springs TX 75482-3681
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 ▼ 400.00
Date of Receipt 06 / 09 / 2011
Transaction ID: 33568578
Amount of Each Receipt this Period 400.00

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:	PAGE 43 / 68
	(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"/> 15
<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.	Full Name (Last, First, Middle Initial) Alyson A Speer	Date of Receipt MM / DD / YYYY 06 / 09 / 2011
	Mailing Address 2301 Ridgmar Plz Apt 1	Transaction ID: 33568579
	City State Zip Code Fort Worth TX 76116-2053	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer student Occupation SRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Janet L Lyson Ostendarp	Date of Receipt MM / DD / YYYY 06 / 21 / 2011
	Mailing Address 18812 Maple Leaf Dr	Transaction ID: 33568587
	City State Zip Code Hudson FL 34667-6319	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Requested Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 305.00	

C.	Full Name (Last, First, Middle Initial) Janet L Lyson Ostendarp	Date of Receipt MM / DD / YYYY 06 / 21 / 2011
	Mailing Address 18812 Maple Leaf Dr	Transaction ID: 33568588
	City State Zip Code Hudson FL 34667-6319	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Requested Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	▶	670.00
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 44 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
William M Welch

Mailing Address 210 Kings Dr

City State Zip Code
Blue Earth MN 56013-1605

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

Name of Employer Occupation
United Hospital District CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2011

Transaction ID: 33568591

Amount of Each Receipt this Period
240.00

B.

Full Name (Last, First, Middle Initial)
J Elise Johnston

Mailing Address 17 Aspen Loop

City State Zip Code
Cedar Crest NM 87008-9421

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

Name of Employer Occupation
VA Medical Ctr CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2011

Transaction ID: 33568593

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Kimberly Anne Gordon

Mailing Address 310 W 4th St Apt 1002

City State Zip Code
Winston Salem NC 27101-2884

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

Name of Employer Occupation
Wake Forest Baptist Medical Center CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2011

Transaction ID: 33568596

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **1440.00**

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 45 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Derik S Evenson

Mailing Address 3766 Loton Dr

City State Zip Code
Fort Gratiot MI 48059-4258

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

Name of Employer Port Huron Hospital Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2011

Transaction ID: 33568597

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Andy C Walker

Mailing Address 212 Beckenham Ln

City State Zip Code
Greenville SC 29609-6009

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

Name of Employer Greenville Memorial Hospital Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2011

Transaction ID: 33568599

Amount of Each Receipt this Period
85.00

C.

Full Name (Last, First, Middle Initial)
Richard A Thomson

Mailing Address 1227 W 20th Ave

City State Zip Code
Spokane WA 99203-1148

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

Name of Employer Holy Family Hospital Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2011

Transaction ID: 33568603

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **635.00**

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 46 / 68
(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. Full Name (Last, First, Middle Initial)
Scott W Rigdon
Mailing Address 425 NE Scenic Dr
City Grants Pass State OR Zip Code 97526-3443
FEC ID number of contributing federal political committee. **C**
Name of Employer Three Rivers Hospital Occupation CRNA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00
Date of Receipt 06 / 07 / 2011
Transaction ID: 33568609
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Amy H Fleming
Mailing Address 35 Caledonia Rd
City Asheville State NC Zip Code 28803-2536
FEC ID number of contributing federal political committee. **C**
Name of Employer Asheville Anesthesia Assc Occupation CRNA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00
Date of Receipt 06 / 21 / 2011
Transaction ID: 33568611
Amount of Each Receipt this Period 40.00

C. Full Name (Last, First, Middle Initial)
Nelson J Aquino
Mailing Address 9 Nirvana Dr Unit 2A
City Saugus State MA Zip Code 01906-1298
FEC ID number of contributing federal political committee. **C**
Name of Employer Children's Hospital Occupation CRNA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 06 / 23 / 2011
Transaction ID: 33568619
Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ▶ **640.00**
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 47 / 68
(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. Full Name (Last, First, Middle Initial)
Quyen H Chau
 Mailing Address 3142 Flowerdale Ln
 City State Zip Code
 Dallas TX 75229-4958
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 1 / 2 0 1 1
Transaction ID: 33568621
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Parkland Health and Hosital CRNA
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

