

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		465887.20
(b) Cash on Hand at Beginning of Reporting Period.....	395617.89	
(c) Total Receipts (from Line 19)	16616.09	35436.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	412233.98	501323.93
7. Total Disbursements (from Line 31).....	33876.05	122966.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	378357.93	378357.93
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).....	11081.65	21704.14
(ii) Unitemized	5534.44	13645.26
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16616.09	35349.40
(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)	16616.09	35349.40
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	87.33
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	16616.09	35436.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16616.09	35436.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	163.13	253.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	163.13	253.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33500.00	122500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	212.92	212.92
(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)).....	212.92	212.92
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	33876.05	122966.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33876.05	122966.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	16616.09	35349.40
34. Total Contribution Refunds (from Line 28(d))	212.92	212.92
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16403.17	35136.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	163.13	253.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	163.13	253.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. David Andrews
 Full Name (Last, First, Middle Initial)
 Mailing Address 1415 Horseshoe Curv
 City Lake Oswego State OR Zip Code 97034-4639
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2014
Transaction ID : 0288A191CFAF4840BD82
 Amount of Each Receipt this Period
 250.00

B. David Andrews
 Full Name (Last, First, Middle Initial)
 Mailing Address 1415 Horseshoe Curv
 City Lake Oswego State OR Zip Code 97034-4639
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2014
Transaction ID : A1B21B60ABC341EE8A9B
 Amount of Each Receipt this Period
 0.00

C. Emma D. Batchelder
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Niagara St
 City Denver State CO Zip Code 80220-4727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wake Forest Baptist Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2014
Transaction ID : 7571EE074C26442CB96E
 Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Paul D. Beninga
 Full Name (Last, First, Middle Initial)
 Mailing Address 6804 S Hughes Ave
 City State Zip Code
 Sioux Falls SD 57108-5834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Avera McKennan Hospital CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2014
Transaction ID : 38D65576EFCB43F19439
 Amount of Each Receipt this Period
 125.00

B. Dennis C. Bless
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 2nd St NE
 Unit 170
 City State Zip Code
 Minneapolis MN 55413-2568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fair View Southdale Hospital CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2014
Transaction ID : DD85CE7A26E245EE8B76
 Amount of Each Receipt this Period
 208.33

c. Olga E. Branson
 Full Name (Last, First, Middle Initial)
 Mailing Address 340 E 34th St
 Apt 5J
 City State Zip Code
 New York NY 10016-5235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NYU Langone Medical Center CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2014
Transaction ID : 21A7FC2043284AF18542
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	833.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Kevin J. Cardinal		Date of Receipt MM / DD / YYYY 02 / 13 / 2014 Transaction ID : 86E55D32DF0845349FE5
Mailing Address 1426 N Innsbruck Dr		Amount of Each Receipt this Period 250.00
City Fridley	State MN	Zip Code 55432-5920
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Donna J. Fiaschetti		Date of Receipt MM / DD / YYYY 02 / 05 / 2014 Transaction ID : C7AD61D965624729B0DF
Mailing Address 9312 Harrodsburg Rd		Amount of Each Receipt this Period 250.00
City Wilmore	State KY	Zip Code 40390-9754
FEC ID number of contributing federal political committee. C		
Name of Employer Central Baptist Hospital	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Marjorie A. Geisz-Everson		Date of Receipt MM / DD / YYYY 02 / 05 / 2014 Transaction ID : 0DDE37B3BC7E4A6C952C
Mailing Address 11001 Patterson Rd		Amount of Each Receipt this Period 85.00
City New Orleans	State LA	Zip Code 70131-3251
FEC ID number of contributing federal political committee. C		
Name of Employer LSUHSC School of Nursing	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

SUBTOTAL of Receipts This Page (optional).....▶	585.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Paul M. Haas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1729 Nicholson Pl
 City Saint Louis State MO Zip Code 63104-2614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAC Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2014
Transaction ID : C564796A9C3A4165BFCB
 Amount of Each Receipt this Period
 30.41

B. Mark J. Haffey
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 Midwood St Apt 4310
 City Franklin State TN Zip Code 37067-6629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt University Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2014
Transaction ID : 2CD26C5A8A5B4C04A370
 Amount of Each Receipt this Period
 250.00

C. Julia M. Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Norumbega Dr
 City Monrovia State CA Zip Code 91016-2415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente Medical Ctr. Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2014
Transaction ID : ABBD5BAEB003480D98A1
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	530.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Julia M. Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Norumbega Dr
 City Monrovia State CA Zip Code 91016-2415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente Medical Ctr. Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2014
Transaction ID : 913A71B4226044CEB618
 Amount of Each Receipt this Period
125.00