B. Full Name (Last, First, Middle Initial)
Justin E Howard
 Mailing Address 1721 6th Ave N
 City State Zip Code
 Menomonie WI 54751-2142
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 1 / 2 0 1 1
Transaction ID: 33568623
 Amount of Each Receipt this Period
 85.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 essential health CRNA
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

C. Full Name (Last, First, Middle Initial)
Deborah K Brewster-McClellan
 Mailing Address 7115 Yellow Hammer Rd
 City State Zip Code
 Zuni VA 23898-2543
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 1 / 2 0 1 1
Transaction ID: 33568628
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Interventional Pain Consultants Psc CRNA
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ► 385.00
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 / 68
	<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.	Full Name (Last, First, Middle Initial) Michael A Mackinnon		Date of Receipt MM / DD / YYYY 06 / 07 / 2011
	Mailing Address 8218 W Monte Lindo Ln		Transaction ID: 33568629
	City Peoria	State AZ	Zip Code 85383-1663
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer ARIZONA HEART ANESTHESIA	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 370.00	

B.	Full Name (Last, First, Middle Initial) Christopher W Hogan		Date of Receipt MM / DD / YYYY 06 / 21 / 2011
	Mailing Address 11812 Central St		Transaction ID: 33568634
	City Kansas City	State MO	Zip Code 64114-5536
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
	Name of Employer Anesthesia Services of Eastern Jackson	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00	

C.	Full Name (Last, First, Middle Initial) Julie C Zerwas		Date of Receipt MM / DD / YYYY 06 / 23 / 2011
	Mailing Address 13700 182nd Ave NW		Transaction ID: 33568635
	City Elk River	State MN	Zip Code 55330-1769
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Central Mn Anesthesia Providers	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	485.00
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 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Brian D Thorson		Date of Receipt
	Mailing Address 6484 Promontory Dr.		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Eden Prairie	MN	55346-1913
	FEC ID number of contributing federal political committee. C		Transaction ID: 33568705
Name of Employer Hennepin County Medical Center		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="200.00"/>
		<input type="text" value="735.00"/>	

B.	Full Name (Last, First, Middle Initial) Brian D Thorson		Date of Receipt
	Mailing Address 6484 Promontory Dr.		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Eden Prairie	MN	55346-1913
	FEC ID number of contributing federal political committee. C		Transaction ID: 33568706
Name of Employer Hennepin County Medical Center		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="85.00"/>
		<input type="text" value="535.00"/>	

C.	Full Name (Last, First, Middle Initial) Neil J Anderson		Date of Receipt
	Mailing Address 3485 E Hunter Rd		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Superior	WI	54880-8315
	FEC ID number of contributing federal political committee. C		Transaction ID: 33570257
Name of Employer St. Luke's Hospital		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="-50.00"/>
		<input type="text" value="175.00"/>	Correcting entry for duplicate transaction previously reported on the June 20 report (May 1-31, 2011)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="235.00"/>
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 50 / 68
	<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.	Full Name (Last, First, Middle Initial) Tatjana S Bevans		Date of Receipt
	Mailing Address 168 E St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 09 / 2011
	City	State	Zip Code
	Salt Lake City	UT	84103-2684
	FEC ID number of contributing federal political committee. C		Transaction ID: 33570258
Name of Employer University of Utah		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> -400.00
Correcting entry for duplicate transaction previously reported on the June 20 report (May 1-31, 2011)			

B.	Full Name (Last, First, Middle Initial) John F Bistrick, Jr		Date of Receipt
	Mailing Address 4252 Faber Place Dr Apt 303		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 09 / 2011
	City	State	Zip Code
	North Charleston	SC	29405-8572
	FEC ID number of contributing federal political committee. C		Transaction ID: 33570259
Name of Employer self		Occupation crna	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> -200.00
Correcting entry for duplicate transaction previously reported on the June 20 report (May 1-31, 2011)			

C.	Full Name (Last, First, Middle Initial) David I Blue		Date of Receipt
	Mailing Address 1800 Heritage Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 09 / 2011
	City	State	Zip Code
	Carterville	IL	62918-0009
	FEC ID number of contributing federal political committee. C		Transaction ID: 33570260
Name of Employer AASI		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> -300.00
Correcting entry for duplicate transaction previously reported on the June 20 report (May 1-31, 2011)			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> -900.00
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 51 / 68
	<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.	Full Name (Last, First, Middle Initial) Sheree W Burton		Date of Receipt
	Mailing Address 315 Graves Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 09 / 2011
	City	State	Zip Code
	Ellisville	MS	39437-8408
	FEC ID number of contributing federal political committee. C		Transaction ID: 33570264
Name of Employer Laurel Surgery and Endosc- opy		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	<input type="text"/> -400.00
			Correcting entry for duplicate transaction previously reported on the June 20 report (May 1-31, 2011)

B.	Full Name (Last, First, Middle Initial) Sheree W Burton		Date of Receipt
	Mailing Address 315 Graves Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 09 / 2011
	City	State	Zip Code
	Ellisville	MS	39437-8408
	FEC ID number of contributing federal political committee. C		Transaction ID: 33570265
Name of Employer Laurel Surgery and Endosc- opy		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> -400.00
			Correcting entry for duplicate transaction previously reported on the June 20 report (May 1-31, 2011)

C.	Full Name (Last, First, Middle Initial) Christy A Chomin		Date of Receipt
	Mailing Address 4102 Watson St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 09 / 2011
	City	State	Zip Code
	Houston	TX	77009-5256
	FEC ID number of contributing federal political committee. C		Transaction ID: 33570268
Name of Employer Baylor College of Medicine		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> -200.00
			Correcting entry for duplicate transaction previously reported on the June 20 report (May 1-31, 2011)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> -1000.00
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: PAGE 52 / 68
(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. Full Name (Last, First, Middle Initial)
Joseph J Helminiak

Mailing Address 1229 Pecan Sta

City San Antonio State TX Zip Code 78258-7843

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 ▼ 200.00

Date of Receipt: 06 / 09 / 2011
Transaction ID: 33570276
 Amount of Each Receipt this Period: -200.00

Correcting entry for duplicate transaction previously reported on the June 20 report (May 1-31, 2011)

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

Mailing Address 614 W Broadway

City Elk City State OK Zip Code 73644-5240

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 ▼ 200.00

Date of Receipt: 06 / 09 / 2011
Transaction ID: 33570278
 Amount of Each Receipt this Period: -200.00

Correcting entry for duplicate transaction previously reported on the June 20 report (May 1-31, 2011)

C. Full Name (Last, First, Middle Initial)
Hal D Lamb

Mailing Address 27327 Driftwood Road

City Folsom State LA Zip Code 70437

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

Name of Employer Riverside Medical Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 06 / 09 / 2011
Transaction ID: 33570282
 Amount of Each Receipt this Period: -200.00

Correcting entry for duplicate transaction previously reported on the June 20 report (May 1-31, 2011)

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: PAGE 53 / 68
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Ryan Scott McClendon

Mailing Address 1300 Cody Pkwy Apt 7

City State Zip Code
Platteville WI 53818-1489

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

Name of Employer 'RSM Anesthesia, LLC' Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 06 / 09 / 2011
Transaction ID: 33570285
Amount of Each Receipt this Period: -200.00

Correcting entry for duplicate transaction previously reported on the June 20 report (May 1-31, 2011)

B. Full Name (Last, First, Middle Initial)
Edwardo T Munoz

Mailing Address 11031 E Royal Rd

City State Zip Code
Stanwood MI 49346-8915

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

Name of Employer Genays Medical Hospital Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 09 / 2011
Transaction ID: 33570287
Amount of Each Receipt this Period: -250.00

Correcting entry for duplicate transaction previously reported on the June 20 report (May 1-31, 2011)

C. Full Name (Last, First, Middle Initial)
Thomas J Nolan

Mailing Address 765 Upper Ridge Rd

City State Zip Code
Bridgton ME 04009-4420

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

Name of Employer Coastal Anesthesiology Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 09 / 2011
Transaction ID: 33570288
Amount of Each Receipt this Period: -100.00

Correcting entry for duplicate transaction previously reported on the June 20 report (May 1-31, 2011)

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: PAGE 54 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ruth M Parker

Mailing Address 1228 Westloop PI PMB301

City State Zip Code
Manhattan KS 66502-2840

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 ▼ 200.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2011

Transaction ID: 33570290

Amount of Each Receipt this Period
-200.00

Correcting entry for duplicate transaction previously reported on the June 20 report (May 1-31, 2011)

B.