B. Adrienne G. Hartgerink
 Full Name (Last, First, Middle Initial)
 Mailing Address 5101 Brookstone Way
 City Suffolk State VA Zip Code 23435-3502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ODU Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 6B2F8BE7FEB64954AEE5
 Amount of Each Receipt this Period
250.00

C. John T. Hitchens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1715 Farmshire Ct
 City Jarrettsville State MD Zip Code 21084-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Watchful Care Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.66**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2014
Transaction ID : 1F3AE6DD1D37415F82F5
 Amount of Each Receipt this Period
208.33

SUBTOTAL of Receipts This Page (optional).....▶	583.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
	<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. Kristie J. Hoch
Full Name (Last, First, Middle Initial)

Mailing Address 69 Main Rd S

City Hampden State ME Zip Code 04444-1301

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

Name of Employer Eastern Maine Medical Ctr Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2014

Transaction ID : FBBA40099A1D47039B3A

Amount of Each Receipt this Period
125.00

B. Kristie J. Hoch
Full Name (Last, First, Middle Initial)

Mailing Address 69 Main Rd S

City Hampden State ME Zip Code 04444-1301

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

Name of Employer Eastern Maine Medical Ctr Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2014

Transaction ID : CA1C9B3D7F12424986BF

Amount of Each Receipt this Period
250.00

C. Donna GI Johnston
Full Name (Last, First, Middle Initial)

Mailing Address 10 Campanella Ct

City Hanahan State SC Zip Code 29410-8606

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

Name of Employer MUSC Occupation full time student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2014

Transaction ID : D74B84C37E0844A1B439

Amount of Each Receipt this Period
125.00

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: (check only one)	PAGE 12 OF 27
	<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. Donna GI Johnston
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Campanella Ct
 City Hanahan State SC Zip Code 29410-8606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MUSC Occupation full time student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 16 / 2014
Transaction ID : 90F34FCBFF0A4D58B5A3
 Amount of Each Receipt this Period 125.00

B. Phyllis B. Kantor
 Full Name (Last, First, Middle Initial)
 Mailing Address 3465 Gleneagles Dr
 City Stockton State CA Zip Code 95219-1818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Health Group Occupation Nurse Anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 05 / 2014
Transaction ID : 527336DA1C964AC0871B
 Amount of Each Receipt this Period 250.00

C. Linda J. Kovitch
 Full Name (Last, First, Middle Initial)
 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 self Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2014
Transaction ID : C1EC8F62AB014CB7AC94
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 27
	<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	<input type="checkbox"/> 17

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

A. Russell R. Lynn
Full Name (Last, First, Middle Initial)

Mailing Address 1025 Park Ave

City Collingswood State NJ Zip Code 08108-3236

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

Name of Employer UNIVERSITY OF PENNSYLVANIA Occupation PROGRAM DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt
02 / 19 / 2014

Transaction ID : 683691E1829C47E58F4C

Amount of Each Receipt this Period
125.00

B. Russell R. Lynn
Full Name (Last, First, Middle Initial)

Mailing Address 1025 Park Ave

City Collingswood State NJ Zip Code 08108-3236

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

Name of Employer UNIVERSITY OF PENNSYLVANIA Occupation PROGRAM DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt
02 / 19 / 2014

Transaction ID : E8173A220B614E28BB29

Amount of Each Receipt this Period
125.00

C. Russell R. Lynn
Full Name (Last, First, Middle Initial)

Mailing Address 1025 Park Ave

City Collingswood State NJ Zip Code 08108-3236

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

Name of Employer UNIVERSITY OF PENNSYLVANIA Occupation PROGRAM DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt
02 / 19 / 2014

Transaction ID : 3A05AE524A1544D4AAEA

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Russell R. Lynn
 Full Name (Last, First, Middle Initial)
 Mailing Address 1025 Park Ave
 City Collingswood State NJ Zip Code 08108-3236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF PENNSYLVANIA Occupation PROGRAM DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.00**

Date of Receipt
 02 / 19 / 2014
Transaction ID : B4130997197F4BF685A7
 Amount of Each Receipt this Period
250.00

B. Keith E. Macksoud
 Full Name (Last, First, Middle Initial)
 Mailing Address 1817 Old Louisquisset Pike
 City Lincoln State RI Zip Code 02865-4516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sturdy Memorial Hospital Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 02 / 27 / 2014
Transaction ID : 13AB3076DB7140B7AF7E
 Amount of Each Receipt this Period
250.00

C. Jason A. McCann
 Full Name (Last, First, Middle Initial)
 Mailing Address 159 Orchard Oak Cir
 City Campbell State CA Zip Code 95008-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KAISER FOUNDATION HOSPITAL Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **216.25**

Date of Receipt
 02 / 05 / 2014
Transaction ID : DA89EE38BFA64F88B92E
 Amount of Each Receipt this Period
91.25

SUBTOTAL of Receipts This Page (optional).....	591.25
TOTAL This Period (last page this line number only).....	