Full Name (Last, First, Middle Initial)
Phyllis Kim L Stowe

Mailing Address 1306 Prairie Wind Blvd

City State Zip Code
Stephenville TX 76401-5909

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

Name of Employer Northstar Anesthesia Occupation
CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2011

Transaction ID: 33570297

Amount of Each Receipt this Period
-200.00

Correcting entry for duplicate transaction previously reported on the June 20 report (May 1-31, 2011)

C.

Full Name (Last, First, Middle Initial)
Kathleen C Thibeault

Mailing Address 2616 Lone Pine Rd

City State Zip Code
West Palm Beach FL 33410-2450

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

Name of Employer ACCS Occupation
crna

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 835.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2011

Transaction ID: 33570298

Amount of Each Receipt this Period
-200.00

Correcting entry for duplicate transaction previously reported on the June 20 report (May 1-31, 2011)

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: PAGE 55 / 68
(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. Full Name (Last, First, Middle Initial)
Corey B Wardell

Mailing Address 10315 N Cypress Ave

City State Zip Code
Kansas City MO 64156-2906

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

Name of Employer: anesthesia service of e jackson co Occupation: CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 06 / 09 / 2011
Transaction ID: 33570300
 Amount of Each Receipt this Period: -200.00

Correcting entry for duplicate transaction previously reported on the June 20 report (May 1-31, 2011)

B. Full Name (Last, First, Middle Initial)
Taushera T Westbrook

Mailing Address 4408 Silverton Rd

City State Zip Code
Augusta GA 30909-9121

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

Name of Employer: Georgia Health Science Un-ivers Occupation: CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 06 / 09 / 2011
Transaction ID: 33570302
 Amount of Each Receipt this Period: -200.00

Correcting entry for duplicate transaction previously reported on the June 20 report (May 1-31, 2011)

SUBTOTAL of Receipts This Page (optional) ► **-400.00**

TOTAL This Period (last page this line number only) ► **22672.75**

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)

<p>A. Full Name (Last, First, Middle Initial) Karen Bass For Congress</p> <p>Mailing Address 777 S. Figueroa Street Suite 4050</p> <p>City Los Angeles State CA Zip Code 90017</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Ms. Karen Bass</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 33</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33484538</p> <p>Date of Disbursement 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Terri Sewell For Congress</p> <p>Mailing Address P.O. Box 1964</p> <p>City Birmingham State AL Zip Code 35201</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Ms. Terri Sewell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33484539</p> <p>Date of Disbursement 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Hoeven For Senate</p> <p>Mailing Address PO Box 15114</p> <p>City Arlington State VA Zip Code 22215</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Mr. John Hoeven</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:</p> <p>Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33484540</p> <p>Date of Disbursement 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>

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)

A.	Full Name (Last, First, Middle Initial) Team Emerson <hr/> Mailing Address 2210 Lakewood <hr/> City State Zip Code Cape Girardeau MO 63701 <hr/> Purpose of Disbursement candidate contribution Candidate Name Ms. Jo Ann Emerson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33484542 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00 candidate contribution
B.	Full Name (Last, First, Middle Initial) LaTourette for Congress <hr/> Mailing Address 4451 Brookfield Corp. Dr., #200 <hr/> City State Zip Code Chantilly VA 20151 <hr/> Purpose of Disbursement candidate contribution Candidate Name Steven C. LaTourette <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 19 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33484543 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00 candidate contribution
C.	Full Name (Last, First, Middle Initial) Committee To Reelect Ed Towns <hr/> Mailing Address 818 Connecticut Avenue NW, Suite 1100 <hr/> City State Zip Code Washington DC 20005 <hr/> Purpose of Disbursement candidate contribution Candidate Name Edolphus Towns <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33484544 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00 candidate contribution

SUBTOTAL of Disbursements This Page (optional)	3000.00
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)

A.

Full Name (Last, First, Middle Initial)

Goal PAC

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement annual contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 33484564

Date of Disbursement

06 / 27 / 2011

Amount of Each Disbursement this Period

2500.00

annual contribution

B.

Full Name (Last, First, Middle Initial)

Loeb sack For Congress

Mailing Address PO Box 2720

City Cedar Rapids State IA Zip Code 52406

Purpose of Disbursement candidate contribution

Candidate Name Rep. David Wayne Loeb sack

011
Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: IA District: 02

Transaction ID: 33484573

Date of Disbursement

06 / 27 / 2011

Amount of Each Disbursement this Period

1000.00

candidate contribution

C.

Full Name (Last, First, Middle Initial)

Castor For Congress

Mailing Address 301 W. Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement candidate contribution

Candidate Name Ms. Kathy Castor

011
Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: FL District: 11

Transaction ID: 33485055

Date of Disbursement

06 / 27 / 2011

Amount of Each Disbursement this Period

2000.00

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)

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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)

A.	Full Name (Last, First, Middle Initial) Langevin for Congress Mailing Address 181-A Knight Street City Warwick State RI Zip Code 02886 Purpose of Disbursement candidate contribution Candidate Name James Langevin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33485059 Date of Disbursement 06 / 27 / 2011 Amount of Each Disbursement this Period 1000.00 candidate contribution
B.	Full Name (Last, First, Middle Initial) Rely On Your Beliefs PAC Mailing Address 1736 East Sunshine, #913 City Springfield State MO Zip Code 65804 Purpose of Disbursement annual contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33485060 Date of Disbursement 06 / 27 / 2011 Amount of Each Disbursement this Period 2500.00 annual contribution
C.	Full Name (Last, First, Middle Initial) Progressive Choices PAC Mailing Address PO Box 58 City Evanston State IL Zip Code 60204 Purpose of Disbursement annual contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33485065 Date of Disbursement 06 / 27 / 2011 Amount of Each Disbursement this Period 1000.00 annual 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)

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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)

A.	Full Name (Last, First, Middle Initial) Jan Schakowsky for Congress	Transaction ID: 33485071 Date of Disbursement 06 / 27 / 2011
	Mailing Address 1101 Ridge	Amount of Each Disbursement this Period 2000.00
	City Evanston State IL Zip Code 60202	
	Purpose of Disbursement candidate contribution Candidate Name Ms. Janice Schakowsky Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type candidate contribution
B.	Full Name (Last, First, Middle Initial) Friends of Lois Capps	Transaction ID: 33485073 Date of Disbursement 06 / 27 / 2011
	Mailing Address c/o Erickson & Co., 38 Ivy St., SE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement candidate contribution Candidate Name Lois Capps Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type candidate contribution
C.	Full Name (Last, First, Middle Initial) Tim Bishop For Congress	Transaction ID: 33485076 Date of Disbursement 06 / 27 / 2011
	Mailing Address PO Box 437	Amount of Each Disbursement this Period 1000.00
	City Farmingville State NY Zip Code 11738	
	Purpose of Disbursement candidate contributions Candidate Name Rep. Timothy Bishop Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type candidate contributions

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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 62 / 68

<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)

A. Full Name (Last, First, Middle Initial) Kind For Congress Committee Mailing Address 3061 Edgewater Ln City La Crosse State WI Zip Code 54603 Purpose of Disbursement candidate contribution Candidate Name Mr. Ron Kind Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33485095 Date of Disbursement 06 / 27 / 2011
	Amount of Each Disbursement this Period 2200.00
	011 Category/ Type
	candidate contribution
B. Full Name (Last, First, Middle Initial) Kind For Congress Committee Mailing Address 3061 Edgewater Ln City La Crosse State WI Zip Code 54603 Purpose of Disbursement candidate contribution Candidate Name Mr. Ron Kind Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33485112 Date of Disbursement 06 / 27 / 2011
	Amount of Each Disbursement this Period 300.00
	011 Category/ Type
	candidate contribution
C. Full Name (Last, First, Middle Initial) Whitehouse For Senate Mailing Address P.O. Box 40280 City Providence State RI Zip Code 02940 Purpose of Disbursement candidate contribution Candidate Name Sen. Sheldon Whitehouse Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33485115 Date of Disbursement 06 / 27 / 2011
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 / 68

<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)