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

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

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

A. Dennis J. McKenna
 Full Name (Last, First, Middle Initial)
 Mailing Address 1309 Lake Bluff Ct
 City Mount Pleasant State SC Zip Code 29466-8097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical University of South Carolina Occupation CRNA
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 17 / 2014
Transaction ID : 99495376BDB8450D8B6D
 Amount of Each Receipt this Period 250.00

B. Steven J. Mund
 Full Name (Last, First, Middle Initial)
 Mailing Address 705 13th Ave N Apt 214
 City Fargo State ND Zip Code 58102-2681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hennepin County Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 17 / 2014
Transaction ID : 0AD277CB08F647138F5E
 Amount of Each Receipt this Period 125.00

C. Steven J. Mund
 Full Name (Last, First, Middle Initial)
 Mailing Address 705 13th Ave N Apt 214
 City Fargo State ND Zip Code 58102-2681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hennepin County Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 17 / 2014
Transaction ID : 2248EBE951B542BB9FC8
 Amount of Each Receipt this Period 125.00

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: (check only one)	PAGE 16 OF 27
	<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. Michael W. Neft
Full Name (Last, First, Middle Initial)

Mailing Address 1220 Crescent Pl
Apt 3K

City Pittsburgh State PA Zip Code 15217-3503

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

Name of Employer University of Pittsburgh Occupation Assistant Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.67

Date of Receipt
02 / 05 / 2014
Transaction ID : **CF481B7D7F884A599615**

Amount of Each Receipt this Period
83.33

B. Patricia A. Parolari
Full Name (Last, First, Middle Initial)

Mailing Address 2104 Wake Forest St

City Virginia Beach State VA Zip Code 23451-1419

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

Name of Employer Atlantic Anesthesia Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
02 / 25 / 2014
Transaction ID : **07F8C9388DC84349AF34**

Amount of Each Receipt this Period
250.00

C. Delphos E. Price Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 2622 Bardell Dr

City Wilmington State DE Zip Code 19808-3025

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

Name of Employer Self Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
02 / 03 / 2014
Transaction ID : **8B2414F0296A4AB2BC18**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.33

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

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

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

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

A. Karen S. Purcell
Full Name (Last, First, Middle Initial)

Mailing Address 21029 NE 42nd St

City Sammamish State WA Zip Code 98074-9315

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

Name of Employer Group Health Cooperative Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2014

Transaction ID : D9DF75F0774647009F97

Amount of Each Receipt this Period
125.00

B. Karen S. Purcell
Full Name (Last, First, Middle Initial)

Mailing Address 21029 NE 42nd St

City Sammamish State WA Zip Code 98074-9315

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

Name of Employer Group Health Cooperative Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2014

Transaction ID : 49B3A473A0E84BDD9988

Amount of Each Receipt this Period
250.00

C. Joseph A. Rodriguez
Full Name (Last, First, Middle Initial)

Mailing Address 15215 W Bola Dr

City Surprise State AZ Zip Code 85374-1418

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

Name of Employer Arizona Heart Anesthesia Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2014

Transaction ID : BA58ED1EF50B44B2ADF4

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kay K. Sanders
 Full Name (Last, First, Middle Initial)
 Mailing Address 9994 Boat Club Rd
 City Fort Worth State TX Zip Code 76179-4004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TCU School of Nurst Anesthesia Occupation CRNA - Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : A023C7B431EB47AFB188
 Amount of Each Receipt this Period
 2500.00

B. Stephen D. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 Stirling Glen Ct
 City Alpharetta State GA Zip Code 30004-8840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlanta Plastic and Reconstructive Sur Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2014
Transaction ID : A1E5CEB0296247288AD0
 Amount of Each Receipt this Period
 250.00

C. James R. Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 9410 Sundance Dr
 City Pearland State TX Zip Code 77584-2892
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor College of Medicine Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2014
Transaction ID : D5159E2C0F2F4923BEE3
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bruce A. Weiner
 Full Name (Last, First, Middle Initial)
 Mailing Address 9901 Emerald Links Dr
 City Tampa State FL Zip Code 33626-2551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Hospital Carrollwood Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2014
Transaction ID : EB1BF79A86074A1B992D
 Amount of Each Receipt this Period
 250.00

B. Theresa M. Wood
 Full Name (Last, First, Middle Initial)
 Mailing Address 5314 N Mesquite Bosque Way
 City Tucson State AZ Zip Code 85704-1758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2014
Transaction ID : C5B4940207CF42F58BD4
 Amount of Each Receipt this Period
 250.00

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

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

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	11081.65

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Adrian Smith for Congress

Mailing Address 3321 Avenue I
Suite 6

City State Zip Code
Scottsbluff NE 69361-4587

Purpose of Disbursement
2014 Primary

Candidate Name

Adrian M. Smith

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2014

Transaction ID : **CD37FDB45DE345EDDFD**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Alaskans for Begich 2014

Mailing Address 1231 W Northern Lts #605

City State Zip Code
Anchorage AK 99503

Purpose of Disbursement
2014 General

Candidate Name

Mark Peter Begich

Office Sought: House
 Senate
 President
State: AK District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2014

Transaction ID : **F5B9DF38ACCC931032E**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Alex Sink for Congress

Mailing Address PO Box 17271

City State Zip Code
Clearwater FL 33762

Purpose of Disbursement
2014 Special

Candidate Name

Alex Sink

Office Sought: House
 Senate
 President
State: FL District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Special

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2014

Transaction ID : **A6D84556D4364B5C92B**

Amount of Each Disbursement this Period

1000.00

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bluegrass Committee

Mailing Address 220 1/2 E St., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

Bluegrass Committee

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2014

Transaction ID : D5A96EB4F125B5592B1

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2014

Transaction ID : 056D8E7B1E923236A3D

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2014

Transaction ID : 8B78B2461E546080545

Amount of Each Disbursement this Period

-15000.00

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

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Joseph R. Pitts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2014

Transaction ID : 6D3DE05028EC68B3829

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Friends of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Lois Capps

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2014

Transaction ID : DC1FF17647817ACCE20

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Rosa DeLauro

Mailing Address 129 Church St, Ste 818

City New Haven State CT Zip Code 06510

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Rosa L. DeLauro

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2014

Transaction ID : 02F15D77973CFC2DCEE

Amount of Each Disbursement this Period

1500.00

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

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends of Sherrod Brown

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Sherrod Brown

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2014

Transaction ID : BB1F61B71CE3B4786F6

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Jeff Miller for Congress

Mailing Address PO Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Jefferson B. Miller

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	04	/	2014

Transaction ID : 26C82C2E75311034681

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lisa Murkowski for US Senate

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Lisa Ann Murkowski

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2014

Transaction ID : 832A0CC604B98F10B47

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Moran for Kansas

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement
2016 Primary

011

Candidate Name
Jerry Moran

Category/
Type

Office Sought: House
 Senate
 President
State: KS District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2014

Transaction ID : 1AE8AA5BDB7924890A4

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. Pompeo for Congress Inc

Mailing Address PO Box 780146

City Wichita State KS Zip Code 67212

Purpose of Disbursement
2014 Primary

011

Candidate Name
Michael Richard Pompeo

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2014

Transaction ID : E600872FBFF299C5F08

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. Renee Ellmers for Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
2014 General

011

Candidate Name
Renee Jacisin Ellmers

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2014

Transaction ID : 97A2259CAE7084F5404

Amount of Each Disbursement this Period

5,000.00

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

7,000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Rodney for Congress

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Rodney L. Davis

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

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

Transaction ID : 8999DFCE8B788DC67E5

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Ron Barber for Congress

Mailing Address PO Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Ron Barber

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

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

Transaction ID : D0AD2C75892A65E1F76

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Roskam for Congress Committee

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Peter J. Roskam

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

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

Transaction ID : 016C6CDE161209C043E

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Sanford Bishop for Congress

Mailing Address PO Box 909

City Columbus State GA Zip Code 31902

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Sanford D. Bishop Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 02

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2014

Transaction ID : EF256EFA5D94020E2B4

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stutzman for Congress

Mailing Address PO Box 129

City Howe State IN Zip Code 46746

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Marlin Andrew Stutzman

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 03

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2014

Transaction ID : F721B07CDD324A418FB

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. The Hawkeye PAC

Mailing Address PO Box 192

City Des Moines State IA Zip Code 50301

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

The Hawkeye PAC

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2014

Transaction ID : 6742400D3F3C80FA3F4

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

33500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Paul M. Haas

Mailing Address 1729 Nicholson Pl

City State Zip Code
Saint Louis MO 63104-2614

Purpose of Disbursement
Refund of Contribution

010

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2014

Transaction ID : A7D0E7BDA0D344EE14A

Amount of Each Disbursement this Period

91.25

Full Name (Last, First, Middle Initial)

B. Paul M. Haas

Mailing Address 1729 Nicholson Pl

City State Zip Code
Saint Louis MO 63104-2614

Purpose of Disbursement
Refund of Contribution

010

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2014

Transaction ID : ABB2B143B0504A11A40

Amount of Each Disbursement this Period

91.25

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

182.50

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

182.50