A.	Full Name (Last, First, Middle Initial) Tammy Baldwin for Congress <hr/> Mailing Address P.O. Box 696 <hr/> City Madison State WI Zip Code 53703 <hr/> Purpose of Disbursement candidate contribution Candidate Name Tammy Baldwin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33485120 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 1 1	Amount of Each Disbursement this Period 2500.00 candidate contribution
B.	Full Name (Last, First, Middle Initial) Friends of Sherrod Brown <hr/> Mailing Address 111 Edgefield Drive <hr/> City Elyia State OH Zip Code 44035 <hr/> Purpose of Disbursement candidate contribution Candidate Name Sherrod Brown Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33485137 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 1 1	Amount of Each Disbursement this Period 500.00 candidate contribution
C.	Full Name (Last, First, Middle Initial) Friends of Sherrod Brown <hr/> Mailing Address 111 Edgefield Drive <hr/> City Elyia State OH Zip Code 44035 <hr/> Purpose of Disbursement candidate contribution Candidate Name Sherrod Brown Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33485138 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 1 1	Amount of Each Disbursement this Period 2000.00 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 64 / 68

<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)

<p>A. Full Name (Last, First, Middle Initial) John D Dingell For Congress Comm.</p> <p>Mailing Address P.O. Box 75214</p> <p>City Washington State DC Zip Code 20013-5214</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 16</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33485366</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>candidate contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Pingree For Congress</p> <p>Mailing Address PO Box 17613</p> <p>City Portland State ME Zip Code 04112</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Chellie Pingree</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ME District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33485367</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>candidate contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Montanans For Tester</p> <p>Mailing Address PO Box 1135</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Sen. Jon Tester</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MT District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33485368</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>candidate contribution</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3500.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 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)

<p>A. Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee</p> <p>Mailing Address 2505 Hustin Street</p> <p>City Marysville State CA Zip Code 95901</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Wally Herger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33485580</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>candidate contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Diane Black For Congress</p> <p>Mailing Address PO Box 1437</p> <p>City Gallatin State TN Zip Code 37066</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Ms. Diane Black</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33485581</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>candidate contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Whitfield For Congress Comm.</p> <p>Mailing Address 108 Alumni Avenue</p> <p>City Hopkinsville State KY Zip Code 42240</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Edward Whitfield</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District: 01</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33486012</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2200.00"/></p> <p>candidate contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 66 / 68

<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)

A.	Full Name (Last, First, Middle Initial) Hatch Election Committee Mailing Address 257 E. 200th South, #950 c/o Stan DeWaal City Salt Lake City State UT Zip Code 84111 Purpose of Disbursement candidate contribution Candidate Name Orrin G. Hatch Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33486464 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 1	Amount of Each Disbursement this Period 2500.00
			candidate contribution
B.	Full Name (Last, First, Middle Initial) Blumenthal For Senate Mailing Address 777 Summer Street City Stamford State CT Zip Code 06901 Purpose of Disbursement debt retirement for general 2010 Candidate Name Mr. Richard Blumenthal Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 general debt r	Transaction ID: 33487920 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00
			debt retirement for gener- al 2010
C.	Full Name (Last, First, Middle Initial) Doyle For Congress Committee Mailing Address 2227 Hampton St City Pittsburgh State PA Zip Code 15218 Purpose of Disbursement candidate contribution Candidate Name Michael F. Doyle Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33487957 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 1	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)

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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)

A. Full Name (Last, First, Middle Initial)
Mike Ross For Congress Committee

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement
candidate contribution

Candidate Name
Rep. Michael Avery Ross

Office Sought: House
 Senate
 President

State: AR District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 33488340

Date of Disbursement

/ /

Amount of Each Disbursement this Period

candidate contribution

B. Full Name (Last, First, Middle Initial)
Whitfield For Congress Comm.

Mailing Address 108 Alumni Avenue

City Hopkinsville State KY Zip Code 42240

Purpose of Disbursement
Void -Check number 7698 was not sent

Candidate Name
Edward Whitfield

Office Sought: House
 Senate
 President

State: KY District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 33568715

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Void -Check number 7698 was not sent

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

A.

Full Name (Last, First, Middle Initial)

Campaign Solutions

Mailing Address 118 N. St. Asaph St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement fees for credit card site to process CRNA-PAC donations from AANA members

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 33568709

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

1725.33

fees for credit card site to process CRNA-PAC donations from AANA members

SUBTOTAL of Disbursements This Page (optional)

1725.33

TOTAL This Period (last page this line number only)

1725.33